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DLN: 93493134046200

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545-0047

Open to Public

Department of the Treasury

► The organization may have to use a copy of this return to satisfy state reporting requirements

illernai	revenue	Service		•	.,		,	Inspection
			endar yea	r, or tax year beginning 07- C Name of organization	-01-2008 and ending 06-30-200)9	D Employer ide	ntification number
_			Please use IRS	C Name of organization CINCINNATI CENTER CITY DE	VELOPMENT CORP			
_	dress ch	I	label or	Doing Business As			20-0446324 E Telephone nu	
_	me char	i	print or type. See				(513) 621-4	400
_	tial retur	1	Specific Instruc-	Number and street (or P O b 1014 VINE STREET No 1420	ox if mail is not delivered to street addre	ess) Room/suite	G Gross receipts	
_	mınatıo		tions.					
Am	ended r	return		City or town, state or country CINCINNATI, OH 45202	, and ZIP + 4			
App	olication	pending		·				
				ne and address of Principal	O fficer		s a group return	
				ANIE P GAITHER /INE STREET No 1420		affilia	tes?	⊤Yes ▼ No
				NNATI,OH 45202		H(b) Are al	l affiliates include	d?
Та	x-exem	pt status	501(c)) (3) ◀ (insert no)	a)(1) or 527			See instructions)
W	eb site	e: ► 3CD	CORG			H(c) Grou	ip Exemption Nur	nber 🟲
•			.	<u> </u>		1		
Гур	e of org	janization J	Corporat	ion trust association ot	her F	L Year of Fo	rmation 2003 M S	State of legal domicile OH
		C						
Рa	rt I			e organization's mission or	most significant activities			
נו	_	·		Cincinnati's center city	most significant activities			
<u> </u>			F	,				
antellialine antellialine								
<u> </u>	2	Check th	ıs box 🦵	ıf the organizatıon disconti	nued its operations or disposed	of more than 2	5% of its assets	
	3	Number	of voting r	nembers of the governing b	ody (Part VI, line 1a)		з _	30
o O	4	Number	of indepen	ident voting members of th	e governing body (Part VI, line 1	b)	. 4 _	27
1	5	Total nun	nber of en	nployees (Part V , line 2a)			5 _	20
ACUMUES &	6	Total nun	nberofvo	olunteers (estimate if neces	ssary)		6 _	0
Į.					Part VIII, line 12, column (C)		7a	0
	Ь	Net unrel	lated busi	ness taxable income from	Form 990-T, line 34		7b	0
						Pric	or Year	Current Year
a)	8			d grants (Part VIII, line 1h		2,174,448	5,661,622	
Ē	9	_		revenue (Part VIII, line 2g	·		(
Revenue	10			ne (Part VIII, column (A),		103,811	64,191	
_	11		-		5, 6d, 8c, 9c, 10c, and 11e)		3,340,393	4,523,831
	12	10taire 12)	venue—a	aa iines 8 through 11 (mus	t equal Part VIII, column (A), lır	ie	5,618,652	10,249,644
	13	Grants a	and simila	ar amounts paid (Part IX, c	olumn (A), lines 1–3)			3,606,454
	14	Benefits	paid to o	or for members (Part IX, co	lumn (A), line 4)			C
co.	15		, other co	ompensation, employee ber	nefits (Part IX, column (A), lines	5 –	1.065.366	1 0 1 2 1 0 1
Expenses	16-	10)	6	lander of the Control	(A) line (d.)		1,965,366	1,942,193
<u>क</u>	16a			raising fees (Part IX, colur				
Ā	ь	,	_	penses, Part IX, column (D), line				
	17			(Part IX, column (A), lines	·		5,718,202	6,096,616
	18				ual Part IX, line 25, column (A))		7,683,568	11,645,263
e 07	19	revenue	e iess exp	penses Subtract line 18 fro	om mie 12	Donin	-2,064,916 ing of Year	-1,395,619 End of Year
net Assets of Fund Balances	20	T . + - ! -	(D			Beginni		
3 HE	20		•	rt X, line 16)			48,450,647	46,335,508
3 2	21		•	Part X, line 26)	4.6		46,877,130	46,800,218
_	22			d balances Subtract line 2	1 from line 20		1,573,517	-464,710
Pa	rt II		ture Blo		uned the rature includes accommo	a echodulas = = = =	tatamente and to the	no host of my knowledge
					nned this return, including accompanying n of preparer (other than officer) is base			
Plea		*****					-05-14	
Sign Iero		Signati	ure of office	er		Date		
ier(E			THER EVP, CFO, AND TREASURE	₹			
		Type o	or print nam	e and title				
		Preparer's	Miche	N Contry CDA	Date 2010-05-13	Check If self-	Preparer's PTIN (See Gen Inst)
Paid		signature	Michae	el W Gentry CPA		empolyed •		
	arer's		ne (or yours	s JOSEPH DECOSIMO & COMP	PANY LLC	· ·	EIN Þ	
Jse (Only	ıf self-emp address, a	oloyed), ind ZIP + 4	255 EAST FIFTH ST SUITE 2	200		LIIN F	
				CINCINNATI, OH 45202			Phone no 🕨 (51	3) 579-1717
				CHICHINGIL, OIL TUZUZ				

May the IRS discuss this return with the preparer shown above? (See instructions)

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission				
	To strengthen the core assets of Cincinnati's cer structures	nter city through great ci	vic spaces, high-quality ai	nd diverse mixed-use developmen	ts, and preservation of historical
2	Did the organization undertake any signification that the prior Form 990 or 990-EZ?	gnıfıcant program se	rvices during the yea	ar which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?	g or make significant	changes in how it co	onducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and revent	ns and 4947(a)(1) t	rusts are required to	report the amount of grants	
4a	(Code) (Expenses \$ The Banks Continued assistance to ensure to		including grants of \$ nillion redevelopment proj) (Revenue \$ gect on the river front)
4b	(Code) (Expenses \$ Fountain Square/Central Business District Fo		including grants of \$) (Revenue \$	4,481,787)
	thousands of people to the City's core Rede strategic, abandoned buildings for redevelopr	velopment efforts contin	ued with the Walnut Stree	etscape project, the rehab of 641 V	Valnut Street and the assembling of
	-				
4c	(Code) (Expenses \$	3,763,267	ıncludıng grants of \$) (Revenue \$	106,235)
	Over the Rhine Redevelopment efforts resul square feet of commercial space, streetscape previous year	lted in the Gateway Pha	se III project launch, bring	jing on over 100 new or rehabilitat	ed homeownership units, 15,000
4d	Other program services (Describe ii	n Schedule O)			
	(Expenses \$	including grants of	f\$) (Revenue \$)
4e	Total program service expenses \$	9,523,75	7 Must equal Part I	X, Line 25, column (B).	

