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Form 990

Department of the Treasury

Internal Revenue Service

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)

2011

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

Open to Public Inspection

<u>A</u>	or the	2011 calendar year, or tax year beginning	ar	nd ending		
В	Check if	C Name of organization			D Employer identi	fication number
	applicab!	CATALYTIC DEVELOPMENT FU	JNDING CORP.	OF	' '	
	Addre:	ss Nonmironia renimerater				
	Name chang	Doing Business As			26	3389252
	Initial return	Number and street (or P.O. box if mail is not deliver	ed to street address)	Room/suite		
	Termir	•	•	429	,	-757-0519
	Ameno				G Gross receipts \$	212,431.
	Applic	 COVINGTON, KY 41011-160)2		H(a) Is this a group	
	pendir	F Name and address of principal officer JEAN			for affiliates?	Yes X No
		SAME AS C ABOVE			H(b) Are all affiliates in	
T	Tax-exe	empt status. X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1) or 527		a list (see instructions)
		te: ► N/A	7 —		H(c) Group exempt	,
			ciation Other	L Year		M State of legal domicile: KY
	art I	Summary	<u> </u>	12		III oldio or logal collision 222
_		Briefly describe the organization's mission or most sig	unificant activities TO	STRENG	THEN THE EC	ONOMY OF THE
Activities & Governance		NORTHERN KENTUCKY REGION TH				
'n		Check this box if the organization disconting				
Ve		Number of voting members of the governing body (Pa		30000 01 11101	3	1
ő		Number of independent voting members of the gover		,)	4	
ಿ ೮		Total number of individuals employed in calendar yea	• , , ,	"	5	
ij		Total number of individuals employed in calendar year. Total number of volunteers (estimate if necessary)	2011 (Fait V, IIII 24)		6	
媡		Total unrelated business revenue from Part VIII, colum	on (C) line 12		-	
Ă		Net unrelated business taxable income from Form 99	• • •		7:	
	<u> </u>	ivet differated business taxable income from Form 55	0-1, 1111 0 34		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	·		80,583	
Revenue		- ' ' '	RECEIVED		00,383	
Č		Program service revenue (Part VIII, line 2g)			49	
æ	10	Investment income (Part VIII, column (A), lines 3, 4, ar	10/70)	_ાજી ⊢	<u>49</u>	82.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	2012 2012	3-0sc		
		Total revenue - add lines 8 through 11 (must equal Pa			80,632	
	1	Grants and similar amounts paid (Part IX, column (A),	@ @ @ - i ~ i	~~ 	0	
	1	Benefits paid to or for members (Part IX, column (A), I				
Expenses	15	Salaries, other compensation, employee benefits (Par	• •)	85,916	
ě	16a	Professional fundraising fees (Part IX, column (A), line	0	. 0.		
Ä	b	Total fundraising expenses (Part IX, column (D), line 2		764.	01 500	25 164
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 1		<u> </u>	21,529	
	1	Total expenses Add lines 13-17 (must equal Part IX, 6		 	107,445	
_ 0	19	Revenue less expenses Subtract line 18 from line 12			-26,813	
ts o				<u>B</u>	eginning of Current Year	
SSE	20	Total assets (Part X, line 16)		 	26,276	
Net Assets or	21	Total liabilities (Part X, line 26)		-	104,462	
		Net assets or fund balances Subtract line 21 from lin	e 20		<u>-78,186</u>	14,501.
_	art II	Signature Block	 			
		Ities of perjury, I declare that I have examined this return, inc				my knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) i	s based on all information of	which prepare	r has any knowledge.	1
		Same Sch	al		1212	2/2012
Sig	n	Signature of officer			Date I	•
He	re	JEANNE SCHROER, EXECUTIVE Type or print name and title	/E DIRECTOR			
_		 	-		Doto la	DTIN
		· · · · · · · · · · · · · · · · · · ·	eparer's signature		Date Check	PTIN
Pai		JANE E. PFEIFER			02/16/12 sett-empt	
	parer		HACKETT AND C		Firm's EIN	31-0800053
Use	Only	Firm's address NONE EAST FOURTH ST				P40 040 0111
_	_	CINCINNATI, OH 452			Phone no.	513-241-3111
<u>Ma</u>	y the II	RS discuss this return with the preparer shown above				X Yes No
1320	001 01-2	3-12 LHA For Paperwork Reduction Act Notice,	see the separate instruc	ctions.		Form 990 (2011)

CHb 1

132002 01-23-12

Form 990 (2011)

