** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

A F	or th	e 2021 calendar year, or tax year beginning $$ JUL $1,$ 2021 and ending	JUN 3	0, 2022				
B 0	Check if pplicab	C Name of organization			cation number			
	Addre	Se Greater Cincinnati						
F	Name chang	Drosson+i on ETD COL	3	1-14748	41			
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/si		E Telephone number				
	Final return	2100 Sherman Avenue 102		513)-75	1-8000			
	termir ated	, , , , , , , , , , , , , , , , , , , ,	G Gross	receipts \$	2,209,427.			
	Amen return	CINCILLACI, OH 45212	H(a) Is	H(a) Is this a group return				
	Application pendi	F Name and address of principal officer: NICOTE SCIITESTEE	fo	for subordinates? Yes X No				
		same as c above	H(b) Are	e all subordinates in	cluded? Yes No			
			527 If	"No," attach a	list. See instructions			
		te: ▶ www.prevention-first.org		roup exemptio				
	orm o	forganization: X Corporation Trust Association Other ► L Y Summary	ear of formati	on: 1996 N	1 State of legal domicile: OH			
	1	Briefly describe the organization's mission or most significant activities: Implemen	ts best	t practi	ice			
Se	١.	strategies to reduce the risk of behavioral h						
nan	2	Check this box if the organization discontinued its operations or disposed of m						
Ver	3	Number of voting members of the governing body (Part VI, line 1a)		1 - 1	18			
တ္	4	Number of independent voting members of the governing body (Part VI, line 1b)			18			
જ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			11			
ij	6	Total number of volunteers (estimate if necessary)			100			
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				r Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)		36,000.	2,074,067.			
	9	Program service revenue (Part VIII, line 2g)		48,600.	131,175.			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,664.	685.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-11,000.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,0	87,264.	2,194,927.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	,	7,000.	6,000.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4	83,541.	482,883.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ber	b	Total fundraising expenses (Part IX, column (D), line 25) 84,331.						
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,4	54,982.	1,544,724.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		45,523.	2,033,607.			
	1	Revenue less expenses. Subtract line 18 from line 12		41,741.	161,320.			
Or Se		·		f Current Year	End of Year			
Assets or	20	Total assets (Part X, line 16)	8	36,434.	966,547.			
ASS	21	Total liabilities (Part X, line 26)	2	53,779.	222,758.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20	5	82,655.	743,789.			
Pa	art II	Signature Block						
Und	er pena	alties of periury, I declare that I have examined this return, including accompanying schedules and state of pocuSigned by:	ements, and t	to the best of my	knowledge and belief, it is			
true,	, corre	ct, and f	arer has any k	nowledge.				
		Meole Schiester		2/16/2023				
Sigı	n	0EFDA15C9678436		Date				
Her	е	Nicole Schiesler, President and CEO						
		Type or print name and titleDocuSigned by:						
		Print/Type preparer's name	Date 2/16/20)23 Check C	PTIN			
Paid		Paula Hume	_, _, _,	self-employ				
	arer	Firm's name Barnes, Dennig &c10780361DA0493		Firm's EIN	31-1119890			
Use Only Firm's address 150 East Fourth Street (512) 041 0212								
		Cincinnati, OH 45202		Phone no. (5	13)241-8313			
May	/ the I	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Pa	rt 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:
	Mission: PreventionFIRST! implements best practice strategies to
	reduce the risk of behavioral health disorders.
	Vision: All communities apply prevention strategies in every stage of
	life.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,240,412 \cdot including grants of \$) (Revenue \$ 122,773 \cdot)
4a	(Code:) (Expenses \$1, 240, 412. including grants of \$) (Revenue \$
	and mentoring. It is designed to increase workforce capacity which
	will lead to an increased use of evidence based practice and ensure
	that populations have equitable access to culturally competent
	prevention services.
	prevencion services.
4b	(Code:) (Expenses \$230,940 •including grants of \$) (Revenue \$
	Center for Prevention Action - The purpose of this program is to
	provide a comprehensive approach to substance abuse prevention
	requiring coordination of all programs, best practices, and policies
	across multiple community sectors related to the identified local
	conditions that are targeted for change. Activities include logic
	models for each identified substance use/misuse problem; environmental
	strategies that provide information, education and support as well as
	modify access, consequences, physical design, and policy; and
	evaluating the effectiveness of Action Team strategies.
4c	(Code:) (Expenses \$254 , 381 • including grants of \$6 , 000 •) (Revenue \$)
	Center for Community Engagement- The purpose of this program is to
	build and strengthen the capacity of local neighborhoods to engage in
	prevention. This is done primarily through training, technical
	assistance and mini-grants. Activities included assessing and
	monitoring the level of development among member coalitions across the
	region, building awareness, readiness and capacity of community
	constituents to participate in a local neighborhood anti-drug
	coalition, identifying and pursuing opportunities to address the
	identified gaps in development among member coalitions, leveraging
	state and national resources for use on the regional level and through
	the local member coalitions, and evaluating the effectiveness of local member coalitions to impact community change.
	member coalitions to impact community change.
4d	Other program services (Describe on Schedule O.)