Part IV	Chec	klist of	f Required	l Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		Νo
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I .	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L,	26		No
27	Part II	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νo

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliano	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	18			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners?	to ven	dors and reportable	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	İ				
	Statements filed for the calendar year ending with or within the year covered by this					
	return	2a	20			
Ь	If at least one is reported in 2a, did the organization file all required federal employs Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin					
	return?			3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities acaccount)?	count	, or other financial	4a		Νο
h	·					
_	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re	enort o	of Foreign Bank and			
	Financial Accounts.	cport o	i Torcigii bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i>			<u> </u>		
	Tax Shelter Transaction?	•	· · ·	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement th	hat su	ch contributions or gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		6.475	_		
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	itribut	ion of \$ / 5 or	7a		Νο
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7с		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	v nrem	nuums on a nersonal			
_	benefit contract?			7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	file a F	orm 1098-C as			
	required?	• •		7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the	ороо	ornig organization, nave	8		
	year ⁹					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	17 .		9b		
10	Section 501(c)(7) organizations. Enter	ı	ı			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11		ı	ı			
а	Gross income from members or shareholders	11a				
h	Gross income from other sources (Do not net amounts due or paid to other sources	-				
_	against amounts due or received from them)	11b				
12=	Section $4947(a)(1)$ non-exempt charitable trusts. Is the organization filing Form 990 in	n lıaıı 1	of Form 10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			a		
-	year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A	. Governina	Body and	Management

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 30							
b	Enter the number of voting members that are independent 1b 27							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
b	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		No				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No				

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization STEPHANIE GAITHER

 1014 VINE STREET SUITE 1420

 CINCINNATI, OH 45202

 (513) 621-4400

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

	(B) Average hours per week		(i tion that a			all			(E)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Оппсы	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			-							
		-								
			-				\vdash			
			-				<u> </u>			
1b Total							-	877,600	0	65,532

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►5

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
MEGEN CONSTRUCTION 11130 ASHBURN ROAD CINCINNATI, OH 45240	CONSTRUCTION COST	1,160,901
Central Parking System of Ohio Inc Tot 1 W Fourth St Ste 502 CINCINNATI, OH 45202	parking, reimbursements and mgt fee	774,622
Urban Legacy VIII LLC 1429 Walnut Street cINCINNATI, OH 45202	cONSTRUCTION	611,202
Trinity Flats LLC 2170 Gilbert Avenue Ste 100 cINCINNATI, OH 45206	cONSTRUCTION	297,620
OTRCHEBER LLC 114 West 14th Street cINCINNATI, OH 45202	cONSTRUCTION	193,437
Total number of independent contractors (including those in 1) who re from the organization	. ,	5

Part Statement of Revenue VIII

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
# £	1a	Federated campaigns 1a					
恵吉	ь	Membership dues 1b					
S, G	С	Fundraising events 1c					
Æ	d	Related organizations 1d					
S, E	e	Government grants (contributions) 1e	3,775,619				
<u>ેં કે</u>	f	All other contributions, gifts, grants, and 1f	1,886,003				i i
₹ इ.इ.	g	similar amounts not included above Noncash contributions included in					
Contributions, gifts, grants and other similar amounts	•	lines 1a-1f \$					
္မ	h	Total (Add lines 1a-1f)	▶	5,661,622			
———		Busin	ess Code				
Program Serwoe Revenue	2a						
₽2	ь						
93	С						
Š	d						
ਔ ⊆	e						
眶	f	All other program service revenue					
ž							
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter		64,191			64,191
	١,	other similar amounts)		04,191			04,191
	4 5	- u	_				
			ersonal				
	6a	Gross Rents 153,740	CISONUI				
	ь	Less rental					
		expenses Rental income 153,740					
		or (loss)	-	153,740			153,740
	d	Net rental income or (loss)	Other	133,710			133,710
	7a	Gross amount (1) Securities (11)	O thei				
		from sales of assets other					
		than inventory Less cost or					
	b	other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)	▶				
	8a	Gross income from fundraising events (not including					
ψ		\$of contributions reported on line 1c)					
Other Revenue		See Part IV, line 18					
•		Attach Schedule G if total exceeds \$15,000 a					
Ģ.	ь	Less direct expenses b					
ē.	С	Net income or (loss) from fundraising events					
5	9a	Gross income from gaming activities					
		See part IV , line 19 Complete Schedule G if total exceeds					
		\$15,000					
		a					
	b	Less direct expenses b					
	C	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inventory	. ►				
		Miscellaneous Revenue Busine	ss Code				
	11a	PARKING INCOME	812,930	, ,			2,576,997
	ь	MANAGEMENT FEE INCOME	541,610	, ,			1,334,225
	С	EVENT AND PROGRAMMING	713,990				433,493
	d	All other revenue		25,376			25,376
	e	Total. Add lines 11a-11d					
	12		70,091	10,249,644	0	0	4,588,022
	**	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7 9c, 10c, and 11e	u, o c, ▶ -	10,2 10,0 14	Ŭ	·	1,303,022

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do i	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,606,454	3,606,454							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22									
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	832,879	83,339	749,540						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages	698,611	105,944		40,216					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	33,809	4,798	27,561	1,450					
9	Other employee benefits	81,042	12,115	67,490	1,437					
10	Payroll taxes	295,852	14,993	277,231	3,628					
11	Fees for services (non-employees)									
а	Management	635,299	635,299							
b	Legal	76,562	38,809	37,753						
c	Accounting	98,083	58,947	39,136						
d	Lobbying									
e	Professional fundraising See Part IV, line 17									
f	Investment management fees									
g	Other	289,529	224,501	65,028						
12	Advertising and promotion	83,346	68,265	15,081						
13	Office expenses	55,418	33,502	21,916						
14	Information technology	11,404	1,488	9,916						
15	Royalties									
16	Occupancy	326,303	193,430	132,873						
17	Travel									
18	Payments of travel or entertainment expenses for any Federal, state or local public officials									
19	Conferences, conventions and meetings									
20	Interest	1,530,695	1,530,695							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	1,703,336	1,678,842	24,494						
23	Insurance	178,335	130,665	47,670						
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а	EVENT AND PROGRAMMING E	417,015	417,015							
b	SAFE AND CLEAN PROGRAM	232,487	232,487							
С	REPAIRS AND MAINTENANCE	176,937	176,937							
d	FINANCING EXPENSE	174,343	174,343							
f	All other expenses	107,524	100,889	6,635						
25	Total functional expenses. Add lines 1 through 24f	11,645,263	9,523,757	2,074,775	46,731					
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm 990 (2009)					

