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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)

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

Open to Public Inspection

OMB No 1545-0047

<u>A</u> I	For the	2011 calendar year, or tax year beginning and	ending		
В	Check if applicabl	C Name of organization Walnut Hills Redevelopment Foundation		D Employer identific	ation number
_	Addre	SS T		Į.	
Έ	lchang Name			1 31-00	921713
┢	chang lnitial	<u> </u>	Room/suite		
F	return Termir	· 1	noom/suite		405-2966
F	—ated □Amen			G Gross receipts \$	129,494.
F	return Applic			H(a) Is this a group re	
_	tion pendii			for affiliates?	Yes X No
		PO Box 6363, Cincinnati, OH 45206		H(b) Are all affiliates incl	
1	Tax-ex	empt status: X 501(c)(3)	or 527	-	list. (see instructions)
		te: ► N/A		H(c) Group exemption	•
		organization: X Corporation	L Year		State of legal domicile: OH
	art I	Summary			
-	1	Briefly describe the organization's mission or most significant activities: Reno	vation	n and manager	ment of
Activities & Governance		housing projects in Walnut Hills Neighbor			
rua	2	Check this box if the organization discontinued its operations or dispose	sed of mor	e than 25% of its net as	sets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
ر م	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		. 5	0
ΞĘ	6	Total number of volunteers (estimate if necessary)		6	0
Act	1	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	_	9,500.	5,000.
Ş.	9	Program service revenue (Part VIII, line 2g)	-	13,025.	39,642.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	-379,688.	<u>-273,345.</u>
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,890. -326,273.	54,920. -173,783.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-320,2/3.	0.
	13	Grants and similar amounts paid (Part IX-college (A), lines 1-3)	-	0.	0.
' 0	1	Benefits paid to or for members (2 ft X column (A), lines) Salaries, other compensation, employee benefits (Part X column (A), lines 5-10)	· -	0.	0.
Expenses	162	Professional fundraising rees (Part IX, column (A)) like 1 (2)	<u> </u>	0.	0.
per	h	Total fundraising expenses grantlist column (D), line 25)	0.		
М	17	Other expenses (Part IX, column (A), lines 11 at 1 (1) 11f-24e)		83,525.	61,460.
		Total expenses Add lines (3-17 (must be list 1x, column (A), line 25)		83,525.	61,460.
	19	Revenue less expenses Subtract line 18 from line 12		-409,798.	-235,243.
Net Assets or Fund Balances	3		В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		976,603.	599,077.
ASS	21	Total liabilities (Part X, line 26)	. [966,777.	824,496.
캺	22	Net assets or fund balances Subtract line 21 from line 20		9,826.	<u>-225,419.</u>
P	art II	Signature Block			
	-	ilties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	e, corre	t, and complete. Declaration of prepare) (othe <u>r tha</u> n officer) is based on all information of w	hich prepare	er has any knowledge.	
		Law fruga, ressuur		Data	
Sig		Signatule of officer Signature Transfer		Date	5/12
He	re	Kelly Freyler, Treaster		11/10	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	_	Type or print name and title	roiv	Date Check	PTIN
р.,		Print/Type preparer's name Preparer's signature Zundu		L	——
Pai		Linda K. Pilon, CPA Linda K. Pilon,			P00374830 31-1107264
	parer		Inc.	Firm's EIN	31-110/204
USE	Only	Firm's address 1046 TechneCenter Drive Milford, OH 45150		Dhono no E	13-752-8350
<u></u>	u tha l	Milford, OH 45150 3S discuss this return with the preparer shown above? (see instructions)		Triione iio. 3	X Yes No
IVIA	v 1116+	NATIONALIANA TOTA TERCOTO WILLI DIE DIEDZIEL SCIOWIL ZOOVE ((SEE HISHDCHOUS)			AA 153 L. 140

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

Walnut Hills Redevelopment Foundation 31-0921713 Inc Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: Renovation and management of housing projects in Walnut Hills Neighborhood for low and middle income families. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.) (Revenue \$ Renovation and management of housing projects in Walnut Hills Neighborhood for low and middle income families. (Code _____) (Expenses \$ including grants of \$ including grants of \$______) (Revenue \$_____ (Code ______) (Expenses \$ ___ 4d Other program services (Describe in Schedule O.)

including grants of \$

60,966.