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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)? X If "Yes," complete Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 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? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 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, X column (A), lines 6 and 11e? If "Yes." complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II

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Part IV | Checklist of Required Schedules (continued) Page 4 31-1474841

	Continued)					
			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		X		
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22				
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
	· · ·	23		X		
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete					
	Schedule K. If "No," go to line 25a	24a		Х		
b		24b				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
	any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and					
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete					
	Schedule L, Part I	25b		X		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,					
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		X		
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>					
u	"Yes," complete Schedule L, Part IV	28a		Х		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х		
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If					
	"Yes," complete Schedule L, Part IV	28c		Х		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation					
	contributions? If "Yes," complete Schedule M	30		X		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l		
	Schedule N, Part II	32		X		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x		
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	งจล		- 25		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000				
	If "Yes," complete Schedule R, Part V, line 2	36		Х		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х		
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?						
_	Note: All Form 990 filers are required to complete Schedule O	38	Х			
Par						
	Check if Schedule O contains a response or note to any line in this Part V					
			Yes	No		
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 50 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0					
b	Enter the humber of Forms with a mineral enter of mineral enterprise and					
С		1c	X			
	(gambling) winnings to prize winners?	10	22			

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	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	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	$oxed{oxed}$
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		X
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		$oxed{oxed}$
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		$oxed{oxed}$
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		—
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Ves " complete Form 6069			

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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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 18 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 18 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 14 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 X Upon request Own website Another's website Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records Julia Kyser -513-751-8000

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OH

102, Cincinnati,

2100 Sherman Ave., Ste.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

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

(A)	(B)	J		((C)		Juli	(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Nicole Schiesler	50.00									
President/CEO				Х				94,050.	0.	0.
(2) Nathan Wander	0.25									_
Member		Х						0.	0.	0.
(3) Tony Hyott Member	0.25	Х						0.	0.	0.
(4) Daniel Cummins	0.25									
Member		Х						0.	0.	0.
(5) Jennifer Mooney	0.25									
Member		Х						0.	0.	0.
(6) Patricia Neal-Miller	0.25									
Member		Х						0.	0.	0.
(7) Daniel Schloemer	0.25									
Member		Х						0.	0.	0.
(8) Kristin Rebholz	0.25									
Member		X						0.	0.	0.
(9) Scott Roth	0.25									
Member		X						0.	0.	0.
(10) Ryan Whitaker	0.25									
Member		Х						0.	0.	0.
(11) Captain Dennis Swingley	0.25									
Member		Х						0.	0.	0.
(12) Lawrence G. Herbst	0.25									
Member		Х						0.	0.	0.
(13) Robert Lesan III	1.00									
Chair		Х		Х				0.	0.	0.
(14) Tim Volpenhein	0.75									
Secretary/Treasurer		Х		Х				0.	0.	0.
(15) Dave Wallace	0.25	_							_	_
Past Chair		X	_	Х		_		0.	0.	0.
(16) Pat Roberson	0.25									_
Chair - Elect		Х		Х				0.	0.	0.
(17) Terri Compton	0.25									_
Member		X						0.	0.	0 • Form 990 (2021)

Form **990** (2021)