Part X	Balance	Shoot

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			3,793,054			2,884,504
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			789,661	4		793,904
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S				6		
	7	Notes and loans receivable, net			1,722,070	7		1,702,169
	8	Inventories for sale or use				8		
\$	9	Prepaid expenses and deferred charges		93,331	9		105,957	
Assets	10a	Land, buildings, and equipment cost basis	10a	43,882,495				
*	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	4,350,459		10c	3	9,532,036
	11	Investments—publicly traded securities	•			11		
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	t VII o	of		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Part Part Part Part Part Part Part$	rt VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			991,530	15		1,316,938
	16	Total assets. Add lines 1 through 15 (must equal line 34)			48,450,647	16	4	6,335,508
	17	Accounts payable and accrued expenses .			1,607,506	17		2,614,194
	18	Grants payable				18		
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities				20		
e S	21	Escrow account liability Complete Part IV of Schedule D			2,784,281	21		1,389,364
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
- 23		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties			42,084,788	23	4	2,092,765
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			400,555	25		703,895
	26	Total liabilities. Add lines 17 through 25			46,877,130	26	4	6,800,218
		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complethrough 29, and lines 33 and 34.	ete lin	nes 27				
ant	27	Unrestricted net assets			1,179,450	27		-629,714
Balance	28	Temporarily restricted net assets			394,067	28		165,004
귤	29	Permanently restricted net assets				29		
r Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	l comp	lete				
S O.	30	Capital stock or trust principal, or current funds				30		
ě	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Assets	32	Retained earnings, endowment, accumulated income, or other fur				32		
Net	33	Total net assets or fund balances			1,573,517	33		-464,710
z —	34	Total liabilities and net assets/fund balances			48,450,647	34	4	6,335,508
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		N o
b	If "Yes," did the organization undergo the required audit or audits?	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134046200

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

CINCI	NNATI (LENIER CITY D	EVELOPMENT COR	Р				120	044633	4	
Dа	rt I	Peacon	for Public C	harity Status (to be cor	mnleted	hy all or	nanizatio		-0446324 Instruct		
				ation because it is (Please					monuce	.10113)	
1				nurches, or association of ch					A)(i).		
2	<u></u>	•		tion 170(b)(1)(A)(ii). (Attac				(- / (- / (/(-/-		
3	Ė			e hospital service organizati		•	t ion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	e H)
4	Ĺ.	•	•	zation operated in conjunction			-				•
	•		name, city, and	•					(- / (- /	(,(,-	
5	Г	•		for the benefit of a college or	universit	v owned o	r operated	l by a gove	rnmental	unit desc	ribed in
	•			(Complete Part II)		,	•	, ,			
6	Г			overnment or governmental (unit descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).		
7	~	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	nit or fron	n the gene	ral public
		=		o)(1)(A)(vi) (Complete Pari			-			_	·
8	\sqcap	A communi	ty trust describ	oed in Section 170(b)(1)(A)((vi) (Com	plete Par	tII)				
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% o	fits supp	ort from c	ontribution	ıs, membe	rship fees	, and gross
		receipts fro	m activities re	lated to its exempt functions	—subject	to certair	exceptio	ns, and (2) no more	than 331/	3% of
		ıts support	from gross inve	estment income and unrelate	d busines	s taxable	ıncome (l	ess sectio	n 511 tax	x) from bu	sınesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509(a)(4). (Se	ee instruc	tions)
11	Γ	_	=	and operated exclusively for					•	•	• •
				orted organizations describe						Section 5	09(a)(3). Check
		a T		type of supporting organizat			nes lle t nally Integ		n d	□ Type	III - Other
e	\vdash			rtify that the organization is							
_	•	•		agers and other than one or			•			•	•
_		section 50									
f		If the orgar check this		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
g				as the organization accepted	d anv dift	or contrib	ution from	anv of the			,
_		following pe		,	, 3			•			
		(i) a perso	n who directly o	r indirectly controls, either a	lone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
			· -	ng body of the the supported	_	tion?				11g	
				erson described in (i) above						11g(
				ty of a person described in (11g(iii)
h		Provide the	following infori	mation about the organizatio	ns the org	anızatıon	supports				
	/:> N		/::> = T.N.	(:::) T f	/:	- 41	(-) 5				(::> A
		ame of orted	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) I	s tne ation in		ou notify inization		s the ation in	(vii) A mount of support?
		iization		above or IRC section	col (i)			i) of your		rganized	Заррон
	_			(See Instructions))	your go	verning		ort?	ın the	US?	
					docur						
					Yes No Yes No Yes No						
				1		1	1				1

Total

Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box o	11 IIIIe 5, 7, or	O UI PART I.)				
	ublic Support	T						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	552,660	6,140,107	11,393,523	2,174,448		5,661,622	25,922,360
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
	its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	552,660	6,140,107	11,393,523	2,174,448		5,661,622	25,922,360
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line							
	4							25,922,360
T	otal Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	552,660	265,513	11,393,523	2,174,448		5,661,622	25,922,360
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources		265,513	436,051	173,006		217,931	1,092,501
9	Net income from unrelated business							
-	activities, whether or not the business is							
	regularly carried on							
10	Other income Do not include gain or loss							
	from the sale of capital assets (Explain in Part IV)							
11	Total Support (Add lines 7 through 10)							27,014,861
12	Gross receipts from related activities, etc	(See instruction	s)			12		5,633,140
13	organization, check this box and stop here		rst, second, third	d, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
14	omputation of Public Support Perc Public Support Percentage for 2008 (line 6		ed by line 11 co	dumn (f))		44		05.060.04
14 15	Public Support Percentage for 2007 Sched	• •	•	Jiuiiiii (1))		14 15		95.960 % 96.640 %
	33 1/3% Test - 2008. If the organization did			and line 14 is 33	3 1/3% or more	<u> </u>	this hox	301040 70
	and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizati	on				▶ ✓
	box and stop here. The organization qualified 10% Facts and Circumstances Test - 2008. It	es as a publicly : If the organization	supported organ on did not check	iization : a box on line 1:	3, 16a, or 16b a	ind lin	e 14 is 10'	▶ % or
	more, and if the organization meets the "fac							
Ь	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007.			•		-		▶ □
ט	more, and if the organization meets the "fac							
18	the organization meets the "facts and circu Private Foundation. If the organization did	mstances" test	The organization	on qualifies as a	publicly suppor	ted or	ganızatıon	▶ □
10	instructions	not check the DC	,, on time 13, 10	oa, 100, 17a 01.	I / D, CHECK LIIIS	DOX d	iiu see	▶ □

