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► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

F Group Exemption
Number 

J Tax-Exempt status(check only one)— ☐ 501(c)(3) ☒ 501(c)(6) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

Check if the organization used Schedule O to respond to any question in this Part I ☒

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,830
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	471,168
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	465,338

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II ☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	394,888	22	393,122
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	77,280	24	73,616
25	Total assets	472,168	25	466,738
26	Total liabilities (describe in Schedule O)	1,000	26	1,400
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	471,168	27	465,338

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?
THE COMMUNITY IMPROVEMENT CORPORATION OF GREATER CINCINNATI IS ORGANIZED AS A BUSINESS LEAGUE TO ADVANCE, PROMOTE, AND ENCOURAGE THE INDUSTRIAL, COMMERCIAL, DISTRIBUTION AND RESEARCH DEVELOPMENT OF HAMILTON COUNTY, OHIO AND THE GREATER CINCINNATI AREA THE CORPORATION IS DESIGNATED AS AN AGENT FOR THE CITY OF BLUE ASH, THE VILLAGE OF INDIAN HILL, AND ANDERSON TOWNSHIP, OHIO, AS WELL AS HAMILTON COUNTY, OHIO, TO ADVANCE, PROMOTE AND ENCOURAGE THE INDUSTRIAL, COMMERCIAL, DISTRIBUTION AND RESEARCH DEVELOPMENT OF THESE COMMUNITIES THE CORPORATIONS RESPONSIBILITIES UNDER THESE AGREEMENTS INCLUDE THE MONITORING OF CONTINUED COMPLIANCE OF PRIVATE DEVELOPERS WITH DEVELOPMENT GUIDELINES AND RESTRICTIONS, AND INCLUDES THE REVIEW OF REQUESTS MADE FOR DEVELOPMENT ACTIVITY ADDITIONALLY, THE CORPORATION, ON BEHALF OF THESE CITIES AND COUNTY, REVIEWS APPLICATIONS FOR INDUSTRIAL REVENUE BOND ISSUES FOR COMPLIANCE WITH ESTABLISHED CRITERIA

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28	REVIEWS APPLICATIONS FOR INDUSTRIAL REVENUE BOND ISSUES FOR COMPLIANCE WITH ESTABLISHED CRITERIA (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29				
	(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30				
	(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		32	

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> BARRY STRUM Telephone no <input type="checkbox"/> (513) 631-8292 1776 MENTOR AVE Located at <input type="checkbox"/> CINCINNATI, OH ZIP + 4 <input type="checkbox"/> 45212		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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

Sign Here	***** Signature of officer		2012-07-17 Date		
	DAVID MAIN PRESIDENT Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	STEPHANIE J PAPE CPA	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00744843
	Firm's name (or yours if self-employed), address, and ZIP + 4	FLYNN & COMPANY INC 7800 E KEMPER ROAD CINCINNATI, OH 452491614			EIN 31-1451941
					Phone no (513) 530-9200
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization COMMUNITY IMPROVEMENT CORPORATION OF GREATER CINCINNATI	Employer identification number 31-0716405
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 1,938
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION INSURANCE AMOUNT 1,632 DESCRIPTION DEVELOPMENT PARTNERSHIP LOSS AMOUNT 936 TOTAL TO FORM 990-EZ, LINE 16 2,568
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION PREPAID INSURANCE BEG OF YEAR AMOUNT 1,200 END OF YEAR AMOUNT 715 DESCRIPTION WATERLINE DEVELOPMENT RECEIVABLE BEG OF YEAR AMOUNT 72,901 END OF YEAR AMOUNT 72,901 DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 3,179 END OF YEAR AMOUNT 0
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION LAND PURCHASE OPTION BEG OF YEAR AMOUNT 1,000 END OF YEAR AMOUNT 1,000 DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 400

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: COMMUNITY IMPROVEMENT CORPORATION
OF GREATER CINCINNATI

EIN: 31-0716405

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:
Software Version:
EIN: 31-0716405
Name: COMMUNITY IMPROVEMENT CORPORATION
OF GREATER CINCINNATI

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DAVID MAIN 1776 MENTOR AVE CINCINNATI, OH 45212	PRESIDENT 0 00	0	0	0
DAVID SMITH 139 E FOURTH ST CINCINNATI, OH 45201	TRUSTEE 0 00	0	0	0
JEFF ALUTTO 138 E COURT ST ROOM 607 CINCINNATI, OH 45202	TRUSTEE 0 00	0	0	0
PAUL DRURY JR 7954 BEECHMONT AVENUE CINCINNATI, OH 45255	TRUSTEE 0 00	0	0	0
JUDY CLARK 4343 COOPER ROAD CINCINNATI, OH 45242	TRUSTEE 0 00	0	0	0