Coalition for a Drug-Free Greater Cincinnati

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Part VII	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Average	(do		Posi		າ than c	nne	Reportable	Reportable		Est	imate	d	
		hours per	box	, unles	s per	son i	s both	an	compensation	compensation			ount d	of
		week		Lei aii	u a u	recid	I / ii usi	iee)	from	from related			ther .	
		(list any hours for	irecto						the	organizations	,	comp		
		related	ord	ee ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)	′		m the	
		organizations	ruste	l trus		99	n be n		1099-NEC)	1099-1120)		•	nizati relate	
		below	Individual trustee or director	Institutional trustee	_	nploy	st cor	in	10001420)				nizatio	
		line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former				J		
(18) Mar	c Dizard	0.25									\exists			
Member			Х						0.	().			0.
(19) Tif	fani Tribble	0.25												
Member			Х						0.	().			0.
											\perp			
											_			
											\dashv			
				Ш							\dashv			
				Ш							\dashv			
											\dashv			
						\dashv								
1b Subt									94,050.).			0.
	I from continuation sheets to Part VII								94,050.).			0.
	I (add lines 1b and 1c)								•		<i>'</i> •			<u> </u>
	I number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				0
COM	pensation from the organization												Yes	No
3 Did t	the organization list any former officer,	director truct	20 l	·0\	mnl	0) (0)	0 0r	hia	boot componented omp	ovoc on	Г		100	110
												3		X
	1a? If "Yes," complete Schedule J for so any individual listed on line 1a, is the su										١	3		
	- -	· ·		-					•	-		4		X
	related organizations greater than \$150 any person listed on line 1a receive or a										.			-21
	ered to the organization? If "Yes." com	•				•			•			5		X
	3. Independent Contractors	<u>piete Scriedule</u>	<i>3 J 1</i> 0	or su	CII	<i>jers</i>	OII .							
	plete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compe	 nsati	ion fror	n	
	organization. Report compensation for t	•								· · · · · · · · · · · · · · · · · · ·				
	(A)	<u>,</u>			<u>J</u>				(B)			(C))	
	Name and business	address	NO	ONE	3				Description of s	ervices	Co	ompen		ı
	I number of independent contractors (in	•	ot lin	nited	l to t			ted	above) who received mo	ore than				
\$100	0,000 of compensation from the organiz	zation >				(J						00.	

Form **990** (2021)

Greater Cincinnati 31-1474841 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1a Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues 38,831. c Fundraising events 1c d Related organizations 1d 1,833,719. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 201,517. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f ▶ 2,074,067. h Total. Add lines 1a-1f **Business Code** 131,175. 131,175. 2 a Evaluation Fees and ot 624100 Program Service Revenue f All other program service revenue 131,175. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 566. 566. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 119. assets other than inventory 7a b Less: cost or other basis 0. Other Revenue and sales expenses 119. c Gain or (loss) ______7c 119. 119. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 38,831. of contributions reported on line 1c). See 3,500. Part IV, line 18 **b** Less: direct expenses -11,000. -11,000. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue

132009 12-09-21

-10,315.Form **990** (2021)

2,194,927.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

131,175.

Part IX | Statement of Functional Expenses

Greater Cincinnati 31-1474841 Page 10 Form 990 (2021)

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 (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraisina 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 6,000. 6,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 96,004. 38,402. 28,801. 28,801. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 332,811. 299,233. 7,502. 26,076. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,970. 1,751. 20,856. 17,135. Other employee benefits 9 33,212. 27,286. 3,137. 2,789. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 27,745. 27,745. Accounting Lobbying Professional fundraising services. See Part IV, line 17 41. 41. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 27,146. 9,399. 6,717. 11,030. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 97,307. 94,670. 1,083. 1,554. Office expenses 13 7,488. 7,488. Information technology 14 15 Royalties 11,018. 89,541. 70,844. 7,679. 16 Occupancy 5,233. 3.402. 752. 1.079. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,091,151. 1,091,151. Workforce Development 87,339. Community Engagement 87,339. 72,635. 72,635. Student Drug Use Survey 31,310. 31,310. Prevention action 7.788. 5,830. 1,725. 233. e All other expenses 2,033,607. 1,854,636. 94,640. 84,331. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

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Greater Cincinnati

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Par	rt X	Balance Sheet					_
		Check if Schedule O contains a response or no	ote to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			261,335.	1	466,314.
	2	Savings and temporary cash investments			102,621.	2	102,727.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		457,902.	4	392,262.	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ns		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	ion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			14,576.	9	5,244.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		18,418.			
	b	Less: accumulated depreciation		18,418.	0.	10c	0.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			026 424	15	066 547
	16	Total assets. Add lines 1 through 15 (must eq			836,434.	16	966,547.
	17	Accounts payable and accrued expenses			253,779.	17	222,758.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for trustee, key employee, creator or founder, subs		I			
pi∐i		controlled entity or family member of any of the		· ·		22	
Lia	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	•				
		of Schedule D	-	· · · · · · · · · · · · · · · · · · ·		25	
	26	Total liabilities. Add lines 17 through 25			253,779.	26	222,758.
		Organizations that follow FASB ASC 958, ch	eck her	X	·		
es		and complete lines 27, 28, 32, and 33.		, —			
anc	27	Net assets without donor restrictions			582,655.	27	718,069.
Bal	28	Net assets with donor restrictions				28	25,720.
pu		Organizations that do not follow FASB ASC					
Ē		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds	s			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or e	equipmer	t fund		30	
As	31	Retained earnings, endowment, accumulated i	ncome,	r other funds		31	
Net	32	Total net assets or fund balances			582,655.	32	743,789.
	33	Total liabilities and net assets/fund balances			836,434.	33	966,547.