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
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 businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 20-0446324

Name: CINCINNATI CENTER CITY DEVELOPMENT CORP

Form 990, Part VII - Section Aaa

DAMES M ANDERSON , BOARD	Form 990, Part VII - Section Aaa										
(A) Name and Title Per leg leg lours present the properties of th				tion (chec		I			(F)	(F)
DAMES M ANDERSON , BOARD		A verage hours per	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and related
MEMBER	· ·	55 00	X		×				309,000	0	26,182
DO HN P BOORN , BOARD MEMBER	MEMBER		Х						0	0	0
NEIL BORTZ	JOHN F BARRETT , BOARD MEMBER	5 00	Χ						0	0	0
MARGARET E BUCHANAN , BOARD 5 00 X 0 0 0 CALVIN D BUFORD , BOARD MEMBER 5 00 X 0 0 0 0 JOHN F CASSIDY , BOARD MEMBER 5 00 X 0 0 0 0 0 ROBERT H CASTELLINI , BOARD 5 00 X 0 0 0 0 0 0 JAMES M WISEMAN , BOARD MEMBER 5 00 X 0 <t< td=""><td>JOHN P BOORN , BOARD MEMBER</td><td>5 00</td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td></t<>	JOHN P BOORN , BOARD MEMBER	5 00	Х						0	0	0
MEMBER	NEIL BORTZ , BOARD MEMBER	5 00	Х						0	0	0
OHN F CASSIDY, BOARD MEMBER	•	5 00	Х						0	0	0
ROBERT H CASTELLINI	CALVIN D BUFORD , BOARD MEMBER	5 00	X						0	0	0
MEMBER	JOHN F CASSIDY , BOARD MEMBER	5 00	X						0	0	0
JAMES M ZIMMERMAN , BOARD	The state of the s	5 00	Х						0	0	0
MEMBER 5 00 X 0 0 0 DR NANCY L ZIMPHER, BOARD 5 00 X 0 0 0 MEMBER 5 00 X 0 0 0 0 DAVID DILLON, BOARD MEMBER 5 00 X 0 0 0 0 KAREN HOGUET, BOARD MEMBER 5 00 X 0 0 0 0 0 AG LAFLEY, BOARD MEMBER 5 00 X 0	JAMES M WISEMAN , BOARD MEMBER	5 00	Х						0	0	0
MEMBER 5 00	, and the second	5 00	Х						0	0	0
KAREN HOGUET, BOARD MEMBER 5 00 X 0 0 0 0 AG LAFLEY, BOARD MEMBER 5 00 X 0 0 0 0 CARL H LINDNER, BOARD MEMBER 5 00 X 0 0 0 0 MICHAEL COMER, BOARD MEMBER 5 00 X 0 0 0 0 ELLEN VAN DER HORST, BOARD 5 00 X 0 0 0 0 MEMBER 5 00 X 0 0 0 0 KENNETH W LOWE, BOARD MEMBER 5 00 X 0 0 0 0 MEMBER 5 00 X 0 0 0 0 0 JAMES FORR, BOARD MEMBER 5 00 X 0 0 0 0 0 JOSEPH A PICHLER, BOARD MEMBER 5 00 X 0 0 0 0 0 JACK ROUSE, BOARD MEMBER 5 00 X 0 0 0 0 0 JAMES ELLERHORST, BOARD 5 00 X 0 0 0 0 0 CLARK HANDY, BOARD MEMBER 5 00 X 0 0 0 0 0		5 00	Х						0	0	0
AG LAFLEY , BO ARD MEMBER 5 00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DAVID DILLON , BOARD MEMBER	5 00	Χ						0	0	0
CARL H LINDNER , BOARD MEMBER 5 00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	KAREN HOGUET , BOARD MEMBER	5 00	Χ						0	0	0
MICHAEL COMER , BOARD MEMBER 5 00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AG LAFLEY , BOARD MEMBER	5 00	Х						0	0	0
ELLEN VAN DER HORST , BOARD MEMBER 5 00 X 0 0 0 0 RALPH S MICHAEL III , BOARD MEMBER 5 00 X 0 0 0 0 RALPH S MICHAEL III , BOARD MEMBER 5 00 X 0 0 0 0 0 0 0 AMES F ORR , BOARD MEMBER 5 00 X 0 0 0 0 0 JAMES F ORR , BOARD MEMBER 5 00 X 0 0 0 0 0 JACK ROUSE , BOARD MEMBER 5 00 X 0 0 0 0 0 JAMES ELLERHORST , BOARD MEMBER 5 00 X 0 0 0 0 ROBERT SULLIVAN , BOARD MEMBER 5 00 X 0 0 0 0 ROBERT SULLIVAN , BOARD MEMBER 5 00 X 0 0 0 0 ROBERT SULLIVAN , BOARD MEMBER 5 00 X 0 0 0 0 ROBERT SULLIVAN , BOARD MEMBER 5 00 X 0 0 0 0 ROBERT SULLIVAN , BOARD MEMBER 5 00 X 0 0 0 0 ROBERT SULLIVAN , BOARD MEMBER 5 00 X 0 0 0 0 ROBERT SULLIVAN , BOARD MEMBER 5 00 X 0 0 0 0 ROBERT SULLIVAN MEMBER 6 00 X 8 00 0 0 ROBERT SULLIVAN MEMBER 6 00 X 8 00	CARL H LINDNER , BOARD MEMBER	5 00	Х						0	0	0