Total program service expenses

			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	_ X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		i	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_ 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u> _
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		^
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.	X	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	- 21	
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
•	the organization's separate or consolidated final ideal statements for the tax year include a feet local decirate that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	···		
	Schedule D, Parts XI, XII, and XIII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	14b		X
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	15	L	X
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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u></u>	

			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		<u> </u>
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			v
	Schedule J .	23_		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	240		X
L	Schedule K If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Λ
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
А	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	270		
eJa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	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			
	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	ŀ		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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?	١.		٠,,
	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)?	35a	<u> </u>	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			17
	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?			₹.
_	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			v
~~	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?		x	
	Note. All Form 990 filers are required to complete Schedule O	38_		(2011)

Form 990 (2011) Part V Statements Regarding Other IRS Filings and Tax Compliance

Inc

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	Check if Schedule O contains a response to any question in this Part V			<u> </u>
		لللم	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 0 1b 0			
b	Enter the fighter of the first Enter of the approach			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-	i	
_	(gambling) winnings to prize winners?	1c	\vdash	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			ı
	filed for the calendar year ending with or within the year covered by this return 2a 0	1		ı
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)	0-		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a_		
	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	40		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		
D	If "Yes," enter the name of the foreign country:			ľ
E-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
_		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes " to line 52 or 5b, did the organization file Form 8886.T2	5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
Od	any contributions that were not tax deductible?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		_ <u></u>
IJ	were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
٠	to file Form 8282?	7c		х
Ч	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting			
	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.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_	1	
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders 11a	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	4		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	 -	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	—	
	Note. See the instructions for additional information the organization must report on Schedule O.			1
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	4		
С	Enter the amount of reserves on hand	₩-	↓	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	₩	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<u> 14b</u>	_	<u></u>
		Form	1 990	(2011)

Form 990 (2011)

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
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>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	Ì		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		<u>X</u>
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		••
	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		<u>X</u> _
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	,,	
а	The governing body?	8a	Х	12
b	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			7.7
8	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Dud the average transfer bours level shorters bourseless an efficiency	40-	Yes	No_X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	405		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	па		
		12a		x
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
¢	In Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
_	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			
_	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	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, an	d 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	ion:	-	
	James Hackney - 513-405-2966			
	PO Box 6363, Cincinnati, OH 45206			

Form 990 (2011)

Inc

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	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) Donna Dixon									0	0
Trustee	0.00	<u> </u>	 	X	ļ	├ ─		0.	0.	0.
(2) John Back		Ì							0	0
Trustee	0.00	-		X	 	\vdash	\vdash	0.	0.	0.
(3) Kathryne Gardette	0.00								0.	^
Trustee	0.00	 		X				0.	0.	0.
(4) Tony F. Martinez	0.00			7.	İ			0.	0.	0.
Secretary	0.00	┢	ļ	X		-		0.		
(5) Kelly Freyler	0.00			x				0.	0.	0.
Trustee	0.00	1	 	^		┼		0.		
(6) Spring Perry	0.00			x				0.	0.	0.
Treasurer	0.00			Λ		 	-	<u> </u>		
(7) Tim MacConnell	0.00			x				0.	0.	0.
Trustee (8) Fred Orth	0.00									
Trustee	0.00			\mathbf{x}			1	0.	0.	0.
(9) Michael Myers	0.00	\vdash				 				
Trustee	0.00			x				0.	0.	0.
(10) Marlon Haynes	- 0,00	_		<u> </u>	_	+	-			
Trustee	0.00			X				0.	0.	0.
(11) Clarence Taylor	0000	<u> </u>				1				
Trustee	0.00	ļ		x				0.	0.	0.
		ļ. <u>.</u>								
		_								
		<u> </u>	<u> </u>	_	_	<u> </u>				

	990 (2011) Inc									31-09	217	113	Pa	age 8
Pai	t VII Section A. Officers, Directors, Tru	ustees, Key Er	npk	yee	s, a	nd I	High	est	Compensated Employ	ees (continued)				
	(A) Name and title	(B) Average hours per week	offic	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		of
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)	compensation from the organization and related organizations.		