Form **990** (2021)

Greater Cincinnati 31-1474841 Page 12 Form 990 (2021) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 2,194,927. Total revenue (must equal Part VIII, column (A), line 12) 1 2,033,607. Total expenses (must equal Part IX, column (A), line 25) 2 2 161,320. Revenue less expenses. Subtract line 2 from line 1 3 3 582,655. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 -186. 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 743,789. column (B)) Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X 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,

If the organization changed either its oversight process or selection process during the tax year, explain on 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

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 on Schedule O and describe any steps taken to undergo such audits

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

Form **990** (2021)

X

X

2c

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Coalition for a Drug-Free

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Greater Cincinnati 31-1474841 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 (see instructions). Enter the name, city, and state of the college or 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, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 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	f Enter the number of supported organizations										
g	g Provide the following information about the supported organization(s).										
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ing document?	(v) Amount of monetary	(vi) Amount of other				
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
Tota	l										
	For Device and Device Act N	latina and the language				0 - 1 -	-II A /F 000\ 0004				

Schedule A (Form 990) 2021

Greater Cincinnati

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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.)

Sec	ction A. Public Support	, ,		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	878,384.	856,533.	1039802.	2042840.	2074067.	6891626.
2	Tax revenues levied for the organ-						
	ization'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	272 224	25.5	100000	2212212	45,000.	45,000.
	Total. Add lines 1 through 3	878,384.	856,533.	1039802.	2042840.	2119067.	6936626.
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,						000 065
	column (f)						238,865.
	Public support. Subtract line 5 from line 4.						6697761.
_	etion B. Total Support		# N 00 / 0		()) 0000	() ((n =
	ndar year (or fiscal year beginning in)	(a) 2017 878, 384.	(b) 2018	(c) 2019 1039802.	(d) 2020 2042840.	(e) 2021 2119067.	(f) Total 6936626.
	Amounts from line 4	0/0,304.	856,533.	1039802.	2042840.	2119067.	0930020.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	154.	285.	662.	1,960.	566.	2 627
_	and income from similar sources	154.	203.	002.	1,960.	300.	3,627.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						6940253.
	Total support. Add lines 7 through 10 Gross receipts from related activities,	oto (oco instructio	<u> </u>			12	363,882.
12	First 5 years. If the Form 990 is for the	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	fourth or fifth tax v			303,002.
13	organization, check this box and stor						▶□
Sec	etion C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	96.51 %
15						15	95.94 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			=		3	. .
b	10% -facts-and-circumstances test	· ·	•	,			
	more, and if the organization meets th	ne facts-and-circum	nstances test, ched	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990) 2021

Greater Cincinnati

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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.)

qualify under the tests listed Section A. Public Support	below, please com	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and	(1)	()	(=,====	(,	(5) = = -	(-)
membership fees received. (Do not	:					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5				-		
7a Amounts included on lines 1, 2, an 3 received from disqualified person	1					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6		()	(-)	(,	(5)	(-,
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesso acquired after June 30, 1975						
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '						
c Add lines 10a and 10b 11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on	ss					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12	I					
14 First 5 years. If the Form 990 is fo	r the organization's f	rirst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						>
Section C. Computation of Pu	blic Support Pe	rcentage				
15 Public support percentage for 202	1 (line 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 20					16	%
Section D. Computation of Inv						
17 Investment income percentage for	2021 (line 10c, colu	ımn (f), divided by li	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If t						
more than 33 1/3%, check this box						.
b 33 1/3% support tests - 2020. If t	the organization did ı	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, o						
20 Private foundation. If the organiza	<u>ition did not check a</u>	ı box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	P

132023 01-04-22

Schedule A (Form 990) 2021

Greater Cincinnati

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. 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? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
			110
1			
2			
3a	1		
21			
3b	,		
30	:		
48	_		
4k)		
40	;		
5a	<u> </u>		
5b			
50			
6			
7			
0			
8			
9a			
9k)		
90	;		
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40			
10 ale A (F		n 990)	2021

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Coalition for a Drug-Free Greater Cincinnati