NORTHERN KENTUCKY

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 'Yes, 'complete Schedule C, Part I 2 Is the organization engage in detect or indirect potitical campagin activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part II 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(a) section 501(c)(d). 501(c)(d) organization that receives membership dues, assessments, or similar amounts as defined in Review Decoderus 98.19 If 'Yes,' complete Schedule C, Part III 5 Is the organization associan 501(c)(d), 501(c)(d), or 501(c)(d) organization that receives membership dues, assessments, or similar amounts as defined in Review Decoderus 98.19 If 'Yes,' complete Schedule C, Part III 6 Id the organization amartian any donor advised funds or any similar funds or accounts If 'Yes,' complete Schedule D, Part II 7 Id the organization martian any donor advised funds or any similar funds or accounts If 'Yes,' complete Schedule D, Part II 8 In the organization martian any donor advised funds or any similar funds or accounts If 'Yes,' complete Schedule D, Part II 9 In the organization martian amount in Part X, Imp 21; serve as a custodian for amounts not listed in Part X, or provide schedule O, Part II 9 In the organization, directly or through a related organization, indication or accounts or organization, directly or through a related organization, indication or accounts or organization assword or any of the following questions is Yes,' then complete Schedule D, Part VI 10 Id the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VII 11 If It is a security in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 12 If It is a security or a septicular or accounts or account				Yes	No
## 1 X X 2 X Label to the comparison required to complete Schedule B, Schedule of Contribution? 1 Is the organization registed to complete Schedule B, Schedule of Contribution? 2 Is the comparison required to complete Schedule C, Part III A X 2 X Label to during the tax eyear II **Pss.** complete Schedule C, Part III A X 2 X Label to during the tax eyear II **Pss.** complete Schedule C, Part III A X 3 X Label To the Complete Schedule C, Part III A X 3 X Label To the Complete Schedule C, Part III A X 4 X Label To the Complete Schedule C, Part III A X 4 X Label To the Complete Schedule C, Part III A X 4 X Label To the Complete Schedule C, Part III A X 4 X Label To the Complete Schedule C, Part III A X 4 X Label To the Complete Schedule C, Part III A X 4 X Label To the Complete Schedule C, Part III A X 4 X Label To the Complete Schedule C, Part III A X 4 X Label To the Complete Schedule C, Part III A X 4 X Label To the Complete Schedule C, Part III A X 4 X Label To the Complete Schedule C, Part III A X 4 X Label To the Complete Schedule C A Part III A X 4 X Label To the Complete Schedule C A Part III A X 4 X Label To the Complete Schedule C A Part III A X 4 X Label To the Complete Schedule C A Part III A X 4 X Label To the Complete Schedule C A Part III A X 4 X Label To the Complete Schedule C A Part III A X 4 X Label To the Complete Schedule C A Part III A X 4 X Label To the Complete Schedule C A Part III A X 4 X Label To the Complete Schedule C A Part III A X 4 X Label To the Complete Schedule C A Part III A X A X Label To the Complete Schedule C A Part III A X A X Label To the Complete Schedule C A Part III A X Label To the Complete Schedule C A Part III A X Label To the Complete Schedule C A Part III A X Label To the Complete Schedule C A Part III A X Label To the Complete Schedule C A Part III A X Label To the Complete Schedule C A Part III A X Label To the Complete Schedule C A Part III A X Label To the Complete Schedule C A Part III A X Label To the Complete Schedule C A Part III A X Label To the Complete	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_		
2 Is the organization required to complete Schedule 8, Schedule 9 Continuation? Dot 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 II Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization action 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96.197 If "Yes," complete Schedule C, Part II is the organization maintain any donor advised funds or any similar funds or accounts for which denors have the right to provide advised on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advised on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advised and area, or historio or famounts in such funds or accounts for which denors have the right to provide advised on the distribution or accounts of a such that the provide advised to provide advised to provide advised to provide advised to provide advised and accounts of the such a			1	х	
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4 Section 501(c)(3) organizations. Dod the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II be the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or small armounts as defined in Revenue Procedure 88.197 If 'Yes,' complete Schedule C, Part II but the organization maintain any donor adverted funds or any semilar funds or accounts for which denons have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denons have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II Did the organization report on that a conservation essement, including assements to preserve open apace, the environment, instoric land areas, or historic structures? If 'Yes,' complete Schedule D, Part II 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 dubt negliation services? If 'Yes,' complete Schedule D, Part IV Did the organization, ricercity or through a related organization, hold assets in temporarily restricted endowments, pernament endowments or quasi-endowments? If 'Yes,' complete Schedule D, Part X, line 10° if 'Yes,' complete Schedule D, Part X, line 10° if 'Yes,' complete Schedule D, Part X, line 10° if 'Yes,' complete Schedule D, Part X, line 10° if 'Yes,' complete Schedule D, Part X, line 10° if 'Yes,' complete Schedule D, Part X, line 10° if 'Yes,' complete Schedule D, Part X, line 10° if 'Yes,' complete Schedule D, Part X, line 10° if 'Yes,' complete Schedule D, Part X, line 10° if 'Yes,' complete Schedule D, Part X, line 10° if 'Yes,' complete Schedule D, Part X, line 10° if 'Yes,' complete Schedule D, Part X, line 10° if 'Yes,' complete Schedule D, Part X, line 10° if 'Yes,' complete Schedule D, Part	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
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13 X 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 or more? If "Yes," complete Schedule F, Parts I and IV 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? If "Yes," complete Schedule F, Parts II and IV 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? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	_		12h		x
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X 20b	19				
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		· ·	19		
		·			X
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		000	

