DLN: 93493320067625

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 private

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the :	2014 cal	endar year, or tax year beginning 01-01-2014 , and ending 12-3	31-2014				
B Che	ck if a	pplicable	C Name of organization Cincinnati Center City Development Corp			D Employ	er iden	ntification number
<b>✓</b> Add	ress ch	nange	% TIMOTHY SZILASI			20-04	46324	ļ
∏ Nai	ne cha	nge	Doing business as					
┌ Inıt	ıal retu	m				E Telepho	ne numl	her
Fin-			Number and street (or P O box if mail is not delivered to street address) F 1203 Walnut Street	Room/suite		•		
_		minated				(513)	621-4	400
_	ended Hication	return n pending	City or town, state or province, country, and ZIP or foreign postal code Cincinnati, OH 45202			<b>G</b> Gross re	ceipts \$	42,553,709
			F Name and address of principal officer	H(a	<b>)</b> Is the	s a group	return	for
			Timothy Szilasi			dinates?	recurri	r Yes <b>v</b> No
			1203 Walnut Street Cıncınnatı,OH 45202	H/h	<b>)</b>	ll aubardu		┌ Yes ┌ No
					includ	ll subordır led?	iates	j řesj No
<b>I</b> Ta	k-exem	npt status	▼ 501(c)(3)	7	If "No	," attach	a lıst	(see instructions)
J W	ebsite	<b>e:►</b> 3cc	dc org	H(c	) Grou	p exemptı	on nun	nber ►
₩ Form	o of or	aanization	✓ Corporation Trust Association Other ►	<u></u>		mation 200		State of legal domicile OH
	rt I		mary	-	ear or ior	mation 200	,3   1-1	State of legal doffficile. Of
			escribe the organization's mission or most significant activities gthen the core assets of downtown Cincinnati, create great civic	spaces, hig	n-densit	y/mıxed-ı	ıse dev	velopments, preserve
	<u>!</u>	historic :	structures					
<u>ĕ</u>	-							
Ē	-							
Governance	2 (	Check th	nis box দ if the organization discontinued its operations or disp	oosed of mor	e than 2	5% of its	net as:	sets
								1
Activities &			of voting members of the governing body (Part VI, line 1a) .				3	32
ij.			of independent voting members of the governing body (Part VI, I				4	30
			mber of individuals employed in calendar year 2014 (Part V, line				5	123
∢			mber of volunteers (estimate if necessary)			•	6	100
			related business revenue from Part VIII, column (C), line 12				7a	0
	В	Net unre	lated business taxable income from Form 990-T, line 34	· · ·			7b	
		Contra	hutians and grants (Dart VIII June 1h)			<b>r Year</b> 19,593,7	1 1	Current Year 13,697,187
ā	8 9		butions and grants (Part VIII, line 1h)	<b>—</b>		9,833,3	-+	12,787,642
Revenue	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)			404,3		-5,847,217
歪	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11			-477,2		653,142
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (	· —		177,2		033,112
			<u> </u>			29,354,2	18	21,290,754
	13		s and similar amounts paid (Part IX, column (A), lines 1–3) .	<b>—</b>		518,2	47	1,193,858
	14		ts paid to or for members (Part IX, column (A), line 4)				0	0
8	15	Saları 5–10)	es, other compensation, employee benefits (Part IX, column (A),	lines		5,005,6	72	6,125,392
<u>8</u>	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)				0	0
Expenses	b	Total fu	ndraising expenses (Part IX, column (D), line 25) 🕨 161,559					
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			14,510,1	15	26,372,298
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line	· · · · · · · · · · · · · · · · · · ·		20,034,0		33,691,548
	19	Reven	ue less expenses Subtract line 18 from line 12			9,320,1	-+	-12,400,794
Not Assets or Fund Balances				В		of Currer ear	nt	End of Year
988 894	20	Totala	assets (Part X, line 16)		2	45,451,6	13	249,746,097
4 2	21	Totall	labilities (Part X, line 26)	🗀	2	35,628,0	64	251,564,616
<u> </u>	22	Netas	sets or fund balances Subtract line 21 from line 20			9,823,5	49	-1,818,519

#### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign	
Here	

Signature of officer Timothy Szilasi Interim CFO Type or print name and title

# Paid Preparer **Use Only**

Print/Type preparer's name Bridget Roche Preparer's signature Bridget Roche Firm's name FGRANT THORNTON LLP