Schedule A (Form 990) 2021

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
·		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations	110		
		<i>y</i> 11 0 0		Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	140
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effecti	ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
0		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supen tion (vised, or controlled the supporting organization. C. Type II Supporting Organizations			
		, po		Yes	No
1	Moro	a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•		stees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
		,			
		nagement of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	tne su	pported organization(s). D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
0	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3		ganization maintained a close and continuous working relationship with the supported organization(s).			
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sect	<i>suppo</i> tion E	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1					
' a		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization satisfied the Additions rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	.01	
2		ties Test. Answer lines 2a and 2b below.	liuction	Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		100	140
u		apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organization(s) to which the organization was responsive. If Test, trieff in a triagenting supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Lu		
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		-			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3		activities but for the organization's involvement. t of Supported Organizations. Answer lines 3a and 3b below.	-0		
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
4		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	J. 160 (II 165, describe iii • • • the fole played by the organization in this regard.	J.,		

Schedule A (Form 990) 2021 Greater Cincinnati 31-1474841 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	J			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (explain in l	Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount 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 0.015 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 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 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	Distributable Amount. 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-functionall	y integra	ted Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2021 Greater Cincinnati 31-1474841 Page 7

_	t V Type III Non-Functionally Integrated 509		nizations (continu	ued)	L I I I I I I I I I I I I I I I I I I I
ect	on D - Distributions	,	(OCTAINE		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
	F (0000				

Schedule A (Form 990) 2021

d Excess from 2020e Excess from 2021

Schedule A	(Form 990) 2021	Greate	Cincin	nati		31-1474841	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Pro , 2, 3b, 3c, 4b, lines 2 and 3; l	vide the explan 4c, 5a, 6, 9a, 9 Part IV, Section	ations required b b, 9c, 11a, 11b, a E, lines 1c, 2a, 2	and 11c; Part IV, Section b, 3a, and 3b; Part V, lir	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section ne 1; Part V, Section B, line 1e; Par any additional information.	C,
	(GCC III GLI GGLI GII G.)						

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

Coalition for a Drug-Free Greater Cincinnati

Employer identification number

31-1474841

J٢	gan	izatio	nτy	/pe	(cneck	one):

Filers of:	Section:
Form 990 or 990-EZ	\overline{X} 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
	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) contributor, during	In described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one g 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; I, line 1. Complete Parts I and II.
contributor, during literary, or educati	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one go the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering po) instead of the contributor name and address), II, and III.
year, contributions is checked, enter l purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively le, etc., contributions totaling \$5,000 or more during the year \bigsim \$\frac{1}{2} \]
	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must e 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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 2

Name of organization
Coalition for a Drug-Free
Greater Cincinnati

Employer identification number

31-1474841

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 75,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2	Name, address, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
No. 3	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	Training additional to 1	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 6	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)

123452 11-11-21

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization
Coalition for a Drug-Free
Greater Cincinnati

Employer identification number

31-1474841

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** Coalition for a Drug-Free Greater Cincinnati 31-1474841 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21

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

2021
Open to Public Inspection

Name of the organization

Coalition for a Drug-Free Greater Cincinnati

Employer identification number 31 - 1474841

Pai	t I Organizations Maintaining Donor Advised Fun	ds or Other S	Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing	that the assets h	eld in donor advised fu	nds
	are the organization's property, subject to the organization's exclusive			
6	Did the organization inform all grantees, donors, and donor advisors	in writing that gr	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor	advisor, or for a	ny other purpose confe	erring
_	impermissible private benefit?			Yes No
Par				V, line 7.
1	Purpose(s) of conservation easements held by the organization (che	ck all that appl <u>y).</u>	_	
	Preservation of land for public use (for example, recreation or	education)	Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified con	servation contrib	oution in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic structure i	ncluded in (a)		
d	Number of conservation easements included in (c) acquired after 7/2	25/06, and not or	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, released,			
	year ▶			
4	Number of states where property subject to conservation easement	is located ▶ _		
5	Does the organization have a written policy regarding the periodic m	onitoring, inspec	tion, handling of	
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	g of violations, a	nd enforcing conserva	tion easements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handling of $% \left\{ 1,2,\ldots ,n\right\}$	violations, and er	nforcing conservation e	easements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above satisf	y the requiremen	ts of section 170(h)(4)(
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation ease	ements in its reve	nue and expense state	ement and
	balance sheet, and include, if applicable, the text of the footnote to	the organization's	s financial statements	that describes the
D :	organization's accounting for conservation easements.	Part of the state of the state of		O''l Al-
Par			easures, or Otner	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, P			
1a	If the organization elected, as permitted under FASB ASC 958, not t	o report in its rev	enue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for public exh	ibition, education	i, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its financial sta	tements that des	scribes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to re	port in its revenu	e statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public exhibit	tion, education, c	r research in furtheran	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasures,			
	the following amounts required to be reported under FASB ASC 958	relating to these	e items:	
а	Revenue included on Form 990, Part VIII, line 1			• \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions for Fo			Schedule D (Form 990) 2021