MEMBER 5 00 X X 0 0 KENNETH W LOWE , BO ARD MEMBER 5 00 X 0 0 0 RALPH S MICHAEL III , BO ARD 5 00 X 0 0 0 MEMBER 5 00 X 0 0 0 0 JAMES F ORR , BO ARD MEMBER 5 00 X 0 0 0 0 JACK ROUSE , BO ARD MEMBER 5 00 X 0 0 0 0 JAMES ELLERHORST , BO ARD MEMBER 5 00 X 0 0 0 0 MEMBER 5 00 X 0 0 0 0 0 CLARK HANDY , BO ARD MEMBER 5 00 X 0 0 0 0 0 RO BERT SULLIVAN , BO ARD MEMBER 5 00 X 0 0 0 0 0 0 david Joyce , bO ARD MEMBER 5 00 X 0 0 0 0 0 0 rosaleena marcellus , bO ARD MEMBER 5 00 X 0 0 0 0 0 0 0 0<	MICHAEL COMER , BOARD MEMBER	5 00	Х						0	0	0
RALPH S MICHAEL III , BOARD 5 00 X 0 0 0 JAMES F ORR , BOARD MEMBER 5 00 X 0 0 0 JOSEPH A PICHLER , BOARD MEMBER 5 00 X 0 0 0 JACK ROUSE , BOARD MEMBER 5 00 X 0 0 0 JAMES ELLERHORST , BOARD MEMBER 5 00 X 0 0 0 MEMBER 5 00 X 0 0 0 0 CLARK HANDY , BOARD MEMBER 5 00 X 0 0 0 0 ROBERT SULLIVAN , BOARD MEMBER 5 00 X 0 0 0 0 paul gelter , boARD MEMBER 5 00 X 0 0 0 0 david joyce , bOARD MEMBER 5 00 X 0 0 0 0 rosaleena marcellus , bOARD MEMBER 5 00 X 0 0 0 0		5 00	Х						0	0	0
MEMBER 5 00 X 0 0 0 JAMES F ORR , BOARD MEMBER 5 00 X 0 0 0 JOSEPH A PICHLER , BOARD MEMBER 5 00 X 0 0 0 JACK ROUSE , BOARD MEMBER 5 00 X 0 0 0 JAMES ELLERHORST , BOARD MEMBER 5 00 X 0 0 0 MEMBER 5 00 X 0 0 0 0 CLARK HANDY , BOARD MEMBER 5 00 X 0 0 0 0 ROBERT SULLIVAN , BOARD MEMBER 5 00 X 0 0 0 0 paul gelter , boARD MEMBER 5 00 X 0 0 0 0 david joyce , bOARD MEMBER 5 00 X 0 0 0 0 rosaleena marcellus , bOARD MEMBER 5 00 X 0 0 0 0	KENNETH W LOWE , BOARD MEMBER	5 00	Х						0	0	0
JO SEPH A PICHLER , BO ARD MEMBER 5 00 X 0 0 0 JACK ROUSE , BO ARD MEMBER 5 00 X 0 0 0 0 JAMES ELLERHORST , BO ARD MEMBER 5 00 X 0 0 0 0 0 MEMBER 5 00 X 0		5 00	Х						0	0	0
JACK ROUSE , BOARD MEMBER 5 00 X 0 0 0 JAMES ELLERHORST , BOARD MEMBER 5 00 X 0 0 0 MEMBER 5 00 X 0 0 0 0 CLARK HANDY , BOARD MEMBER 5 00 X 0 0 0 0 ROBERT SULLIVAN , BOARD MEMBER 5 00 X 0 0 0 0 0 paul gelter , boARD MEMBER 5 00 X 0 0 0 0 0 david joyce , bOARD MEMBER 5 00 X 0 0 0 0 0 rosaleena marcellus , bOARD MEMBER 5 00 X 0 0 0 0 0	JAMES FORR, BOARD MEMBER	5 0 0	X						0	0	0
JAMES ELLERHORST , BOARD 5 00 X 0 0 0 MEMBER 5 00 X 0 0 0 0 CLARK HANDY , BOARD MEMBER 5 00 X 0 0 0 0 ROBERT SULLIVAN , BOARD MEMBER 5 00 X 0 0 0 0 0 paul gelter , boARD MEMBER 5 00 X 0 0 0 0 0 david joyce , bOARD MEMBER 5 00 X 0 0 0 0 0 rosaleena marcellus , bOARD MEMBER 5 00 X 0 0 0 0 0	JOSEPH A PICHLER , BOARD MEMBER	5 00	X						0	0	0
MEMBER 5 00 X X 0 0 0 CLARK HANDY , BOARD MEMBER 5 00 X 0 0 0 0 ROBERT SULLIVAN , BOARD MEMBER 5 00 X 0 0 0 0 paul gelter , boARD MEMBER 5 00 X 0 0 0 0 david Joyce , bOARD MEMBER 5 00 X 0 0 0 0 rosaleena marcellus , bOARD MEMBER 5 00 X 0 0 0 0	JACK ROUSE , BOARD MEMBER	5 0 0	X						0	0	0
ROBERT SULLIVAN , BOARD MEMBER 5 00 X 0 0 0 paul gelter , boARD MEMBER 5 00 X 0 0 0 0 david joyce , bOARD MEMBER 5 00 X 0 0 0 0 rosaleena marcellus , bOARD MEMBER 5 00 X 0 0 0 0		5 00	Х						0	0	0
paul gelter , boARD MEMBER 5 00 X 0 0 0 david joyce , bOARD MEMBER 5 00 X 0 0 0 rosaleena marcellus , bOARD MEMBER 5 00 X 0 0 0	CLARK HANDY , BOARD MEMBER	5 00	X						0	0	0
david joyce , bOARD MEMBER 5 00 X 0 0 0 rosaleena marcellus , bOARD MEMBER 5 00 X 0 0 0	ROBERT SULLIVAN , BOARD MEMBER	5 00	Х						0	0	0
rosaleena marcellus , bOARD MEMBER 5 00 X 0 0	paul gelter , boARD MEMBER	5 00	Х						0	0	0
	david joyce , bOARD MEMBER	5 00	Х						0	0	0
chip wood, bO ARD MEMBER 500 X 0 0	rosaleena marcellus , bOARD MEMBER	5 00	X						0	0	0
<u> </u>	chip wood , bOARD MEMBER	5 00	X		<u> </u>				0	0	0