Firm's address ► 4000 SMITH ROAD SUITE 500

CINCINNATI, OH 45209

May the IRS discuss this return with the preparer shown above? (see instruction

. 01111	730 (2014)	ige Z
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	rengthen the core assets of downtown Cincinnati, create great civic spaces, high-density/mixed-use developments, preserve histor tures and create diverse, mixed-income neighborhoods supported by local businesses	10
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
	(Code ) (Expenses \$ 6,796,074 including grants of \$ 10,920 ) (Revenue \$ 7,391,268 )	
	Fountain Square District/Central Business District In 2014, 3CDC hosted over 500 events at Fountain Square, welcoming over 2,000,000 visitors to downtown Cincinnati In addition, the organization completed work on the brand new 84 510 building (formerly known as the dunnhumby Centre), providing Cincinnati's city with a 1,000 space parking garage, 30,000 square feet of commercial space, and a 280,000 square foot office building	cente
4b	(Code ) (Expenses \$ 22,483,163 including grants of \$ 1,182,938 ) (Revenue \$ 5,396,374 )	
	Over-the-Rhine 3CDC expanded upon its summer programming at Washington Park in 2014, highlighted by the addition of multiple fitness classes and a new market. The organization hosted more than 300 events at the park, drawing approximately 1,000,000 people to OTR. On the development side, 3CDC completing the first two phases of its Mercer Commons project, which yielded a of total 67 apartments (30 of which are affordable units), 23 condominiums, five townhown 14,500 square feet of commercial space, and a 340-space parking garage. Additionally, the fifth phase of 3CDC's OTR development plan was nearly completed the end of 2014. Phase V included 74 condominiums, 14 apartments and 7,980 square feet of commercial space. The organization also leased 13 of its commercials, brightness, retail stores, and even a yoga studio online during 2014.	ted nes, d by
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 29,279,237	

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $A^{(2)}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{\circ}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9	Yes	
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 $V^{\bullet}$	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f G}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
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 $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
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	18		No
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		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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		No
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? <i>If "Yes," complete Schedule L, Part</i>			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b	Yes	
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	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	<del></del>	<u>)                                   </u>
1 2	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a	289	Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	enortable		
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
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	123		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ret <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction		Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year? .	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C		+	1
	At any time during the calendar year, did the organization have an interest in, or a signature or other over, a financial account in a foreign country (such as a bank account, securities account, or other faccount)?	r authority		No
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial $A$ (FBAR)	Accounts		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<del></del>		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction? 5b	·	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the <b>6a</b>	+	No
b	organization solicit any contributions that were not tax deductible as charitable contributions? . If "Yes," did the organization include with every solicitation an express statement that such contributions are not tax deductible?			
7	were not tax deductible?		'	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for services provided to the payor?	r goods and 7a		No
ь	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 w	as required to		
d	file Form 8282?	70	:	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
f	contract?	<b>7</b> e		No No
_	If the organization received a contribution of qualified intellectual property, did the organization file l			110
	required?	<b>7</b> g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization 1098-C?	zation file a	1	
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings during the year?	at any time		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .	9b	)	
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	136	a	
b	Enter the amount of reserves the organization is required to maintain by the states			
_	in which the organization is needed to issue qualified neutrin plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14	,   ,	l I No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		_	140
U	Transport in the district of the first the separation of the first separation in schedule	~   <b>14</b> 1	- 1	1

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

Check if Schedule O contains a response or note to any line in this Part	VI.							.[V

36	ection 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			
	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			
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	Yes	"
3		3		No
4		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	Revent	ie Cod	e.)
	· · · · · · · · · · · · · · · · · · ·			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		No
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b 12c	Yes Yes Yes Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►TIMOTHY SZILASI

  - 1203 WALNUT STREET
  - Cincinnati, OH 45202 (513) 621-4400

Form 990 (2014	)
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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or director	,		related organizations

Form 990 (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is	ne l both	box, ∣an d	officer stee)	1	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►			
C	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	▶	1,279,087	0	88,152

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►5

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

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation					
The Turner Corporation, 250 West Court St CINCINNATI, OH 45202	Construction	25,147,661					
RJ Beischel Building Co, PO Box 32067 CINCINNATI, OH 45232	Construction	1,906,151					
HGC Construction, 2814 Stanton Ave CINCINNATI, OH 45206	Construction	1,683,798					
Messer Construction Co, 5158 Fishwich Drive CINCINNATI, OH 45216	Construction	1,567,987					
Core Resources Inc, 1404 Vine Street CINCINNATI, OH 45202	Construction	1,514,570					
Total number of independent contractors (including but not limited to those listed above) who received more than							

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶47

Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g
Program Service Revenue	2a b c d e f
Revenue	9 3 4 5 6a b c d 7a b
Other	b c 9a b c 10a
	11a b c d