	Sub-total Total from continuation sheets to Part V	II. Section A					>		0.		0.			0.
	Total (add lines 1b and 1c)						>		0.		0.			0.
<u> </u>	Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	ed a	bov	e) wi	no r	eceived more than \$100),000 of reportable	•		1	0
3	Did the organization list any former officer,		uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	ſ		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si		le co	omp	ensa	atior	n and	d ot	her compensation from	the organization	-	3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for services	-	4		Х
	rendered to the organization? If "Yes," contion B. Independent Contractors											5		Х
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of comp	ensa	ition fi	rom	
	the organization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ıthı		year.		(C		
	(A) Name and business	address	N	INC	<u> </u>				(B) Description of	services	Co	omper		n
	-													
														
									-					
	Total number of independent contractors (including but n	ot li	mıte	d to	tho	se li	stec	d above) who received r	nore than				
	\$100,000 of compensation from the organ	-					0							

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Pa	rt VIII	Statement of Rever	ue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	<u> </u>				
E E	b	Membership dues	1b					
A,C	С	Fundraising events	1c					
븚	d	Related organizations	1d				;	
ž,E	е	Government grants (contribut	ions) 1e					
i S	f	All other contributions, gifts, gran	ts, and					!
를 다		similar amounts not included above	ve 1f	5,000.				:
벌	g	Noncash contributions included in lines	1a-1f \$					
<u>8 0</u>	h	Total. Add lines 1a-1f		▶	5,000.			
				Business Code				
8		Grant Income		531390	34,767.	34,767.	0.	
ē Š	b	Misc. Income		531110	2,730.	34,767. 2,730.	0.	<u> </u>
Program Service Revenue	С	Management Fee	_	531120	2,145.	2,145.	0.	
e a	d				_			
<u>Б</u>	е		_					
۵	f	All other program service reve	nue	L				
\dashv	g	Total. Add lines 2a-2f		•	39,642.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)						
	4	Income from investment of tax	x-exempt bond p	oroceeds -			 -	
	5	Royalties		▶		-		
	_		(i) Real	(II) Personal				
	6 a	Gross rents	42,200.					
	b	Less: rental expenses	27,550. 14,650.					
		Rental income or (loss)	14,050.		14,650.	14,650.		
		Net rental income or (loss)	(i) Coourition	(i) Other	14,050.	14,030.		
	/ a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 2,382.		1		
	.	Less. cost or other basis		2,302.				
	D	and sales expenses		275727.				
	_	Gain or (loss)		-273,345.				
		Net gain or (loss)		-213,345. •	-273.345.	-273,345.		
		Gross income from fundraising	a events (not		27373454	27373231	*	
2	O a	including \$	of					
§		contributions reported on line		1				
Other Revenue		Part IV, line 18	а					
ફ	b	Less: direct expenses	b					
0		Net income or (loss) from fund	fraising events	>				
		Gross income from gaming ac	-					
		Part IV, line 19	а					
	b	Less direct expenses	b					
		Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less. cost of goods sold	b					1
ļ	С	Net income or (loss) from sale	s of inventory	<u> </u>				
		Miscellaneous Revenu		Business Code				
		Forgiveness of		531190	39,835.			
	b	Reimbursed Expe	nses Fi	531390	435.	435.		
	С							ļ
	d	All other revenue						<u> </u>
	е	Total. Add lines 11a-11d		>	40,270.			
20-2	12	Total revenue. See instructions.		. •	<u>-173,783.</u>	<u>-178,783.</u>	0.	
13200 01-23)⊌ I-12							Form 990 (2011)

Form 990 (2011)