Form 990, Part VII - Section Aaa

Torin 550, ruit VII Section Aut	-									
			(C tion (hat a	chec		I				(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Stephanie P Gaither , EVP , CFO , & TREA SURER	55 00			х				167,500	0	10,470
CHAD S MUNITZ , VP OF DEVELOPMENT	55 00			х				167,500	0	12,650
BILL DONABEDIAN , vp FOUNTAIN SQUARE MGMT	40 00			х				127,800	0	9,117
kelly leon , vp communications	40 00					Х		105,800	0	7,113

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization CINCINNATI CENTER CITY DEVELOPMENT CORP 20-0446324 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and

- enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

- Complete if the organization answered "Yes" to Form 990, Part IV, line 8.
- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

► \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

_	Using the organization's accession and other records, check a	anv of tl	ne fol	lowing that ai	re a significant u	se of its collectio	n	
	items (check all that apply)	,	_	•	-			
а	Public exhibition	d	Г	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and exp Part XIV	plaın ho	w the	y further the	organızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or receive donation							–
Dar	assets to be sold to raise funds rather than to be maintained at IV Trust, Escrow and Custodial Arrangement					· ·	Yes	No
Pal	Part IV, line 9, or reported an amount on Form				ailization answ	ered tes to r	פ ווו וט	90,
1a	Is the organization an agent, trustee, custodian or other interincluded on Form 990, Part X?	mediary	forc	ontributions	or other assets		Yes	√ No
b	If "Yes," explain why in Part XIV and complete the following t	able						
						A mo	unt	
С	Beginning balance				1 c		2,	784,281
d	Additions during the year				1d		3,4	179,609
е	Distributions during the year				1e		4 ,8	374,526
f	Ending balance				1f		1,3	389,364
2a	Did the organization include an amount on Form 990, Part X,	line 21?	ì			<u> </u>	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organizat							
	(a)Current Year	(b) Prior	Year (c)Tv	vo Years Back (d)	Three Years Back (e) Four Y	ears Back
1a	Beginning of year balance	_						
Ь	Contributions	_						
C	Investment earnings or losses	_						
d	Grants or scholarships	_						
е	Other expenditures for facilities and programs	_						
f	Administrative expenses							
		_						
g	End of year balance	_						
g 2	End of year balance	 _ d as						
_		 d as						
2	Provide the estimated percentage of the year end balance hel	 d as						
2 a	Provide the estimated percentage of the year end balance hell Board designated or quasi-endowment • Permanent endowment •	d as						
2 a b	Provide the estimated percentage of the year end balance hell Board designated or quasi-endowment		that	are held and a	admınıstered for	the		
2 a b	Provide the estimated percentage of the year end balance hell Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organ organization by		that	are held and :	admınıstered for	the	Yes	No
2 a b	Provide the estimated percentage of the year end balance hell Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organ		that	are held and a	admınıstered for	3a(i)		No
2 a b c 3a	Provide the estimated percentage of the year end balance hell Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organ organization by (i) unrelated organizations	nization 				3a(i)		No No
2 a b c 3a	Provide the estimated percentage of the year end balance hell Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organ organization by (i) unrelated organizations	nization · · · · · red on S	Sched	iule R?		3a(i)		No No
2 a b c 3a	Provide the estimated percentage of the year end balance hell Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organ organization by (i) unrelated organizations	nization • • • • • • red on S	ched			3a(i)		No .
2 a b c 3a	Provide the estimated percentage of the year end balance hell Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organ organization by (i) unrelated organizations	nization • • • • • • red on S	Sched ent fu See I	Jule R? Junds Form 990, P	art X, line 10.	3a(i)		No No
2 a b c 3a b 4 Par	Provide the estimated percentage of the year end balance hell Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organ organization by (i) unrelated organizations	nization • • • • • • red on S	Schedent for See [3a(i)		No
2 a b c 3a b 4 Par	Provide the estimated percentage of the year end balance hell Board designated or quasi-endowment Permanent endowment Are there endowment funds not in the possession of the organ organization by (i) unrelated organizations	nization • • • • • • red on S	Schedent for See [Jule R? Junds Form 990, P	art X, line 10.	3a(i) 3b		
2 a b c 3a b 4 Par	Provide the estimated percentage of the year end balance hell Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organ organization by (i) unrelated organizations	nization • • • • • • red on S	Schedent for See [Jule R? Junds Form 990, P	art X, line 10. (b)Cost or other basis (other)	3a(i) 3b		ok value
2 a b c 3a b 4 Par	Provide the estimated percentage of the year end balance hell Board designated or quasi-endowment Permanent endowment Are there endowment funds not in the possession of the organ organization by (i) unrelated organizations	nization • • • • • • red on S	Schedent for See [Jule R? Junds Form 990, P	art X, line 10. (b)Cost or other basis (other)	3a(i) 3b		ok value
2 a b c 3a b 4 Par	Provide the estimated percentage of the year end balance hell Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organ organization by (i) unrelated organizations	nization • • • • • • red on S	Schedent for See [Jule R? Junds Form 990, P	art X, line 10. (b)Cost or other basis (other) 555,814	3a(i) 3a(ii) 3b	(d) Bo	ook value 555,814
2 a b c 3a b 4 Par	Provide the estimated percentage of the year end balance hell Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organ organization by (i) unrelated organizations	red on Sendowm	Scheent function (a) bas	Jule R? Junds Form 990, P Cost or other is (investment)	art X, line 10. (b)Cost or other basis (other) 555,814	(c) Depreciation 31,394 961,603	(d) Bo	555,814 194,313

Investments—Other Securities. See	Form 990, Part X, line 1		1.6.1.
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation ·year market value
nancial derivatives and other financial products		2220, 0,14 01	,
osely-held equity interests			
ther			
····			
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)			
art VIIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation ·year market value
		Cost of ella-of-	year market value
otal. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, II	<u>. </u>		
(a) Descri			(b) Book value
otal. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part 3			
(a) Description of Liability	(b) A mount		
ederal Income Taxes			
AXES PAYABLE	12,128		
CCRUED INTEREST PAYABLE	625,316		
NEARNED REVENUE	9,455		
EFUNDABLE ADVANCE	46,500		
EASE SECURITY DEPOSIT	10,000		
nthholdings	496		
otal. (Column (b) should equal Form 990, Part X, col (B) line 25) 🕨	703,895		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,249,644
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,645,263
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,395,619
4	Net unrealized gains (losses) on investments	4	-695,358
5	Donated services and use of facilities	5	52,750
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-642,608
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-2,038,227
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		· · · · · ·
1	Total revenue, gains, and other support per audited financial		10,684,743
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	206,037
3	Subtract line 2e from line 1	3	10,478,706
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b .		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	-229,062
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5 _	10,249,644
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	17,850,437
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	 	
b	Prior year adjustments	1	
ر م	Losses reported on Form 990, Part IX, line 25	-	
d e	Add lines 2a through 2d	- 2e	6,205,174
3	Subtract line 2e from line 1	3	11,645,263
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	11,045,203
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIV)	-	
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	11,645,263
	rt XIV Supplemental Information		11,043,203
النهو			