		Cincinnat					474841	
Pai	rt III Organizations Maintaining Co	ollections of Ar	t, Historical T	reasures, or Oth	ner Sir	milar Asse	ts (continu	ied)
3	Using the organization's acquisition, accession	n, and other record	s, check any of th	e following that make	e signifi	cant use of its	i	
	collection items (check all that apply):							
а	Public exhibition		l 🔲 Loan or e	xchange program				
b	Scholarly research	•	e Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explai	n how they further	the organization's ex	kempt p	ourpose in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, historical tr	easures, or other simi	lar asse	ets _		
_	to be sold to raise funds rather than to be ma						Yes	No
Pai	rt IV Escrow and Custodial Arrang		ete if the organiza	tion answered "Yes"	on Forr	n 990, Part IV	, line 9, or	
	reported an amount on Form 990, Part							
1a	Is the organization an agent, trustee, custodia					_		
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:		_			
					-		Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance							
	Did the organization include an amount on Fo		•		•	L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.							
Fai	rt V Endowment Funds. Complete if					hraa yaara haal	(la) Four	vooro book
		(a) Current year	(b) Prior year	(c) Two years back	(a) 1	hree years back	(e) Four y	/ears dack
1a	Beginning of year balance			_				
b	Contributions			+				
С	Net investment earnings, gains, and losses			+				
d	Grants or scholarships							
е	Other expenditures for facilities							
_	and programs						+	
f	Administrative expenses							
g	End of year balance		<u></u>	())				
2	Provide the estimated percentage of the curre	•		(a)) held as:				
a	Board designated or quasi-endowment		%					
b	Permanent endowment							
С		%						
0-	The percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentage of the percentage	•	-4: 4l4 ll-l		. 41= = =			
за	Are there endowment funds not in the posses	ssion of the organiza	ation that are neid	and administered for	r the org	ganization	[\scalenge]	res No
	by: (i) Unrelated organizations							100 110
								+-
h	(ii) Related organizations	ione lieted as requi	red on Schodula E				3a(ii) 3b	-
4	Describe in Part XIII the intended uses of the			ı f			[30]	
	rt VI Land, Buildings, and Equipme		willett farias.					
	Complete if the organization answered). Part IV. line 11a	. See Form 990. Part	X. line	10.		
	Description of property	(a) Cost or o		·) Accun		(d) Book	value
	bescription of property	basis (investr			depreci		(a) Book	value
	Land	<u> </u>	, , , , , ,	. ,				
b	Buildings	I						
C	Leasehold improvements							
d	Equipment	I						
e	Other	I		18,418.	18	3,418.		0.
Tota	I. Add lines 1a through 1e. (Column (d) must ed		X column (R) line					0.

	odarrord ror a brag rroc	
Schedule D (Form 990) 2021	Greater Cincinnati	31-1474841 Page
Dort VII Investments	Other Securities	

Complete if the organization answered "Yes"			1.6
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	I1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	on Form 990, Part IV, line 1	I1d. See Form 990, Part X, line 15.	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line 1	I1d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a)		I1d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		I1d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		I1d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		I1d. See Form 990, Part X, line 15.	(b) Book value
(9) Al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(a) I.I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description e 15.)		
(a) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The property of the Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) The property of the Assets. Complete if the organization answered "Yes"	Description e 15.)		25.
(a) (Col. (b) must equal Form 990, Part X, col. (B) line 13.) (Col. (b) must equal Form 990, Part X, col. (B) line 13.) (Col. (b) must equal Form 990, Part X, col. (b) line 13.) (Col. (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Description e 15.)		
(a) (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description e 15.)		25.
(a) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description e 15.)		25.
(a) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description e 15.)		25.
(a) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) (b) (c) (c) (d) (d) (e) (f) (g) (g) (g) (g) (g) (g) (h) (h	Description e 15.)		25.
(a) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description e 15.)		25.
(a) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description e 15.)		25.
(a) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description e 15.)		25.
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description e 15.)		25.
(a) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description e 15.)		25.