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	<u> </u>		
	any tax-exempt bonds?	24c	<u> </u>	
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		•
L	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230	ļ <u>-</u> .	
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	x	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	-		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а		28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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	l		
	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?	24		v
25-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35a		^
b	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50	_	 ** -
Ű,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	Ţ.,	 	 -
- -	Note. All Form 990 filers are required to complete Schedule O	38	х	
			•	(2011)

Form 990 (2011) NORTHERN KENTUCKY

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		_	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	_X	
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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	if "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	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/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966? N/A	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter.			
a				
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		<u> </u>
-	Note. See the instructions for additional information the organization must report on Schedule O	.00		
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			
С	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 in Schedule O	14b		
			990	2011)

NORTHERN KENTUCKY

26-3389252

Form 990 (2011) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

500	tion A. Coverning Body and Management			لما
Sec	tion A. Governing Body and Management		Tv	T
4.	Enter the number of voting members of the governing body at the end of the tay year	4	Yes	No
ıa	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	*		
	If there are material differences in voting rights among members of the governing body, or if the governing	1	i	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	3		
ь		2		
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	<u> </u>	
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	 	X
4	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?	5		X
6	Did the organization have members or stockholders?	_6	_	X
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		٠,,
	more members of the governing body?	7a	 	X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			,,
_	persons other than the governing body?	7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1		
a	The governing body?	_8a		X
b	Each committee with authority to act on behalf of the governing body?	_8b_		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
40-	Did the consequence have been been been been been been as #500.		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	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				
_	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		12b	X	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	<u> </u>	X
14	Did the organization have a written document retention and destruction policy?	14	ļ	X
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?			<u> </u>
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1.		
	taxable entity during the year?	16a		X
Þ	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	<u> </u>	ļ
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed KY, OH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd finar	ncial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ation.		
	JEANNE SCHROER, EXECUTIVE DIRECTOR - 859-757-0519			
13200			000	
01-23	-12	Form	990	(2011)

Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

	 Officers, Directors, Trustees, Key Employees, and Highest Compensated Emp 		YEE
--	---	--	-----

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week	off	not c c, unle icer ar	Pos heck ss pe	more	than	han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JEANNE H. SCHROER					1			444		
EXECUTIVE DIRECTOR	40.00	X	-	X		├		116,667.	0.	0
(2) WILLIAM P. BUTLER	10.00			,,					•	
CHAIRMAN CONTRACTOR	10.00	X	-	X	-		-	0.	0.	0
(3) CHARLES R. SCHEPER	10.00	x		x				0.	0.	
VICE CHAIRMAN (4) THOMAS DIBELLO		 ^		^	 	├		0.	0.	0
DIRECTOR	1.00	X		X				0.	0.	0
DINZOIGN		1-				 				
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			1							
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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	(40		Pos		than :		Reportable	Reportable	- 1	Estima	ited
		hours per	box	, unle:	ss pe	rson	ıs bot	n an	compensation	compensation	n	amour	t of
		week	1	cer an	dad	recto	or/trus	tee)	from	from related		othe	er
		(describe	recto						the	organizations		compen	
		hours for related	5	8			ated		organization	(W-2/1099-MIS	C)	from	
		organizations	Individual trustee or director	institutional trustee		83	Highest compensated employee		(W-2/1099-MISC)			organız and rel	
		in Schedule	ua t	tonal		Key employee	yee y	_				organiza	
		O)	P P	ıstıtu	Officer	ey en	E Se	or me				organiza	
	· · · · · · · · · · · · · · · · · · ·	 	=	=		<u>-¥</u>	==		-	-	i	_	
	.,					-					- 1		
									1		i		
													