Form 99	90 (20	014)				Page <b>9</b>
Part V	/1111	Statement of Revenue Check if Schedule O contains a response or note to any lir	o in this Part VIII			
		Check if Schedule O Contains a response of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
sΩ	1a	Federated campaigns 1a				
Gifts, Grants iilar Amounts	ь	Membership dues 1b				
بة ق	c	Fundraising events 1c				
ifts,	d	Related organizations 1d				
⊒.≝	e	Government grants (contributions) <b>1e</b> 5,284,600				
ons Sir	f	All other contributions, gifts, grants, and <b>1f</b> 8,412,587		-		
uti. Per	'	similar amounts not included above		ļ		
돌	g	Noncash contributions included in lines  1a-1f \$				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	13,697,187			
		Business Code				
Program Service Revenue	2a	MANAGEMENT FEE INCOME 541610	1,861,478	1,861,478		
	ь	DEVELOPER FEE INCOME 230000	2,128,636	2,128,636		
	c	PARKING INCOME 812930	5,114,790	5,114,790		
ē. Z	d	EVENTS AND PROGRAMMING INCOME 713990	1,383,864	1,383,864		
S =	e	LEASE REVENUE 532000	1,450,033	1,450,033		
Ž 73	f	All other program service revenue	848,841	848,841		
Ě	g	<b>Total.</b> Add lines 2a−2f	12,787,642			
-	3	Investment income (including dividends, interest,	548,692			548,692
	4	and other similar amounts)  Income from investment of tax-exempt bond proceeds	0			340,032
	5	Royalties	0			
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	Ь	Less rental expenses				
	c	Rental income 0 0 0 or (loss)				
	d	Net rental income or (loss)	0			
		(I) Securities (II) Other				
	7a	Gross amount from sales of 14,867,046 assets other than inventory				
	ь	Less cost or				
		other basis and sales expenses 21,262,955				
	c	Gain or (loss) -6,395,909	-6,395,909			-6,395,909
ψ	d 8a	Net gain or (loss)	-0,393,909			-6,393,909
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18				
Ā	<u> </u>	a L				
₽	b c	Less direct expenses b  Net income or (loss) from fundraising events ▶	0			
_		Gross income from gaming activities See Part IV, line 19				
	.	a				
	b	Net income or (loss) from gaming activities	0			
		Gross sales of inventory, less returns and allowances .				
		a				
	b	Less cost of goods sold b	0			
	c	Net income or (loss) from sales of inventory	0			
	11a	DEBT FORGIVENESS 900099	11,475			11,475
	b	OTHER 900099	641,667			641,667
	C	STITE N	, 1			, 1
	d	All other revenue				
	e	Total. Add lines 11a-11d	653 143			
	12	Total revenue. See Instructions	653,142			
	1		21,290,754	12,787,642		-5,194,075

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete col	umn (	A )
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Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,193,858	1,193,858		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,186,967	384,575	767,676	34,716
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	229,684	229,684		
7	Other salaries and wages	4,344,219	1,558,762	2,666,697	118,760
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,000	25,000	, ,	,
9	Other employee benefits	63,152	63,152		
10	Payroll taxes	276,370	89,544	178,743	8,083
11	Fees for services (non-employees)		,		
	Management	294,815	260,815	34,000	
b	Legal	310,421	142,060	· ·	
-	Accounting	355,580	355,580	· ·	
d	Lobbying	0	333,300		
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	170,638	150,844	19,794	
13	Office expenses	199,618	159,208	· · ·	
14	Information technology	0	133,200	10,110	
15	Royalties	0			
16	Occupancy	2,048,865	1,944,850	104,015	
17	Travel	61,185	18,981	42,204	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0,103	10,501	72,207	
19	Conferences, conventions, and meetings	0			
20	Interest	5,509,124	5,402,171	106,953	
21	Payments to affiliates	3,303,121	5,.02,171	230,733	
22	Depreciation, depletion, and amortization	4,224,457	4,204,627	19,830	
23	Insurance	515,513		64,608	
24	Other expenses Itemize expenses not covered 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)	510,510	,	21,7222	
а	EVENT AND PROGRAMMING EXP	817,886	817,886		
b	SAFE AND CLEAN PROGRAM	464,991	464,991		
С	PROJECT FINANCING COSTS PAID	10,916,166	10,916,166		
d	PROFESSIONAL MEMBERSHIPS	6,117	560	5,557	
e	All other expenses	476,922	445,018	31,904	
25	Total functional expenses. Add lines 1 through 24e	33,691,548	29,279,237	4,250,752	161,559
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)	,,-,-	,,=	,,	

Part X	Balance Sheet

Pai	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year	-	(B) End of year
	1	Cash-non-interest-bearing	16,913,207	1	18,417,398
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	1,873,850	3	1,545,760
	4	Accounts receivable, net	4,258,911	4	5,910,300
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
ts	6	Loans and other 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) Complete Part II of Schedule L		6	0
Assets	<b>_</b>	Nickes and leave receivable mak	11,919,968	7	16,707,967
Š.	7	Notes and loans receivable, net	11,919,908	-	10,707,907
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,361,674	9	6,120,420
	10a	Land, buildings, and equipment cost or other basis  Complete Part VI of Schedule D  173,071,448			
	Ь	Less accumulated depreciation 10b 16,255,197			156,816,251
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	27,487,396	12	36,450,174
	13	Investments—program-related See Part IV, line 11	23,094,524	13	4,833,217
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	22,981,913	15	2,944,610
	16	Total assets. Add lines 1 through 15 (must equal line 34)	245,451,613	16	249,746,097
	17	Accounts payable and accrued expenses	12,017,639	17	34,050,010
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	19,009,590
	20	Tax-exempt bond liabilities	0	20	0
Ø.	21	Escrow or custodial account liability Complete Part IV of Schedule D	111,443	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	198,821,564	23	192,054,930
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	24 677 440	<u>.</u>	C 450 000
	26	D	24,677,418 235,628,064	25	6,450,086 251,564,616
	26	Total liabilities. Add lines 17 through 25	233,028,004	26	231,304,010
Fund Balance	27	lines 27 through 29, and lines 33 and 34.  Unrestricted net assets	454,145	,,	-9,068,511
<u>ಕ</u>			9,369,404	27 28	7,249,992
ã	28	Temporarily restricted net assets	9,309,404		7,249,992
Ĭ	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
Ŝ	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	9,823,549	33	-1,818,519
	34	Total liabilities and net assets/fund balances	245,451,613	34	249,746,097