Inc

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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

comp	olete columns (B), (C), and (D).		-		
	Check if Schedule O contains a respon-	se to any question in thi	s Part IX		
	not include amounts reported on lines 6b, 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 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				· · · · · · · · · · · · · · · · · · ·
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			40	
11	Fees for services (non-employees)				
а	Management				
þ	Legal				1000
С	Accounting				
d	Lobbying Co. Rod IV had 47				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other				
g 12	Advertising and promotion				
13	Office expenses	160.	160.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2 24 5	2 24 6		
20	Interest	8,016.	8,016.		
21	Payments to affiliates	1 475	1,475.		
22	Depreciation, depletion, and amortization	1,475.	1,4/5.		
23 24	Other expenses. Itemize expenses not covered				
£ - T	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 0.)				
а	Management Fee	38,771.	38,771.		
b	Professional Fees	5,685.	5,685.	·	
C	Taft Townhomes - Operat	2,979.	2,979.		
d	Taxes	2,318.	2,318.		
е	All other expenses	2,056.	1,562.	494.	
25	Total functional expenses. Add lines 1 through 24e	61,460.	60,966.	494.	0.
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)				

Form 990 (2011)

Inc

Part X | Balance Sheet (B) End of year (A) Beginning of year 5,740. 1 3,740. Cash - non-interest-bearing Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 7,400. 13,106. Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 433,762. 433,762. Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a <u>355,435.</u> 311,697. 318,558. 43,738. b Less. accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 20,700. 20,700 12 Investments - other securities See Part IV, line 11 184,737. 89,737. 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 15 Other assets, See Part IV, line 11 15 976,603. 599,077. Total assets. Add lines 1 through 15 (must equal line 34) 16 6,059. 45,710. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 598,944. 683,955. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of <u>219,493.</u> <u>237,112.</u> Schedule D 966,777. 824,496. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 9,826. -225,419. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds -225,419.9,826. 33 33 Total net assets or fund balances 976,603. 599,077. Total liabilities and net assets/fund balances

Form **990** (2011)

Form	990 (2011) Inc	31-094	<u>11/13</u>	<u>Paç</u>	<u>je 12</u>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u> </u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,40	
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>-23</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>9,8:</u>	<u> 26.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>-2.</u>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-22	5,4	<u> 19.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			.	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?	•	2b		<u>X</u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			i
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			i
	separate basis, consolidated basis, or both				1
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2011

Open to Public Inspection

Name of the organization

Walnut Hills Redevelopment Foundation Inc

Employer identification number 31-0921713

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part) See inst	tructions				
The orga	anization is not a	a private foundation l	because it is: (For lines 1	1 through	11, check	only one b	ox)					
1 🗀	A church, co	nvention of churches	s, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🗀	7		tal service organization of			170(b)(1)	A)(iii).					
4	¬ '	•	operated in conjunction					(b)(1)(A)(ii	i). Enter th	e hospital	's nam	e.
	city, and stat	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					(-)(-)(-)	.,.			•
5	_ * .		benefit of a college or ur	niversity ov	wned or or	perated by	a governo	mental uni	t described	d in		
• _	_	(b)(1)(A)(iv). (Comple				,	a go			-		
6	7		ent or governmental unit	t describer	d in cactio	n 170/h\/	IV AVAA					
7	7	-	eives a substantial part					or from the	general n	iblic desc	nhed ii	n
,		(b)(1)(A)(vi). (Comple		or its supp	ort nom a	governing	intai unit c	,	generarpe	abile dese	indea i	•
8 🗀	٦.		ection 170(b)(1)(A)(vi).	(Complete	Part II \							
9 X						rom contri	hutions n	ambarehi	n fees and	d arose roo	ounte :	from
9 14	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
		•										
			axable income (less sect	แบกอากเล	x) Ironi bu	Siriesses a	acquired b	ly trie orga	ii iizatiori ai	ter June 3	0, 197	J.
40	7	509(a)(2). (Complete	•	at for aubli	o anfatu (```	- F00(a)(•\				
10	¬ ~	•	perated exclusively to te	•	•			•			f one	~=
11	_	-	perated exclusively for the)i
			itions described in section	, , ,	•		2). See se c	eue noire	a)(3). Chec	K the box	mai	
		· · · · ·	organization and compli		_					Tuna III. (Mb au	
	a L Type		• •	Тур		-	-			Type III - (_
e 🗀			t the organization is not									n
_			han one or more publicly						9(a)(1) or se	ection 509	(a)(2).	
f			ten determination from t	the IRS tha	atrtisa. Iy	pe I, Type	II, or Type	e III				
		rganization, check th										
g			rganization accepted ar									
		-	rectly controls, either al	lone or tog	ether with	persons o	described !	ın (ii) and (iii) below,		Yes	No
	_		upported organization?							11g(i)		
			n described in (i) above?							11g(ii)		-
	• •	•	person described in (i)	• • •						11g(iii)		
h	Provide the f	following information	about the supported or	ganızatıonı	(s).							
		· · · · · · · · · · · · · · · · · · ·	T									_
(i) Nar	ne of supported	(ii) EIN	(iii) Type of		organization			(vi) ls organizatio	s the	(vii) An	nount o	f
0	ganization		organization (described on lines 1-9		sted in your			(i) organiz U.S	ed in the	sup	port	
			above or IRC section	governing	document?	ļ <u>``</u>	Supports	0.8	.7			
			(see instructions))	Yes	No	Yes	No	Yes	No			_
						<u> </u>						
				ļ								
												-
						_						
				1			1	1				