											\dashv		
1b	Sub-total						>		116,667.		0.		0.
С	Total from continuation sheets to Part V	II, Section A							0.	····	0.		0.
d	Total (add lines 1b and 1c)								116,667.		0.		0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	d al	bove	e) wt	o re	eceived more than \$100	,000 of reportable	€		
	compensation from the organization												1
_											Г	Ye	No
3	Did the organization list any former officer,			e, ke	y en	npic	уее,	or l	highest compensated ei	nployee on			v
4	line 1a? If "Yes," complete Schedule J for s								har aammaaastaan frans	the ergonization	-	3	 X _
4	For any individual listed on line 1a, is the sign and related organizations greater than \$15									ine organization		4	x
5	Did any person listed on line 1a receive or					•				dual for services	-		
	rendered to the organization? If "Yes," com					_						5	x_
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co										pensa	ation from	
	the organization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	thir		/ear			
(A) Name and business address NONE (B) Description of services												(C) ompensat	ion
				<u>/141</u>					·				
								4					
								\dashv					
	-						-	7					
								ᆜ					
2	Total number of independent contractors (\$100,000 of compensation from the organi	_	ot l	mite	d to		se lis O	sted	above) who received m	ore than			
	wide, out of compensation from the organi	Zalivii							· · · · · · · · · · · · · · · · · · ·			Form 990	(2011)

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Form 990 (2011)

NORTHERN KENTUCKY

Part VIII Statement of Revenue (D) Revenue excluded from (C) (A) (B) Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a 1 a 1b Membership dues Fundraising events 1c 1d Related organizations Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 212,250 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 212,250 **Business Code** Program Service Revenue All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 82 other similar amounts) 82. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) Net rental income or (loss) (II) Other Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ▶ 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS INCOME 900099 99. 99. All other revenue 99. Total. Add lines 11a-11d Total revenue. See instructions 212 .431 0 181.

132009 01-23-12 Form **990** (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	116,667.	75,834.	17,500.	23,333
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	6 000	4 540	1 040	1 200
7	Other salaries and wages	6,988.	4,542.	1,048.	1,398
8	Pension plan accruals and contributions (include				
9	section 401(k) and section 403(b) employer contributions) Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
·· a					
b	· · · · · · · · · · · · · · · · · ·	480.	312.	72.	96
c	, ·	751.	488.	113.	150
d					
е	D () 1 () 1 1 1 1 1 1 1 1 1 1				
f	Investment management fees				
g	Other	1,261.	820.	189.	252
12	Advertising and promotion	720.	468.	108.	144
13	Office expenses	7,265.	4,722.	1,090.	1,453
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	680.	442.	102.	136
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		2 2 2 2		
19	Conferences, conventions, and meetings	3,554.	2,310.	533.	711
20	Interest	2,000.	1,300.	300.	400
21	Payments to affiliates	C 462	4 201	0.50	1 000
22	Depreciation, depletion, and amortization	6,463.	4,201.	969.	1,293
23 24	Insurance Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DDIIGAMIONA DIIDNIMO	1,865.	1,212.	280.	373
b	COMMUNITY EVENT SPONSOR	125.	81.	19.	25
C					
d					
е					
25	Total functional expenses Add lines 1 through 24e	148,819.	96,732.	22,323.	29,764
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			<u></u>	

Form **990** (2011)

NORTHERN KENTUCKY

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			26,276.	1	92,090.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, di	rectors	. trustees, kev			
	•	employees, and highest compensated employee					
		of Schedule L		'		5	
	6	Receivables from other disqualified persons (as	define	d under section	· · · · · · · · · · · · · · · · · · ·		- -
		4958(f)(1)), persons described in section 4958(c		1			
		employers and sponsoring organizations of sect		- I			
		employees' beneficiary organizations (see instru				6	
ets	7	Notes and loans receivable, net		-		7	
Assets	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other	1				
		basis Complete Part VI of Schedule D	10a	6,463.			
	Ь	Less accumulated depreciation	10b	6,463.	0.	10c	0.
	11	Investments - publicly traded securities			•	11	
	12	Investments - other securities See Part IV, line	11	_		12	
	13	Investments program-related See Part IV, line	11	Ī		13	
	14	Intangible assets				14	•
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line :	34)	26,276.	16	92,090
	17	Accounts payable and accrued expenses				17	· · · · · · · · · · · · · · · · · · ·
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
g	21	Escrow or custodial account liability Complete I	Part IV	of Schedule D		21	
≝	22	Payables to current and former officers, director	s, trus	ees, key employees,			
Liabilities		highest compensated employees, and disqualifi	ed per	sons. Complete Part II			
		of Schedule L			104,462.	22	106,405.
	23	Secured mortgages and notes payable to unrela	ated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	Complete Part X of			
		Schedule D			0.	25	186.
	26	Total liabilities. Add lines 17 through 25			104,462.	26	106,591.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
es		lines 27 through 29, and lines 33 and 34.					
auc	27	Unrestricted net assets			-78,186.	_27	-14,501.
Bai	28	Temporarily restricted net assets				28	
힏	29	Permanently restricted net assets				29	
Ī	l	Organizations that do not follow SFAS 117, c	heck h	ere 🕨 🔛 and			
õ		complete lines 30 through 34.					
šets	30	Capital stock or trust principal, or current funds		ļ		30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds	F0 105	32	
_	33	Total net assets or fund balances		Ļ	<u>-78,186.</u>	33	-14,501.
	34	Total liabilities and net assets/fund balances			26,276.	34	92,090. Form 990 (2011)