Sign	Envelope ID: E925EC4F-6A	D0-43E3-BD63-15EC072B5683					
Sche	dule D (Form 990) 2021	Coalition for a Drug-Fro Greater Cincinnati	ee		31-3	1474841	Page 4
		of Revenue per Audited Financial Stat	ements With R	evenue per Re			
	Complete if the orga	nization answered "Yes" on Form 990, Part IV, lin	ie 12a.				
1	Total revenue, gains, and o	ther support per audited financial statements			1	2,254	,200.
2	Amounts included on line 1	but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses	s) on investments	2a	-186.			
b		of facilities		45,000.			
С		ınts					
)		14,500.			
					2e	59	314.
3					3	2,194	,886.
4	Amounts included on Form	990, Part VIII, line 12, but not on line 1:					
		icluded on Form 990, Part VIII, line 7b	4a	41.			
b	Other (Describe in Part XIII.)	4b				
					4c		41.
5	Total revenue. Add lines 3	and 4c. (This must equal Form 990. Part I. line 12.))		5	2,194	,927.
Par	t XII Reconciliation	of Expenses per Audited Financial Sta	tements With	Expenses per F	Returr	٦.	
	Complete if the orga	nization answered "Yes" on Form 990, Part IV, lin	ie 12a.				
1	Total expenses and losses	per audited financial statements			1	2,093	,066.
2	Amounts included on line 1	but not on Form 990, Part IX, line 25:					
а	Donated services and use of	of facilities	2a	45,000.			
b	Prior year adjustments		2b				
d	Other (Describe in Part XIII.)	2d	14,500.			
е	Add lines 2a through 2d				2e		,500.
3					3	2,033	,566.
4		990, Part IX, line 25, but not on line 1:					
а	Investment expenses not in	cluded on Form 990, Part VIII, line 7b	4a	41.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b				4c		41.
5	Total expenses. Add lines	and 4c. (This must equal Form 990, Part I, line 18	8.)		5	2,033	,607.
Par	t XIII Supplemental I	nformation.					
		for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 s 2d and 4b. Also complete this part to provide an			; Part >	(, line 2; Part X	II,
	ct X, Line 2:	evempt from income tayes	under the	provision	s 0.1	f goati	n .

501(c)(3) of the Internal Revenue Code and a similar provision of Ohio law. However, the Coalition is subject to federal income tax on any unrelated business taxable income.

The Coalition's IRS Form 990 is subject to review and examination by federal and state authorities. The Coalition believes it has appropriate support for any tax positions taken, and therefore, does not have any uncertain income tax positions to the financial statements.

Part XI, Line 2d - Other Adjustments:

Schedule D (Form 990) 2021 Greater Cincinnati Part XIII Supplemental Information (continued)	31-1474841 Page 5
Part XIII Supplemental Information (continued)	
Dundaniaina Brook	14 500
Fundraising Event	14,500.
Part XII, Line 2d - Other Adjustments:	
Dundaniaina Brook	14 500
Fundraising Event	14,500.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Coalition for a Drug-Free

Employer identification number

	CITICITIIIati				31-14/4	041
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 rais		a activ	ities (Check all that apply		
a Mail solicitations				overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations	g Special	fundra	ising (events		
d In-person solicitations						
2 a Did the organization have a written o	r oral agreement with any individual	(includ	ina of	ficers, directors, trus	tees, or	
key employees listed in Form 990, Pa					Yes	No
						
b If "Yes," list the 10 highest paid indiv		ant to	agreer	nents under which tr	ne fundraiser is to be	•
compensated at least \$5,000 by the	organization.					
		,\			(n) Amount noid	
(i) Name and address of individual		(iii) fundr	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have c	ustody	from activity	fundraiser	to (or retained by)
or ornary (carranasor)		or control of contributions?			listed in col. (i)	organization
		Yes	No			
		163	140			
otal						
3 List all states in which the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from reg	gistration
or licensing.						