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		21.	290,754
2	Total expenses (must equal Part IX, column (A), line 25)				
2	Devenue less superiors Cubbrack line 2 from line 1	2		33,6	591,548
3	Revenue less expenses Subtract line 2 from line 1	3		-12,4	100,794
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		0.0	222 540
5	Net unrealized gains (losses) on investments	+		9,0	323,549
J	Net unrealized gains (1035e3) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses				
		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Not assets on fined belonger at and affirm Combine lines 2 through 0 (much a mind Dont V. line 22	9			758,726
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		-1,8	318,519
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revia separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both	parate			
	☐ Separate basis ☐ Both consolidated and separate basis			i	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ght of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	:he	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: **Software Version:** 

**EIN:** 20-0446324

Name: Cincinnati Center City Development Corp

	Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
Color	(A)	(B) A verage hours per week (list any hours	Posit more the	ion ( nan o n is b	do n ne b ooth ctor,	ox, ι an o /trus	inless fficer tee)		Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
Company   Comp		organizations below	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-1413C)	related
Cl. Joseph A Parker   S.D.   X.	• •		x						0	0	О
Vac Chief   Color   A		5 0									
20 James Normerman   50			Х						0	0	0
Visic Charter	(2) James M Zımmerman		V							0	
March   Marc	Vice Chair		_ ^						0	0	0
14  Steam Hoologett	` '		X						0	0	0
Description		5.0			-	-					
SC Caller District   South Refember			Х						0	0	0
Board Member	(5) Calvın D Buford	5 0							_		
December   December		•••••	X						0	0	0
Board Member	· •		X						0	0	0
Board Member	Board Member										•
Solid Member   Solid   X			х						0	0	0
Board Member		5 0									
Name			Х						0	0	0
Board Member	` '		V						0	0	0
X	Board Member		^						Ů	0	0
Cit   John F Cassely			Х						0	0	0
March   Marc		5 0									
X			Х						0	0	0
Board Member	` '		V						0	0	0
Name	Board Member		^						Ů		0
Color   Colo			х						0	0	0
Name		5.0									
Solid Member			Х						0	0	0
Board Member	(15) Margaret E Buchanan		,,								
Note			^						U	0	U
Company   Comp	· ·		X						0	0	0
X		5.0			-	-					
Soard Member   Soar			х						0	0	0
Board Member   Company		5 0							_	_	_
Name			X						0	0	0
Board Member   So	• •		X						0	0	0
Note	Board Member								_		
(21) R Michael Prescott     50     X       Board Member     0     0       (22) Ralph S Michael     50     X       Board Member     X     0     0       (23) Robert H Castellini     50     X     0     0       Board Member     X     0     0     0       (24) Rodney McMullen     50     X     0     0       0     0     0			Х						0	0	0
Board Member		5 0									
X			X						0	0	0
Board Member		I	×						0	n	0
X	Board Member		<u> </u>		_						
(24) Rodney McMullen 5 0 X 0 0			x						0	0	0
X		5 0			$\vdash$						
			X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	ion ( nan o n is b	ne bo oth a ctor/	ox, u an of	inless ficer tee)		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
(36) Passlana Maysalka	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1099-MI3C)	2/1099-M13C)	related organizations	
(26) Rosaleena Marcellus Board Member	5 0	x						0	0	0	
(1) S Kay Geiger Board Member	5 0	х						0	0	0	
(2) Shane Wright Board Member	5 0	х						0	0	0	
(3) Thomas L Williams Board Member	5 0	х						0	0	0	
(4) Todd Gick Board Member	5 0	х						0	0	0	
(5) Yvonne Gray Washington Board Member	5 0	х						0	0	0	
(6) Stephen G Leeper President & CEO	50 0 5 0	х		х				442,600	0	42,394	
(7) David Dillion	5 0	х						0	0	0	
Board Member (8) Ellen Van der Horst	5 0	X						0	0	0	
Board Member  (9) Michael Fisher	0 0 5 0	X						0	0	0	
Board Member (10) Matt Waltz	0 0							_			
Board Member (11) Larry Savage	0 0	X						0	0	0	
Board Member	0 0	х						0	0	0	
(12) Stephanie Gaither EVP & CFO	50 0 5 0			х				224,980	0	15,432	
(13) Chad S Munitz through Oct 2014  EVP, Asset & Capital Mgmt	45 0 5 0			х				146,415	0	15,082	
(14) Adam Gelter	45 0			х				229,684	0	6,613	
EVP, Development (15) Anastasia Mileham	45 0			х				143,288	0	8,631	
VP, Marketing & Communications (16) JOHN FOX	5 0			X				92,120	0	0	
VICE-PRESIDENT	5 0							, ,			