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 in Schedule O and describe any steps taken to undergo such audits.

За

X

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CATALYTIC DEVELOPMENT FUNDING CORP. OF NORTHERN KENTUCKY

Employer identification number 26-3389252

Part I	Reason		rity Status (All organiz	rations mu	st complet	e this part) See inst	nictions		0 3303232			
			because it is: (For lines										
1	1	•	s, or association of chur	•	· ·	•	•						
2 _	1		70(b)(1)(A)(ii). (Attach Sc			CHOII 170	(0)(1)(A)(1)	•					
	1			•		470/h\/4\/	A \/:::\						
3			ital service organization					/L\/ 4\/ A\/::	:) Entard	the heapital's name			
4			operated in conjunction	WILLI A 1105	pital desci	ibeu iii se	ction 170	(Б)(Т)(А)(П	ı). Enter	ine nospitai s name,			
	city, and stat		hanafik af a aallana an										
5			benefit of a college or ui	niversity ov	wnea or op	perated by	a governr	nentai uni	t describ	ea in			
	1	0(b)(1)(A)(iv). (Comple											
6	1		ent or governmental unr			- 1 - 71			_				
7 <u>X</u>	•		eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general	public described in			
	1	(b)(1)(A)(vi). (Comple											
8	1		section 170(b)(1)(A)(vi).										
9 L	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 investmen								•				
		·		•	-	•				•			
	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)												
10 ⊨	1 -	= :	perated exclusively to te	-	-			•					
11 L	•	•	perated exclusively for the					•	•				
			ations described in secti) See sec	tion 509(a	a)(3). Che	eck the box that			
	describes the type of supporting organization and complete lines 11e through 11h aType I												
_	a		_ ,,			•	•		d L	Type III - Other			
e	-	•	at the organization is not		•	•	•		•				
		-	han one or more publicly		•				9(a)(1) or	section 509(a)(2).			
f			tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
	• • •	rganization, check th								لــا			
9	=		organization accepted ar			-							
	• • • • • • • • • • • • • • • • • • • •		lirectly controls, either al	one or tog	ether with	persons d	lescribed i	ın (ıı) and (III) below,				
	_		upported organization?							11g(i)			
		member of a person		11g(ii)									
	<u> </u>	(iii) A 35% controlled entity of a person described in (i) or (ii) above?											
h	Provide the f	following information	about the supported or	ganization	(s)								
			/:::\ Type of	I		r 		6.01-	41-	<u></u>			
	e of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organizatio	on in col.	(vii) Amount of			
or	ganization		(described on lines 1-9		sted in your document?			(i) organız U.S	ed in the	support			
			above or IRC section (see instructions))										
			(ace manuchona))	Yes	No	Yes	No	Yes	No	· ·			
				 	-				l				
							-						
		 	 -					 -					
T-4-1		i	i										

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

Schedule A (Form 990 or 990-EZ) 2011 NORTHERN KENTUCKY

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 cc? of Part Local Attack

(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)