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part IV, Line 2b		During the tax year Gateway II, LLC served as escrow agent over six different bank accounts. The purpose for doing this was to aid multiple lenders development projects in Over-the-Rhine in distributing the sales proceeds from homeownership unit sales according to the collateral sharing agreements in place for each project, respectively
Part XII, Line 2d - Other Adjustments		REVENUE ELIMINATED OR REPORTED ON OTHER TAX RETURN 153287
Part XII, Line 4b - Other Adjustments		CONTRIBUTIONS TO TEMPORARILY RESTRICTED NET ASSETS 151862 NET ASSETS RELEASED FROM RESTRICTIONS -380924
Part XIII, Line 2d - Other Adjustments		LOSS ON IMPAIRMENT - from OTR Holdings and CBD Holdings (Unrealized) 4835698 EXPENSES ELIMINATED OR REPORTED ON OTHER TAX RETURN 674118 LOSS ON DERIVATIVE INSTRUMENT (unrealized) 695358

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493134046200

Open to Bublic

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspection

Name of the organization						Employer identi	fication number
CINCINNATI CENTER CITY D	DEVELOPMENT CO	ORP				20-0446324	
Part I General Inform	mation on Gran	its and Assistance				1	
Does the organization mathematics the selection criteria useDescribe in Part IV the organization	d to award the gran	ts or assistance?					ר Yes Γ
Form 990, Part : Part IV and Sch	IV, line 21 for an edule I-1 if addit	y recipient that rece ional space is	ived more than \$5,00	00. Check this box	tes. Complete if the oil if no one recipient rece	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Gateway II LLC1014 Vine St Ste 1420 Cincinnati, OH 45202	20-4853806		3,606,454				Gateway II has an agreement with the City of Cincinnati to receive grant money for certain development projects being performed in O ver the Rhine Gateway II requests grant money throughout the project from the City and when received, pays the money out to developers for hard costs incurred on the projects
2 Enter total number of seconganizations					•		

Enter total number of other organizations

		ce to Individua ıf addıtıonal spac		tates. Complete if the	organization answered "Ye	s" on Form 990, Part IV, line 22.
(a)Type of grant or as	ssistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
rt IV Suppleme	ntal Informati	on. Complete thi	s part to provide the	e information required i	n Part I, line 2, and any ot	her additional information.
t if ier	Return Reference	E	Explanation			
+						

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As Filed Data -

DLN: 93493134046200

OMB No 1545-0047

2008

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization **Employer identification number** CINCINNATI CENTER CITY DEVELOPMENT CORP 20-0446324 **Questions Regarding Compensation**

					Yes	Νo
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to		•			
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a writte provision of all the expenses described above? If "No,"			1b		
2	Did the organization require substantiation prior to reim officers, directors, trustees, and the CEO/Executive Dir			2		
3	Indicate which, if any, of the following the organization u organization's CEO/Executive Director Check all that a					
	Compensation committee	<u> </u>	Written employment contract			
	☐ Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part	t V I I	I, Section A, line 1a			
а	Receive a severance payment or change of control payr	nent	:?	4a		Νo
b	Participate in, or receive payment from, a supplemental	non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-base	d co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provid	de th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must compl	ete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
Ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, line payments not described in lines 5 and 67 If "Yes," desc		•	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III			8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	((B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
) Base pensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(I) (II)	248,500	60,500		12,425	13,757	335,182	
	(I) (II)	142,500	25,000		7,125	3,345	177,970	
CHAD S MUNITZ	(I) II)	142,500	25,000		6,500	6,150	180,150	
	ii)							
	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	Part I, Line 7	Annual bonuses are awarded based on performance of the individual employee against position requirements

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134046200

Employer identification number

Schedule L Trans

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

Attach to Form 990 or Form 990-EZ.
 To be completed by organizations that answered
 "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

CINCINNA	ATI CENTER CITY DEVELOPMENT CORP						20	0-044	6324	1			
Part I	Excess Benefit Transact						(4) organiz	zatıor	ns on	ıly).	. D	* \ /	405
	To be completed by organization (a) Name of disqualifies			s on i	·					90-62		(c) Corr	
1	(a) Name of disquame	u pe	13011		(b) Des	стірт	on of transa	iction				Yes	No
sec	er the amount of tax imposed on tion 4958							ear ur	nder F	\$			
	er the amount of tax, if any, on lir		·		he organization .	•		•	<u> </u>	\$			
Part II	Loans to and/or From To be completed by organiza				n Form 990, Part	IV, l	ine 26, or Fo	orm 9	90-E	Z, Part	V , lır	ne 38a	
(a) N	ame of interested person and purpose	(b)) Loan to or from the ganızatıon?		Original principal amount		alance due	(e) defa	In	(f Appr by boo	') oved ard o	(g) W	/rıtten ment?
		T	o From					Yes No		- 		Yes	No
		_											
		+											
					<u>_</u>								
otal . Part III		ene	fitting Interes	sted	Persons	00	Dort IV Jun	27					
	To be completed by organ	IIZa			res on Form 9								
(;	a) Name of interested person				rganızatıon		(c)A m	ount d	of gra	nt or ty	pe of	assista	nce
S	7 B	_											
Part I\	Business Transactions To be completed by organ					90,	Part IV, lın	e 28	a, 28	b, or i	28c.		
(a) Name of interested person		(b) Relationship between intereste person and the	ed	(c) A mount of transaction		(d) Descr	ıptıon	of tra	ansactı	on	(e) Sha organız reven	ation's
		+	organization									Yes	No
Paul Gelt	er	dı	rector of 3cdc		84,0		son, adam g of 3cdc (rep						Νο
lames Wi	seman	dı	rector of 3cdc		178,		director of D Inc (DCI) w business wi safe and cle	vhich th on	3CD0 the s	C does quare (.		Νο
		ı		- 1							- 1		