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As Filed Data -

DLN: 93493320067625

**Employer identification number** 

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Cincinnati Center City Development Corp

### **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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

**2014** 

Open to Public Inspection

							20-0446324			
Pai	rt I	Reason for Publi	c Charity S	<b>tatus</b> (All organıza	tions must co	mplete this p	oart.) See instructio	ons.		
Γhe o	rganı	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)			
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(l</b>	b)(1)(A)(i).			
2	Γ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )								
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	$\Gamma$	medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
		hospital's name, city,								
5	Γ	An organization opera	ted for the ben	efit of a college or uni	versity owned o	r operated by	a governmental unit d	escribed in		
		section 170(b)(1)(A)(	( <b>iv).</b> (Complete	e Part II)						
6	Γ	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>								
7	굣	An organization that n	•	·	• •	om a governme	ental unit or from the g	jeneral public		
_	_	described in section 170(b)(1)(A)(vi). (Complete Part II )								
8	<u> </u>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)								
9	ı	An organization that normally receives (1) more than 331/3% 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 331/3% of								
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses								
	_	acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III)  An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>								
10										
11	Г	An organization organi								
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g								
а	$\Box$	the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g <b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting								
•	•									
		organization You mus			-	•				
b	Γ									
		Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.								
c	$\overline{}$	Type III functionally i	•		n operated in c	onnection with	and functionally inter	grated with its		
	,	supported organization	_		•			grated with, its		
d	Γ	Type III non-function						anızatıon(s) that ıs		
		not functionally integra					ement and an attentıv	eness requirement		
_	_	(see instructions) You					T I T II T	III formationally		
e	,	Check this box if the o integrated, or Type III	=				s a Type I, Type II, T	ype III functionally		
f		Enter the number of su								
g		Provide the following in								
_		-			, ,					
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	janization	(v) A mount of	(vi) A mount of		
		organization		organization	listed in your	governing	monetary support	other support (see		
				(described on lines	docume	nt?	(see instructions)	ınstructıons)		
				1-9 above or IRC						
				section (see instructions))						
				ilistructions))	Vos	No				
					Yes	No				
Total										

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support						
Cal	endar year (or fiscal year beginning in) 🟲	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,843,607	6,388,459	3,908,508	19,593,711	13,697,	187 49,431,472
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	<b>Total.</b> Add lines 1 through 3	5,843,607	6,388,459	3,908,508	19,593,711	13,697,	187 49,431,472
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						7,403,783
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						42,027,689
	ection B. Total Support						
Cal	endar year (or fiscal year	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	<b>(e)</b> 2014	(f) Total
7	beginning in) ► A mounts from line 4	5,843,607	6,388,459	3,908,508	19,593,711	13,697,	
8	Gross income from interest,	3,013,007	0,500,155	3,300,300	15,555,711	13,037,	15,151,172
J	dividends, payments received on securities loans, rents, royalties and income from similar sources	799,546	662,645	719,970	459,809	548,6	3,190,662
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	119,041	38,102	11,922	770,890	653,	1,593,097
11	<b>Total support</b> Add lines 7 through 10						54,215,231
12	Gross receipts from related activition	es, etc (see inst	ructions)			12	12,787,642
13	First five years. If the Form 990 is						
	organization, check this box and sto						<u></u>
<u> </u>	ection C. Computation of Pub Public support percentage for 2014			11 column (f))			77.520.00
				11, Column (1))		14	77 520 %
15	Public support percentage for 2013					15	80 265 %
	33 1/3% support test—2014. If the and stop here. The organization qua 33 1/3% support test—2013. If the	lifies as a public	y supported orga	nızatıon			<b>▶</b>  ✓
17a	box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization mee organization 10%-facts-and-circumstances test-	n qualifies as a pu - <b>2014.</b> If the orga tion meets the "fa ts the "facts-and	iblicly supported anization did not o acts-and-circums d-circumstances"	organization check a box on lin stances" test, che ' test The organiz	ie 13, 16a, or 16l eck this box and <b>s</b> zation qualifies as	o, and line 14 s <b>top here.</b> Exp s a publicly su	lain ipported
18	15 is 10% or more, and if the organ Explain in Part VI how the organization Private foundation. If the organization private foundation.	ization meets the tion meets the "fa	e "facts-and-circ acts-and-circums	umstances" test, stances" test The	check this box are organization qua	nd <b>stop here.</b> alifies as a pu	blicly

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2013. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

17

18

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

17

18

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^7$ If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section $501(c)(4)$ , $(5)$ , or $(6)$ ? If "Yes," answer (b) and (c) below.	За		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	<b>4</b> c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
Ŀ	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
Ŀ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ŀ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ŀ	• A family member of a person described in (a) above?	11a 11b		
	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
5	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <b>(see</b>	inctri	ıct ione)	
	The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government elinstructions.)			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	h Did the organization evergise a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

#### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
0	Minimum Assat Amount (add line 7 to line 6)	Q		

#### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions		Current Year	
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	orted organizations, in		
3 Administrative expenses paid to accomplish exemp	anızatıons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	ICTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	esponsive (provide		
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
c From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
<ul> <li>h Applied to 2014 distributable amount</li> <li>i Carryover from 2009 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			1
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
c From 2012			
d From 2013			

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference Explanation

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**Supplemental Financial Statements** 

DLN: 93493320067625

OMB No 1545-0047

Open to Public

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

► 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. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

lame of the organization		Employer identification number
Incinnati Center City Development Corp		20-0446324
Part I Organizations Maintaining Donor Ad		
organization answered "Yes" to Form 990		(b) Funda and abban accounts
Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor advis	ore in writing that the access held in do	noradysed
funds are the organization's property, subject to the o	rganızatıon's exclusive legal control?	☐ Yes ☐ No
Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene conferring impermissible private benefit?	<del>_</del>	
art II Conservation Easements. Complete i	f the organization answered "Yes"	to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	n or education)  Preservation of a	certified historic structure
easement on the last day of the tax year		
		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation easements		2b
Number of conservation easements on a certified hist	. ,	2c
Number of conservation easements included in (c) achistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d
Number of conservation easements modified, transfer	red, released, extinguished, or terminat	ed by the organization during
the tax year 🗕		
Number of states where property subject to conservat	tion easement is located ►	
Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hai	ndling of violations, and Yes No
Staff and volunteer hours devoted to monitoring, insper	ecting, and enforcing conservation ease	ements during the year
A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easemen	ts during the year
<b>►</b> \$		
Does each conservation easement reported on line 2( and section $170(h)(4)(B)(II)$ ?	d) above satisfy the requirements of se	rection 170(h)(4)(B)(i)  Yes No
In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easem	ne footnote to the organization's financia ents	al statements that describes
rt III Organizations Maintaining Collection Complete if the organization answered "\"		or Other Similar Assets.
If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar assessivice, provide, in Part XIII, the text of the footnote	116 (ASC 958), not to report in its reve ets held for public exhibition, education	, or research in furtherance of public
If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar assesservice, provide the following amounts relating to the	116 (ASC 958), to report in its revenue ets held for public exhibition, education	e statement and balance sheet
(i) Revenue included in Form 990, Part VIII, line 1		<b>►</b> \$
(ii) Assets included in Form 990, Part X		<b>►</b> \$
If the organization received or held works of art, histo following amounts required to be reported under SFAS		for financial gain, provide the
Revenue included in Form 990, Part VIII, line 1		<b>►</b> \$
Assets included in Form 990, Part X		<b>-</b> \$

Part III Organizations Maintaining Collections of Art, I	<u> listo</u>	<u>rical</u>	Treasu	res, or Ot	<u>her Sim</u>	ilar Ass	sets (co	ontinued)
3 Using the organization's acquisition, accession, and other records collection items (check all that apply)	, chec	k any	of the follo	wing that ar	e a signifi	cant use	of its	
a Public exhibition	d [	Lo	an or exch	ange progra	ms			
<b>b</b> Scholarly research	е Г	- Ot	her					
c Preservation for future generations								
4 Provide a description of the organization's collections and explain Part XIII	how th	ey fur	ther the o	rganızatıon's	s exempt p	urpose ir	1	
5 During the year, did the organization solicit or receive donations or						_	_	_
assets to be sold to raise funds rather than to be maintained as pa							Yes	No
Part IV Escrow and Custodial Arrangements. Complete Part IV, line 9, or reported an amount on Form 990,				answered	"Yes" to	Form 9	90,	
1a Is the organization an agent, trustee, custodian or other intermedi included on Form 990, Part X?	ary for	contr	ributions o	r other asse	ts not	Г	_ Yes	✓ No
<b>b</b> If "Yes," explain the arrangement in Part XIII and complete the fo	llowing	, table	9					
						Am	ount	
<b>c</b> Beginning balance				1	lc			
<b>d</b> Additions during the year				<u>  1</u>	ld			
e Distributions during the year				<u> </u>	le			
<b>f</b> Ending balance					Lf			
2a Did the organization include an amount on Form 990, Part X, line 2	1, for	escro	w or custo	dıal accoun	t liability?	F	√ Yes	┌ No
<b>b</b> If "Yes," explain the arrangement in Part XIII Check here if the ex	xplana	tıon h	as been pi	rovided in Pa	art XIII .			Γ
Part V Endowment Funds. Complete if the organization a	nswe	red "						
(a)Current year	(b)Pric	r year	<b>b (c)</b> Tw	o years back	(d)Three ye	ars back	<b>(e)</b> Four y	ears back
1a Beginning of year balance								
<b>b</b> Contributions						-		
c 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 current year end balance	(line 1	g, col	umn (a)) h	eld as				
a Board designated or quasi-endowment ►								
<b>b</b> Permanent endowment <b>▶</b>								
c Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%								
<b>3a</b> Are there endowment funds not in the possession of the organizati	on tha	t are l	neld and a	dministered	for the			
organization by						- ·	Yes	No
(i) unrelated organizations	•					. 3a(i . 3a(i		
(ii) related organizations						. 3b	_	<u> </u>
4 Describe in Part XIII the intended uses of the organization's endo						- [		
Part VI Land, Buildings, and Equipment. Complete if the	e orga	nızat	tion answ	ered 'Yes'	to Form	990, Pai	rt IV, lı	ne
11a. See Form 990, Part X, line 10.  Description of property	<del>- 1</del>	(a) Cod	st or other	(b)Cost or	(c) Accu	mulated	(d) Box	ok value
Description of property			ivestment)	other basis (other)		ciation	( <b>a</b> ) boo	
<b>1a</b> Land	L		6,089,105					6,089,105
	- 1		co 247 020		- I	. 472 024	_	
<b>b</b> Buildings		- 1	69,347,020		+	2,472,924	6	66,874,096
b Buildings			73,498,754		_	2,793,859		66,874,096 60,704,895
c Leasehold improvements			73,498,754 12,975,342		_		6	
c Leasehold improvements		1	73,498,754 12,975,342 11,156,817		_	2,793,859 652,788 335,620	6 1 1	60,704,895