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

Schedule A (Form 990 or 990-EZ) 2011

Pa	rt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	/i)
	(Complete only if you checked	the box on line 5	5,7, or8 ofPartlo	or if the organization	n failed to qualify	under Part III. If the	organization
	fails to qualify under the tests	listed below, plea	ase complete Part	III.)			
Se	ction A. Public Support			, 			
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and				ļ		
	membership fees received. (Do not		1			ı.	
	include any "unusual grants.")						
2	Tax revenues levied for the organ-	. 					
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	1					
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5							
-	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)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support		<u> </u>	•			<u> </u>
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
Ī	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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						
	Gross receipts from related activities,	etc (see instruct	ions)			12	
	First five years. If the Form 990 is for			rd. fourth, or fifth t	ax vear as a secti		
-	organization, check this box and stor		,				▶□
Se	ction C. Computation of Publ		ercentage				
14	Public support percentage for 2011 (ine 6, column (f) o	divided by line 11,	column (f))	<u> </u>	14	%
15	Public support percentage from 2010) Schedule A, Parl	t II, line 14			15	%
16	a 33 1/3% support test - 2011. If the	organization did n	ot check the box	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	ported organizatio	n			▶
ŀ	o 33 1/3% support test - 2010. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual						ightharpoons
17:	a 10% -facts-and-circumstances tes				ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					3	ightharpoons
ı	o 10% -facts-and-circumstances tes	_			_	17a, and line 15 is	10% or
•	more and if the organization meets the						

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A'(Form 990 or 990-EZ) 2011 Inc

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 qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support	piew, piedeo comp								
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not			ľ			40.065			
	include any "unusual grants ")				9,500.	39,767.	49,267.			
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	448,956.	140,896.	72,719.	6,676.	4,875.	674,122.			
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	448,956.	140,896.	72,719.	16,176.	44,642.	723,389.			
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.			
t	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						0.			
	Add lines 7a and 7b						0.			
	Public support (Subtract line 7c from line 6)						723,389.			
	ction B. Total Support			•						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
	Amounts from line 6	448,956.	140,896.	72,719.	16,176.	44,642.	723,389.			
10	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			i						
k	Unrelated business taxable income		n							
	(less section 511 taxes) from businesses acquired after June 30, 1975				·					
	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									
12	Other income. Do not include gain or loss from the sale of capital	291,455.	134,227.	231,174.	30,890.	54,920.	742,666.			
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)	740,411.	275,123.	303,893.	47,066.	99,562.	1,466,055,			
	First five years. If the Form 990 is for									
	check this box and stop here				····		▶ □			
Se	ction C. Computation of Publ	ic Support Pe	rcentage							
15	Public support percentage for 2011 (15	<u>49.34</u> %						
	Public support percentage from 2010					16	<u>57.77 %</u>			
Se	ction D. Computation of Inves	stment Incom	e Percentage							
17	Investment income percentage for 20	111 (line 10c, colur	nn (f) divided by lir		17 .00 %					
18	,					18	%			
19	a 33 1/3% support tests - 2011. If the	_								
ŀ	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2010. 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%, che	=					. —			
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