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization
CINCINNATI CENTER CITY DEVELOPMENT CORP

Employer identification number

20-0446324

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Form 990 is reviewed by CFO and CEO prior to draft given to Audit and Capital Allocation Committee for review. Administration and Corporate governance review the governance and compensation data, and is given a copy of the full tax return as well.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Verbally discussed at regular, weekly staff meetings. Each year all officers, directors and employees are required to fill out a COI disclosure form (alternate years a reconfirmation of prior year). The form is reviewed and summarized internally and submitted to the organization's general counsel for review and disclouse to executive committee, if necessary. Any action taken by the Board or committee that has a COI of any employee, director or officer is disclosed prior to passage and that individual is requested to leave the room during the discussion and vote.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The executive committee utilized comparability data when determining the CEO's compensation in completing his employment contract. Each year the committee reviews the organization's scorecard and results as well as the CEO's performance in assessing his compensation changes. Finally, the Chair discusses the results with the Board members. Other key staff compensation is determined by comparing local or regional salary data as well as the individual's performance.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		The exemption application and 990 is available upon request or on the guide-star wiebsite

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization's governing documents, conflict of interest policy, and financial statements are available to the public upon request

Identifie	r Return Reference	Explanation
	changes to audit committee	September 24, 2008, Chair of committee resigned and new Chair was appointed by Board. At the same meeting a revised charter for the committee was adopted by the Board.

DLN: 93493134046200

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Related Organizations and Unrelated Partnerships

Name of the organization CINCINNATI CENTER CITY DEVELOPMENT CORP **Employer identification number**

20-0446324

Part I	Identification of Disregarded Entities
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(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
FOUNTAIN SQUARE LLC 1014 VINE STREET SUTIE 1420 CINCINNATI, OH 45202 20-0446324	same as 3cdc	ОН	2,982,066	40,675,120	
Gateway II LLC 1014 VINE STREET SUTIE 1420 CINCINNATI, OH 45202 20-4853806	same as 3cdc	ОН	3,721,517	3,808,346	
OTR REDEVELOPMENT LLC 1014 VINE STREET SUTIE 1420 CINCINNATI, OH 45202 20-5180156	same as 3cdc	ОН			
CCCP LLC 1014 VINE STREET SUTIE 1420 CINCINNATI, OH 45202 26-0285149	same as 3cdc	ОН	48,907	772,885	
FOUNTAIN SQUARE MANAGEMENT GROUP LLC 1014 VINE STREET SUTIE 1420 CINCINNATI, OH 45202 20-5399588	same as 3cdc	ОН	1,653,853	536,270	
Azeotropic Partners LLC 1014 Vine St Ste 1420 CINCINNATI, OH 45202 26-4490064	same as 3cdc	ОН	184	591,093	

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
OTR Holdings Inc 1014 Vine St Ste 1420 CINCINNATI, OH45202 20-2363373	REDEVELOPMENT OF THE OVER THE RHINE REGION OF DOWNTOWN CINCINNATI	ОН	501(c)(2)		
CBD Holdings Inc 1014 Vine St Ste 1420 CINCINNATI, 0H45202 26-2835540	RENOVATION AND REDEVELOPMENT OF THE CENTRAL BUSINESS DISTRICT REGION OF DOWN	ОН	501(c)(2)		

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(5)

(6)

	Part V	Transactions	with	Related	Organizations	
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Part	V Transactions with Related Organizations						
No	ote. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No	
1 Durn	ng the tax year, dıd the orgranızatıon engage ın any of the following transactıons w	vith one or more related organizations listed in Parts II	-IV?				
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No	
b G	ıft, grant, or capıtal contribution to other organization(s)			1b		No	
c G	ft, grant, or capital contribution from other organization(s)			1c		No	
d Lo	pans or loan guarantees to or for other organization(s)			1d		No	
e Lo	pans or loan guarantees by other organization(s)			1e		No	
f Sa	ale of assets to other organization(s)			1f		No	
g P	urchase of assets from other organization(s)			1g		No	
	xchange of assets			1h		No	
i Le	ase of facilities, equipment, or other assets to other organization(s)			1i		No	
i le	ase of facilities, equipment, or other assets from other organization(s)			1j		No	
-	erformance of services or membership or fundraising solicitations for other organi	zation(s)		1k		No	
Representations of the organization of the org							
	Performance of services or membership or fundraising solicitations by other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets						
	haring of paid employees			1n			
	failing of paid employees			F			
• P.	eimbursement paid to other organization for expenses			10	Yes		
				1p	Yes		
РК	eimbursement paid by other organization for expenses				103		
q 0	ther transfer of cash or property to other organization(s)			1q		No	
r 0	ther transfer of cash or property from other organization(s)			1r		No	
2 If	the answer to any of the above is "Yes," see the instructions for information on when the contraction of the above is "Yes," see the instructions for information on when the contraction (s)	(B) Transaction	hips and transaction thresholds (C) Amount Involved				
(1)		type(a-r)					
(-,							
(2)							
(3)							
(4)							
			1				

Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations	57	(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

Software ID: Software Version:

EIN: 20-0446324

Name: CINCINNATI CENTER CITY DEVELOPMENT CORP

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Total income (\$)	(E) End-of-year assets (\$)	(F) Direct Controlling Entity
FOUNTAIN SQUARE LLC 1014 VINE STREET SUTIE 1420 CINCINNATI, OH 45202 20-0446324	same as 3cdc	он	2,982,066	40,675,120	
Gateway II LLC 1014 VINE STREET SUTIE 1420 CINCINNATI, OH 45202 20-4853806	same as 3cdc	он	3,721,517	3,808,346	
OTR REDEVELOPMENT LLC 1014 VINE STREET SUTIE 1420 CINCINNATI, OH 45202 20-5180156	same as 3cdc	он			
CCCP LLC 1014 VINE STREET SUTIE 1420 CINCINNATI, OH 45202 26-0285149	same as 3cdc	он	48,907	772,885	
FOUNTAIN SQUARE MANAGEMENT GROUP LLC 1014 VINE STREET SUTIE 1420 CINCINNATI, OH 45202 20-5399588	same as 3cdc	он	1,653,853	536,270	
Azeotropic Partners LLC 1014 Vine St Ste 1420 CINCINNATI, OH 45202 26-4490064	same as 3cdc	ОН	184	591,093	