<b>Part VII Investments—Other Securities.</b> Com See Form 990, Part X, line 12.	nplete if the organization a	answered 'Yes' to For	m 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year i	market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
(A)INVESTMENT IN 99% OWNED LLC	36,450,174	С	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	36,450,174		
Part VIII Investments—Program Related. Co	mplete if the organization	answered 'Yes' to Fo	rm 990, Part IV, line 11c.
See Form 990, Part X, line 13.	(h) Pook volue	(a) Mathad of us	luntum
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year i	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>F</b>		
Part IX Other Assets. Complete if the organization		, Part IV , line 11d See F	Form 990, Part X, line 15
(a) Descri	ption		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			no 110 or 116 Coo
<b>Part X Other Liabilities.</b> Complete if the orga Form 990, Part X, line 25.	nization answered Yes' to	) Form 990, Part IV, I	ne 11e or 11f. See
1 (a) Description of liability	(b) Book value		
Federal Income taxes	0		
REFUNDABLE ADVANCE	224,133		
SECURITY DEPOSIT	92,477		
OTHER	13,072		
FINANCING LIABILITY	6,120,404		
-			
<b>-</b> 1.1 (0.1 11)			
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	6,450,086		

Par		evenue per Audited Financial Stat vered 'Yes' to Form 990, Part IV, line 1:		ts With Revenue	per Re	<b>turn</b> Complete If
1		er support per audited financial statements			1	
2	A mounts included on line 1 bu	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
b		acılıtıes	2b		1	
С	Recoveries of prior year grant	S	2c		1	
d		·	2d			
e	Add lines 2a through 2d .		<u> </u>		2e	
3					3	
4		0, Part VIII, line 12, but not on line 1				
a		uded on Form 990, Part VIII, line 7b	4a	1		
b			4b		1	
c	,				<b> </b> 4c	
5		d <b>4c.</b> (This must equal Form 990, Part I, line			5	
		xpenses per Audited Financial Sta			s per	Return. Complete
		swered 'Yes' to Form 990, Part IV, line				
1	Total expenses and losses pe	r audited financial statements			1	
2	A mounts included on line 1 bu	it not on Form 990, Part IX, line 25				
а	Donated services and use of fa	acılıtıes	2a			
b	Prior year adjustments		2b			
c	Otherlosses		2c			
d	Other (Describe in Part XIII )		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line $\mathbf{2e}$ from line $1$ .				3	
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )		4b			
С	Add lines <b>4a</b> and <b>4b</b>				4c	
5		nd <b>4c.</b> (This must equal Form 990, Part I, line	18)		5	
Part	XIII Supplemental Inf					
Part		Part II, lines 3, 5, and 9, Part III, lines 1a a , lines 2d and 4b, and Part XII, lines 2d and				e any additional
	Return Reference	Explanation				
Sched	ule D, Part IV, Line 2b	Cost method of evaulation for real estate h	eld for	sale and real estate he	ld for ın	vestment
PART	X, LINE 2	CONCLUDED THAT IT ANY YEARS OPEN	SUSTA ORDIN TY HAS OUNT D IS S LY OL STAIN ( POSI C ANA	AINED IN THE EVENT NGLY, A LOSS CONTII S BEEN INCURRED AS OF THE LOSS CAN BI UBJECT TO ESTIMAT ITCOME OF EACH UN ED FOR AN INDIVIDU TIONS IN THE AGGR LYZED ITS INCOME	OF AN NGENC'S OF THE ERASSE AND CERTA JAL UN EGATE FAX PO	AUDIT BY THE Y IS RECOGNIZED E DATE OF THE ONABLY MANAGEMENT IN TAX POSITION CERTAIN TAX COULD DIFFER SITIONS AND 1BER 31, 2014 AND