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

Walnut Hills Redevelopment Foundation

Employer identification number 31 – 0 9 2 1 7 1 3

_	inc	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	31-0921/13							
Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the							
	organization answered "Yes" to Form 990, Part IV, line									
		(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	writing that the assets held in donor advise	ed funds							
	are the organization's property, subject to the organization's		Yes No							
6	Did the organization inform all grantees, donors, and donor a	•	used only							
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring									
	impermissible private benefit?									
Pai		ganization answered "Yes" to Form 990, P								
1	Purpose(s) of conservation easements held by the organizati	· 								
•	Preservation of land for public use (e.g., recreation or e		torically important land area							
	Protection of natural habitat	Preservation of a certif	-							
	Preservation of open space		ind finite in distant							
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form (of a conservation easement on the last							
2	day of the tax year.	ned conservation contribution in the form	or a conservation easement on the last							
	day of the tax year.		Held at the End of the Tax Year							
_	Total number of conservation easements		2a							
a h	Total acreage restricted by conservation easements		2b							
b	Number of conservation easements on a certified historic str		2c							
ن		, ,	· -							
d	``	after 6/17/06, and not on a historic structu	1 1							
_	listed in the National Register	lancad automorphism as taumonatad bu tha	2d							
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax							
	year >									
4	Number of states where property subject to conservation ea									
5	Does the organization have a written policy regarding the per	<u> </u>	□v □v.							
_	violations, and enforcement of the conservation easements in		Yes No							
6	Staff and volunteer hours devoted to monitoring, inspecting,									
7	Amount of expenses incurred in monitoring, inspecting, and	•								
8	Does each conservation easement reported on line 2(d) above	ve satisty the requirements of section 170(
	and section 170(h)(4)(B)(ii)?		└ Yes └ No							
9	In Part XIV, describe how the organization reports conservation									
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	the organization's accounting for							
D-	conservation easements	6 Aut. Historical Transcensor on Ol	they Cimiley Access							
Pa	rt III Organizations Maintaining Collections o		ther Similar Assets.							
	Complete if the organization answered "Yes" to Form									
1a	If the organization elected, as permitted under SFAS 116 (AS									
	historical treasures, or other similar assets held for public ex		nce of public service, provide, in Part XIV,							
	the text of the footnote to its financial statements that descri									
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 pub	olic service, 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	asures, or other similar assets for financial	I gain, provide							
	the following amounts required to be reported under SFAS 1									
а	Revenues included in Form 990, Part VIII, line 1		> \$							
b	Assets included in Form 990, Part X		. \$							

Sche	dule D (Form 990) 2011 Inc						3:	<u>1-09</u>	21713	Page 2	
Par	t III Organizations Maintaining Co	ollections of A	rt, Hist	orical Tr	easures, c	or Othe	r Similar	Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessio	n, and other record	ls, check	any of the	following tha	t are a si	gnificant us	e of its	collection	items	
	(check all that apply).										
а	Public exhibition	d	ι 🔲 ι	oan or exc	hange progra	ams					
b	Scholarly research	е									
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explai	n how th	ey further t	he organizati	on's exer	npt purpos	e in Pari	t XIV.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Part	X, line 21		-							
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contribution	s or other as	sets not	ıncluded				
	on Form 990, Part X?		•						Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	ollowing t	able							
	•	•	J						Amount		
С	Beginning balance						1c				
	Additions during the year			•			1d				
е	Distributions during the year						1e				
f	Ending balance		•				1f				
2a	Did the organization include an amount on Fo	rm 990. Part X. line	21?						Yes	No	
	If "Yes," explain the arrangement in Part XIV.	, ,							_		
Par		the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year		nor year	(c) Two year			ars back	(e) Four	years back	
1a	Beginning of year balance			1							
b	Contributions										
С	Net investment earnings, gains, and losses			_							
d	Grants or scholarships							•			
e	Other expenditures for facilities							_			
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end baland	e (line 1	a, column (a	a)) held as	•			•		
а	Board designated or quasi-endowment	•	%		"						
b	Permanent endowment	%	_								
c	Temporarily restricted endowment ▶	 %									
	The percentages in lines 2a, 2b, and 2c should	d equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	it are held a	ind administe	red for th	ne organiza	tion	_		
	by.	_								Yes No	
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as required of	on Sched	lule R?					3b		
4	Describe in Part XIV the intended uses of the	organization's ende	owment	funds.							
Par	t VI Land, Buildings, and Equipm	ent. See Form 99	0, Part X	, line 10							
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) Ad	cumulated	,	(d) Book	value	
		basis (investi	ment)	basis	(other)	dep	oreciation_				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			3.5	55,435.	3	311,69	7.	43	3,738.	
e	Other										
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colun	nn (B), line	10(c))			ightharpoonup	43	3,738.	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