Galleting year (or fixed year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total membership fees received (Do not include any "unusual grants") 35,000. 85,000. 80,583. 212,250. 412,833. 2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities turnshed by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 35,000. 85,000. 80,583. 212,250. 412,833. 3 The value of services or facilities turnshed by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 35,000. 85,000. 80,583. 212,250. 412,833. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 236,998. 6 Public support. Seprest line 8 ten line 4 35,000. 85,000. 80,583. 212,250. 412,833. 7 Amounts from line 4 35,000. 85,000. 80,583. 212,250. 412,833. 8 Gross income from interest. 43,000. 85,000. 80,583. 212,250. 412,833. 9 Net income from smillar sources 206. 1,052. 49. 82. 1,389. 9 Net income from interest 43,000. 85,000. 80,583. 212,250. 412,833. 10 Other income Do not include gain or kess from the sale of capital associatives, whether or not the business activities, whether or not the business activities, whether or not he business is regularly carried on Other income Do not include gain or kess from the sale of capital association. 41,000. 414,321. 12 Gross recepts from related activities, etc. (see instructions) 12 1,250. 13 First five year. If the Formal of the Check of the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts and circumstances test - 2011. If the organization of din ot check a box on line 13, 16a, or 16b, and line 15 is 0% or more, and if the organization meets	Sec	ction A. Public Support						
1 Giffs, grants, contributions, and membership feas received (Do not include any "unusual grants") 2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 3 The potition of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2 A public support. Solvies the 2 tam line 2 8 Gross income from metersst, dividends, payments received on securities loans, cents, royalties and income from smaller sources and income from smaller sources 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) 1 Total support. Add lines 7 frirough 10 1 Total support. Add lines 7 frirough 10 2 First five years, if the Form 990 is for the organization of public Support Percentage 14 Public support percentage from 2010 Schedule A, Part II, line 14 16a 33 1/3% support testing from 2010 Schedule A, Part II, line 14 16a 33 1/3% support testing from 2010 Schedule A, Part II, line 14 16a 33 1/3% support testing from 2010 Schedule A, Part II, line 14 16a 34 1/3% support percentage from 2010 Schedule A, Part II, line 14 16a 34 1/3% support percentage from 2010 Schedule A, Part II, line 14 16a 34 1/3% support testing from 2010 Schedule A, Part II, line 14 16a 34 1/3% support testing from 2010 Schedule A, Part II, line 14 16a 34 1/3% support testing from 2010 Schedule A, Part II, line 14 16a 34 1/3% support testing from 2010 Schedule A, Part II, line 14 16a 34 1/3% support testing from 2010 Schedule A, Part II, line 14 16a 34 1/3% support testing from 2010 Schedule A, Part II, line 14 16a 34 1/3% support testing from 2010 Schedule A, Part II, line 14 16a 34 1/3% support testing from 2010 Schedule A, Part II, line 14 16a 34 1/3% support testing f	Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or			-			•		▶∟_
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more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the		·				•		,
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		=		-	•			P -
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-FZ) 2011	<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b		-	

Schedule A (Form 990 or 990 EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	elow, please com	piete Fait ii)				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŧ	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						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		<u> </u>				
Se	ction B. Total Support		1	-	,		
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	r					
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization'	s first, second, thir	d fourth or fifth t	ax vear as a secti	n 501(c)(3) organi	ration
	check this box and stop here	o organization	o., 5000ma, triii	a, roundly of mail t		oo itojoj organiz	>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2011 (ine 8, column (f) c	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2010	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	11 (line 10c, colu	mn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from	2010 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2011. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly	supported organi	zation	▶□
ı	33 1/3% support tests - 2010. If the	-					
	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organization	iii did not check a	box on line 14, 19	a, or 190, check t		istructions bedule A (Form 90	0 or 000 EZ) 0044

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

CATALYTIC DEVELOPMENT FUNDING CORP. OF

Employer identification number 26 – 3389252

Pai	rt I Organizations Maintaining Donor Advise	od Funds or Other Similar Funds or	1 20-3389252 Accounts Complete (the
Га			Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	Y	0.75
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	inds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	erring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part IV	/, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historica	ally important land area
	Protection of natural habitat	Preservation of a certified i	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		
			Heid at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year >
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	vear ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)((B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the o	rganization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or Other	· Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance o	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items.		
	(i) Revenues included in 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 tre	easures, or other similar assets for financial gain	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2011

		N KENTUCKY								Page 2				
Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Othe	er Simila	ar Asse	ts (contin	nued)				
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a s	ignificant i	use of its	collection	items				
	(check all that apply)													
а	Public exhibition	C			hange progr									
b	Scholarly research	e	• 🗀	Other										
C	Preservation for future generations													
4	The second of th													
5														
						······································			Yes	No_				
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	n answered	"Yes" to	Form 990	, Part IV,	lıne 9, or					
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets not	ıncluded							
	on Form 990, Part X?		•					П	Yes	☐ No				
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table [.]										
									Amount					
С	Beginning balance						1c	•						
d	Additions during the year						1d							
е	Distributions during the year						1e							
f	Ending balance						1f							
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes	☐ No				
b	If "Yes," explain the arrangement in Part XIV.													
Par	t V Endowment Funds. Complete r	f the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 1	0.							
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	ears back				
1a	Beginning of year balance													
b	Contributions		l											
C	Net investment earnings, gains, and losses													
d	Grants or scholarships			_										
е	Other expenditures for facilities						-	-						
	and programs		<u> </u>											
f	Administrative expenses													
g	End of year balance		<u> </u>											
2	Provide the estimated percentage of the curi	rent year end baland	e (line 1	g, column (a	a)) held as									
а	Board designated or quasi-endowment		_%											
b	Permanent endowment >	%												
С	Temporarily restricted endowment ▶	%												
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.												
3a	Are there endowment funds not in the posse	ssion of the organiz	ation the	at are held a	nd administe	ered for th	ne organiz	ation	_					
	by:								\	res No				
	(i) unrelated organizations								3a(i)					
	(ii) related organizations								3a(ii)					
b	If "Yes" to 3a(II), are the related organizations								3b					
4	Describe in Part XIV the intended uses of the													
Par														
	Description of property	(a) Cost or o basis (investr		1 1	or other (other)		ccumulate preciation	d	(d) Book	value				
1a	Land													
b	Buildings													
С	Leasehold improvements													
d	Equipment				5,394.		5,39	94.		0.				
е	Other				1,069.		1,00	59.		0.				
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0(c))					0.				