132081 10-21-21

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

Schedule G (Form 990) 2021

Greater Cincinnati

31-1474841 Page 2

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.						
			(a) Event #1 Annual Luncheon	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through		
			(event type)	(event type)	(total number)	col. (c))		
ne			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	42,331.			42,331.		
	2	Less: Contributions	38,831.			38,831.		
	3	Gross income (line 1 minus line 2)	3,500.			3,500.		
	4	Cash prizes						
Ø	5	Noncash prizes						
bense	6	Rent/facility costs	12,993.			12,993.		
Direct Expenses	7	Food and beverages						
_	8	Entertainment						
	9	Other direct expenses	1,507.			1,507.		
	10	,			>	14,500.		
Da	11					-11,000.		
Pá	ırt I		answered "Yes" on Form	990, Part IV, line 19, o	or reported more than			
		\$15,000 on Form 990-EZ, line 6a.	I	(IL) Dull tabe (instant		(1) Tatal manaina (add		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
_	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
		Volunteer labor	Yes % No	Yes9	% Yes % No			
7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8 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? 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:								
1320	22 10	0-21-21			Sche	edule G (Form 990) 2021		

Schedule G (Form 990) 2021	Greater (Cincin	ınati			31-14748	41 Page 3
11 Does the organization conduct	t gaming activities wit	th nonmemb	pers?			Ye	es No
12 Is the organization a grantor, b							
to administer charitable gamin	•		•	•	•	Ye	es No
13 Indicate the percentage of gan						ا ءه ا	0.4
a The organization's facility							<u>%</u>
b An outside facility							<u>%</u>
14 Enter the name and address of	f the person who prep	pares the or	ganization's gamir	ng/special events l	books and records	:	
Name ▶							
15a Does the organization have a c	contract with a third p	oarty from w	hom the organizat	ion receives gami	ng revenue?	Ye	es No
b If "Yes," enter the amount of g					and the amou	int	
of gaming revenue retained by							
c If "Yes," enter name and addre	ess of the third party:						
Name							
Address							
16 Gaming manager information:							
Name							
Gaming manager compensation	on > \$						
Description of services provide	ed >						
							_
D:	□ - .		—				
Director/officer	Employee		Independent	contractor			
17 Mandatory distributions:							
a Is the organization required un	ider state law to make	e charitable	distributions from	the gaming proce	eds to		
retain the state gaming license	∍?					Ye	es L No
b Enter the amount of distribution	ons required under sta	ate law to be	e distributed to oth	er exempt organiz	ations or spent in	the	
organization's own exempt act	tivities during the tax v	vear ▶ \$			•		
Part IV Supplemental Inf			ations required by	Part I. line 2b. col	umns (iii) and (v): a	and Part III. lines	9. 9b. 10b.
15b, 15c, 16, and 17b							0,00,00,
105, 100, 10, 414 175	, as applicable. 7 1100 p	provide driy	additional informa	tion. Occ motracti	5110.		
	<u> </u>						

	Coalition for a Drug-Free	
Schedule 6	Coalition for a Drug-Free Greater Cincinnati	31-1474841 Page 4
Part IV	G (Form 990) Greater Cincinnati Supplemental Information (continued)	
	4	

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

Coalition for a Drug-Free Greater Cincinnati

Employer identification number 31-1474841

Form 990, Part III, Line 4d, Other Program Services: Center for Prevention Science - The purpose of this program is to increase data driven decision making for effective prevention programs. Activities included review of comprehensive assessments of youth substance use/misuse in the region, monitoring biennial PreventionFIRST! Student Survey process and findings, review of evaluation on the effectiveness of PreventionFIRST! to bring about community level change related to the identified youth substance use/misuse problems, and identifying and supporting research and publication opportunities related to longitudinal PreventionFIRST! Student Survey data. Expenses \$ 128,903. including grants of \$ 0. Revenue \$ 8,402.

Form 990, Part VI, Section B, line 11b:

A PDF version will be sent to Board via email before filing.

Form 990, Part VI, Section B, Line 12c:

The conflict of interest policy is part of the Coalition's by-laws. The policy is reviewed annually with new board members at the new board member Current board members are encouraged to attend and review at The conflict of interest policy is reviewed with new employees at their orientation and monitored through monthly supervisory meetings and bi-annual performance reviews. However, in either case, any conflict of interest is addressed immediately when any issue arises. Trustees and staff review and sign a conflict of interest statement annually.

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

Name of the organization Coalition for a Drug-Free Greater Cincinnati	Employer identification number 31–1474841
Form 990, Part VI, Section B, Line 15:	
The process used for determining CEO compensation included	a review of the
past President/Executive Director existing salary level an	d review of the
proposed budget. Available for review are the annual Lead	ership Council of
Human Services Executives/United Way of Greater Cincinnati	Salary &
Benefits Survey.	
Form 990, Part VI, Section C, Line 19:	
The governing documents are available on the Secretary of	State's website.
The conflict of interest policy and financial statements a	re available upon
request.	
Part XII Line 2C	
No changes to the process during the year	