(11)

Walnut Hills Redevelopment Foundation 31-0921713 Page 4 Schedule D (Form 990) 2011 Inc Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI -173,783. Total revenue (Form 990, Part VIII, column (A), line 12) 61,460. Total expenses (Form 990, Part IX, column (A), line 25) 2 -235,243.Excess or (deficit) for the year Subtract line 2 from line 1 3 3 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 5 6 Investment expenses 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV) 8 9 9 Total adjustments (net) Add lines 4 through 8 -235.10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. 2a Net unrealized gains on investments Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a Prior year adjustments 2b c Other losses 2c Other (Describe in Part XIV.) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV) c Add lines 4a and 4b 4¢ Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information Part XI, Line 8 - Other Adjustments: Rounding

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.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Walnut Hills Redevelopment Foundation Inc

Employer identification number 31-0921713

Form 990, Part I, Line 1, Description of Organization Mission:
income families.
Form 990, Part VI, Section A, line 8b: The governing body does not have
separate committees.
Form 990, Part VI, Section B, line 11: A copy of the 990 was not provided
to the organization's governing body before it is filed.
Form 990, Part VI, Section C, Line 19: The organization makes their
governing documents available upon request.
Form 990, Part XI, line 5, Changes in Net Assets:
Rounding -2.

Form, **8868** (Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 1-2012)

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box									
•	If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)								
	Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868								
	nic filing (e-file). You can electronically file Form 8868 if					oration			
	i to file Form 990-T), or an additional (not automatic) 3-mo								
	to file any of the forms listed in Part I or Part II with the ex								
	al Benefit Contracts, which must be sent to the IRS in par								
	www.rs.gov/efile and click on e-file for Charities & Nonprofits		(000 #10#20#010). For more designs			,			
Part			submit original (no copies ne	eded).					
	ration required to file Form 990-T and requesting an auto								
Part I o	•				•	. 🗀			
	r corporations (including 1120-C filers), partnerships, REN	1ICs, and t	rusts must use Form 7004 to reques	st an exter	sion of time				
	come tax returns								
Type or	Name of exempt organization or other filer, see instru	ictions.		Employe	r identification num	ber (EIN) or			
print	Walnut Hills Redevelopment	Found	dation						
	Inc			X	31-09217	L3			
File by the due date f		see instruc	tions.	Social se	Social security number (SSN)				
filing your return Se	PO Box 6363								
instruction		oreign add	lress, see instructions.						
	Cincinnati, OH 45206								
Enter th	e Return code for the return that this application is for (fil	e a separa	te application for each return)			0 1			
		1	·		-	Return			
Applica	tion	Return	Application	1					
Is For		Code 01	Is For						
Form 990			Form 990-T (corporation)			07			
Form 9		02	Form 1041-A		· -	08			
Form 990-EZ			Form 4720		<u>. </u>	09			
Form 990-PF			Form 5227			10			
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 9	90-T (trust other than above)	06	Form 8870		···-	1 12			
	James Hackney	Cinai.	nnati OH 45206						
	books are in the care of ► <u>PO Box 6363 - 1</u> bohone No ► 513 - 405 - 2966	CINCI			···				
		المطاحين	FAX No.						
	e organization does not have an office or place of busines s is for a Group Return, enter the organization's four digit			If this is fo	r the whole group	chack this			
box >	request an automatic 3-month (6 months for a corporation				icia trio exterialeri te	, 101.			
, ,			tion return for the organization name		The extension				
_	for the organization's return for	n organiza	nor return for the organization rains	od abovo.	ma oxtonoion				
	X calendar year 2011 or								
	tax year beginning	an	d endina						
					_				
2 If	the tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return	Final retur	'n				
_ :	Change in accounting period								
•	on angoing accounting period					_			
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any						
	onrefundable credits. See instructions		·	3a	\$	0.			
b If	this application is for Form 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and						
	stimated tax payments made Include any prior year over			3b	\$	0.			
	alance due. Subtract line 3b from line 3a. Include your pa								
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.			
	n. If you are going to make an electronic fund withdrawal			orm 8879-	EO for payment ins	tructions.			