Schedule D (Form 990) 2011

(a) Description of security or category	(b) Book value		(c) Method of valuat	
(including name of security)	,	Co	st or end-of-year mark	et value
) Financial derivatives			·	
Closely-held equity interests Other		-		
(A)	-			
(B)		·		
(C)			· _ · · ·	-
(D)	_			
(E)				
(F)				
(G)				
(H)				
(1)				
tal. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X, in	ne 13. [,]		
(a) Description of investment type	(b) Book value		(c) Method of valuat st or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)			·····	
_(6)				
(7)			-	
_(8)			 -	
(9)				···
(10)				
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, lin				
	a) Description			(b) Book value
(1)	a, becomplied	• • • • • • • • • • • • • • • • • • • •		(b) Book Value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		· · · -		
(8)				
(9)				
(10)				
otal. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part	<i>ine 15)</i> X, line 25		>	
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) PNC CREDIT CARD		186.		
(3)				
(4)	-			
(5)				
(6)			•	
(7)				
(8)				
(9)				
(10)				
(11)				
otal. (Column (b) must equal Form 990, Part X, col (B) li Fix 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote	e to the organization's financial s	186.	zation's liability for uncertain	tax positions under
FIN 48 (ASC 740)		·		

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 NORTHERN KENTUCKY				26-3	<u>3389252</u>	Page 4
Paı	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Finan	cial Sta	tement	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8			
9	Total adjustments (net) Add lines 4 through 8			9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		5	10			
	t XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Kever	iue per	Keturn	1	
1	Total revenue, gains, and other support per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1					
a	Net unrealized gains on investments	2a					
þ	Donated services and use of facilities	2b					
C	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	_2d			┥. !		
e	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1.1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV) Add lines 4a and 4b	4b			\dashv . \mid		
С 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				4c		
, , , , , , , , , , , , , , , , , , , 	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	Vith Expe	nses pe		m	
1	Total expenses and losses per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIV)	2d					
е	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b			_		
С	Add lines 4a and 4b				4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5		
	t XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III						4, Part
A, IIN	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp	iete this	part to pro	vide any a	additional	intormation	
				•			
					•		
					<u>-</u>		

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open To Public

Internal Revenue Service Name of the organization

CATALYTIC DEVELOPMENT FUNDING CORP. OF

Inspection **Employer identification number**

		CTHERN						4	<u> </u>	0725	4	
Part I						n 501(c)(4) organizatio						-
	Complete if the orga	nization answ	vered "Yes	" on Form 9	90, Part IV, I	ine 25a or 25b, or For	m 990-E	Z, Part	V, line 40)b		
1	(a) Name of dis	qualified pers	on				(c) Correcte					
	· · · · · · · · · · · · · · · · · · ·	·					Yes	No				
	· <u>-</u>					_						
										-		
			 -									
	-											
						· · · · · · · · · · · · · · · · · · ·						
	the amount of tax impo	sed on the o	rganızatıor	managers	or disqualifie	ed persons during the	year un	der			<u> </u>	l
	on 4958	0										
3 Enter	the amount of tax, if ar	iy, on line 2, a	above, reim	ibursed by	the organiza	tion			▶ \$			
Part II	Loans to and/or	r From Inte	erested	Persons								
	ļ.					ine 26, or Form 990-E	7 Dort \	/ luna 20	20			
(a) N	lame of interested	(b) Loan t			al principal	(d) Balance due		In	(f) App	proved	(g) W	ritten
person and purpose the organization				am	ount	(d) Dalance due		default?		ard or	agreement	
	То						Yes	No		No	Yes	No
WILLI	AM P. BUTLER	P. BUTLER X		10	0,000.	106,405.		X	Х		X	710
 	- PT-41 - 4*											
												