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 88	68 (Hev. 1-2012)						Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II and check the	s box		▶ 🖸	K
Note. Or	nly complete Part II if you have already been granted an	automatic	: 3-month extension on a previously	iled Forn	n 8868.		
If you	are filing for an Automatic 3-Month Extension, comple	ete only P	art I (on page 1).				
Part II	Additional (Not Automatic) 3-Month B	Extension	n of Time. Only file the origin	nal (no	copies ne	eded).	
			Enter filer's	identify	ing number	, see instruc	ctions
Type or	Name of exempt organization or other filer, see instru	uctions				tion number (
print	Walnut Hills Redevelopment	' '	, ,				
File by the	Inc			X	31-09	921713	
due date for		see instruc	etions.	Social s	ecurity num		
filing your return See	g your Inc. 1999 - 1999						
Instructions	City, town or post office, state, and ZIP code For a f Cincinnati, OH 45206	oreign add	dress, see instructions.	•			
Enter the	Return code for the return that this application is for (file	e a separa	ite application for each return)			[0	1
Applicati	ion	Return	Application			R	eturn
ls For		Code	Is For				Code
Form 990)	01					
Form 990)-BL	02	Form 1041-A				08
Form 990)-EZ	01	Form 4720				09
Form 990	PF	04	Form 5227				
Form 990	FT (sec. 401(a) or 408(a) trust)	05	Form 6069				
Form 990	-T (trust other than above)	06	Form 8870				12
STOP! D	o not complete Part II if you were not already granted	l an auton	natic 3-month extension on a prev	iously fil	ed Form 88	68.	
	James Hackney						
The bo	poks are in the care of \triangleright PO Box 6363 - 0	Cinci	nnati, OH 45206				
Teleph	one No. ► 513-405-2966		FAX No. >				
If the c	organization does not have an office or place of business	s in the Un	ited States, check this box			▶ □	
If this i	s for a Group Return, enter the organization's four digit (Group Exe	mption Number (GEN) If	this is fo	r the whole	group, chec	k this
oox ▶ [. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memi	ers the exte	ension is for.	
4 I red	quest an additional 3-month extension of time until	Novemb	per 15, 2012.				
5 For	calendar year 2011, or other tax year beginning		, and ending				·
6 If th	e tax year entered in line 5 is for less than 12 months, cl	heck reaso	on: Initial return	Final	return		
	Change in accounting period						
	te in detail why you need the extension						
<u>Ta</u>	xpayer respectfully requests	addi	tional time to gat	her	inform	<u>lation</u>	<u>in</u>
<u>or</u>	der to file a complete and a	ccura	te tax return.				
					· · · · · · · · · · · · · · · · · · ·		
8a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, er	nter the tentative tax, less any	1			
non	refundable credits. See instructions.	8a	\$		0.		
b If th	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
tax	payments made. Include any prior year overpayment allo	owed as a	credit and any amount paid		1		
pre	viously with Form 8868.	8b	\$		0.		
c Bala	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using						
EFT	PS (Electronic Federal Tax Payment System). See instru			8c	\$	·	0.
. –	Signature and Verificati	on mus	t be completed for Part II o	nly.			
nder pena ıs true, co	ities of perjury, I declare that I have examined this form, includir rrect, and complete, and that I am authorized to prepare this for	ng accompa m.	inying schedules and statements, and to	the best o	f my knowled	ge and belief,	
ionature 🖹	Lindu IPlan Title >	CPW	•	Date	▶ 08/0	19/201	2

Form 8868 (Rev. 1-2012)