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		 - 							ļ			
		<u> </u>		<u> </u>		106 405		<u> </u>		<u> </u>		
Total Part III	Grants or Assis	tance Ben	efiting l	ntereste	d Persons	106,405.			<u> </u>		L	
	Complete if the organ											
_	(a) Name of interested p		leted 163			en interested person :	and		(c) Am	ount an	d type of	
	(2)			(b) Holatio		janization	4114			assistan		
										•		
											-	
		_										
			l l									

SEE PART V FOR CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2011

Chedule L (Form 990 or 990 EZ) 2011 NORTHE Part IV : Business Transactions Involv	RN KENTUCKY	 	26-3389	252	Page :	
	•	Ob 00-				
Complete if the organization answered (a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	porcon and the organization			Yes No		
				163	180	
			_	1		
			-	<u> </u>		
Part V Supplemental Information						
Complete this part to provide additional	I information for responses to question	is on Schedule L (see	instructions)			
OHEDHE I DADE II IOANO	MO THE BEOM THERE		70			
CHEDULE L, PART II, LOANS	TO AND FROM INTERE	STED PERSOI	NS:	•		
A) NAME OF PERSON: WILLIA	M P. BUTLER					
		-	· · · ·			
A) PURPOSE OF LOAN: CASH	FLOW					
		•				
			· · · · ·			
				_		
·						
		-				
			-			
	· · · · · · · · · · · · · · · · · · ·					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

CATALYTIC DEVELOPMENT FUNDING CORP. OF NORTHERN KENTUCKY

Employer identification number 26-3389252

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RELIEVE POVERTY AND UNEMPLOYMENT THAT NEGATIVELY AFFECTS THE CITY.
FORM 990, PART VI, SECTION A, LINE 2: WILLIAM BUTLER AND CHARLES SCHEPER
HAVE A BUSINESS RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 8A: THERE WERE NO FORMAL MEETINGS OF
THE BOARD IN 2011 DUE TO THE FACT THAT THE ORGANIZATION HAS NOT YET
COMPLETED ITS FUNDING AND HAS NOT YET APPOINTED ITS ENTIRE BOARD.
FORM 990, PART VI, SECTION A, LINE 8B: DUE TO THE FACT THE ORGANIZATION
HAS NOT YET COMPLETED ITS FUNDING, NO COMMITTEES HAVE BEEN FORMED.
FORM 990, PART VI, SECTION B, LINE 11: THE RETURN WILL BE REVIEWED BY THE
EXECUTIVE DIRECTOR AND A COPY OF THE RETURN WILL BE SENT TO THE MEMBERS OF
THE GOVERNING BOARD.
FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS REVIEWED
PERIODICALLY TO MAKE SURE NO CONFLICTS HAVE ARISEN.
FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION FOR THE EXECUTIVE
DIRECTOR WAS DETERMINED BASED ON COMPARATIVE ANALYSIS OF SALARIES OF
EXECUTIVE DIRECTORS FROM ORGANIZATIONS WHO SHARE THE COMMON GOAL OF THE
CATALYTIC FUND.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization CATALYTIC DEVELOPMENT FUNDING CORP. OF NORTHERN KENTUCKY	Employer identification number 26-3389252
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINA	NCIAL STATEMENTS
AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
PRIOR PERIOD ADJUSTMENTS	73.
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• [Ending Accumulated Depreciation	5,394.	1,069.	6,463.	-								 		GO Zone
-	Current Year Deduction De	5,394.	1,069.	6,463.							······································				* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
	Current Sec 179 Expense					•				-					ercial Revitali
	Beginning Accumulated Depreciation	· · · · · ·	-	o	··-							* .		···	3onus, Comm
	Basis For Depreciation	5,394.	1,069.	6,463.	, , , , , , , , , , , , , , , , , , , 	•									TC, Salvage, E
-	Reduction In Basis								 				 		- ·
	Section 179 Expense							, - ,							
990	Bus % Excl														pesoc
	Unadjusted Cost Or Basis	5,394.	1,069.	6,463.											(D) - Asset disposed
	No	<u>x1.7</u>	<u>x1</u> 7								,		 		
ł	Life	7.00 HY	7.00 HY						<u>;-</u> -						-
ŀ			DB 7.						 			······································			-
	Method	2000B	200DB					<u></u>	 						
	Date Acquired	VARIOUS	VARIOUS						 						
FORM 990 PAGE 10	Description	OFFICE EQUIPMENT	OFFICE FURNITURE	* TOTAL 990 PAGE 10 DEPR											
ORM 9	Asset No	E	4										 		128111 05-01-11
բլե									 						0