DURING THE TAX YEAR GATEWAY II, LLC SERVED AS AN ESCROW AGENT OVER FIVE SEPERATE BANK ACCOUNTS, WITH THREE ENDING DURING THE TAX YEAR THE PURPOSE FOR THIS ROLE IS TO AID MULTIPLE LENDERS ON DEVELOPMENT PROJECTS IN OVER-THE-RHINE IN DISTRIBUTING THE SALES PROCEEDS FROM HOMEOWNERSHIP UNIT SALES ACCORDING TO THE COLLATERAL SHARING AGREEMENTS IN PLACE FOR EACH PROJECT,

2011

RESPECTIVELY

PART IV, LINE 2B

Jenedale 2 (1 31111 33 3) 23 13		i age <b>S</b>
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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DLN: 93493320067625

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

Schedule J (Form 990)

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Cincinnati Center City Development Corp **Employer identification number** 

20-0446324

Pa	rt I Questions Regarding Compensation		•			
					Yes	No
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	✓ Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to rein directors, trustees, officers, including the CEO/Executi			_		
	directors, trustees, officers, filefulling the CLO/Executi	VEL	mector, regarding the items checked in line 1a.	2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that used by a related organization to establish compensati	appl	y Do not check any boxes for methods			
	Compensation committee	Γ	Written employment contract			
	Independent compensation consultant	~				
	Form 990 of other organizations		Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization					
а	a Receive a severance payment or change-of-control payment?					
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
C	Participate in, or receive payment from, an equity-base	d co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ıs m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, lin compensation contingent on the revenues of					
а	The organization?			5a		No
	Any related organization?			5b		No
•	If "Yes," to line 5a or 5b, describe in Part III					110
6	For persons listed in Form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1 a	a, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," des			7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid	lora	accured pursuant to a contract that was			
	subject to the initial contract exception described in Re					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the resection 53 $4958-6(c)$ ?	butt	able presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 Stephen G Leeper, President & CEO	(i) (ii)	328,656 0	108,689	5,255 0	25,000 0	17,394 0	484,994 0	0
2 Stephanie Gaither, EVP & CFO	(i) (ii)	180,841 0	26,973 0	17,166 0	0	15,432 0	240,412	0
<b>3</b> Chad S Munitz through Oct 2014, EVP, Asset & Captial Mgmt	(i) (ii)	130,066 0	16,349 0	0	0	15,082 0	161,497	0
4 Adam Gelter, EVP, Development	(i) (ii)	199,684 0	30,000	0	0	6,613	236,297	0
5 Anastasia Mileham, VP, Marketing & Communications	(i) (ii)	126,939 0	16,349 0	0	0	8,631 0	151,919 0	0

Schedule J (Form 990) 2014

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation							
	Change of Control or Severance Payment Chad Munitz received a severance payment of \$17,166 John Fox received a severance payment of \$58,938 These were included in the individuals W-2							
Schedule J, Part I, Line 4b	ANNUAL BONUSES ARE AWARDED BASED ON PERFORMANCE OF THE INDIVIDUAL EMPLOYEE AGAINST POSITION REQUIREMENTS							
	All employees of 3CDC are eligible for a 10% bonus depending on performance metrics. The president and CEO, Stephen G. Leeper, as part of his employment contract receives a bonus that this reviewed and approved by the board that was in the amount of \$25,000 in 2014.							
· ·	Discretionary Spending Account Stephen G Leeper, the president and CEO receives a car allowance in the amount of \$5,255 that is included as part of his W-2 income. This amount was reviewed and approved as part of his employment contract by the board.							

Schedule J (Form 990) 2014

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493320067625

OMB No 1545-0047

# **Supplemental Information on Tax Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection** 

Name of the organization Employer identification number Cincinnati Center City Development Corp

Cinc	ınnatı Center Cıty Development C	Corp								20-	04463	324			
Pa	III Bond Issues									<b> </b>					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price	(f)	) Description of purpose		(g) De	feased	beh	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
Α	PORT OF GREATER CINCINNATI DEVELOPMENT AUTHORITY	31-1752368		12-28-2011	14,54	10,450	Refunding Prior Issue			Х		×		×	
В	PORT OF GREATER CINCINNATI DEVELOPMENT AUTHORITY	31-1752368		12-28-2011	95	56,276	Facilit	Facility Improvement			X		Х		х
c	PORT OF GREATER CINCINNATI DEVELOPMENT AUTHORITY	31-1752368		12-28-2011	82	20,000	Facility Improvement			Х		Х		Х	
Pa	Part II Proceeds														
					4		В		С			D			
	1 Amount of bonds retired					0		0			0				
	Amount of bonds legally defeas	ea					0		0	0					
3	Total proceeds of issue					14,540,	,450		956,276	820,000					
4	Gross proceeds in reserve fund						0 0		0	0					
5	Capitalized interest from proce	eds ————————————————————————————————————					0 0		0						
6	Proceeds in refunding escrows						0 0		0						
7	Issuance costs from proceeds						0 153,560		153,560	15,166					
8	Credit enhancement from proce						0		0			0			
9	Working capital expenditures fr						0		0			0			
10	Capital expenditures from proce	eeds					0		0			0			
11	O ther spent proceeds					14,540,	,450		0			0			
12	O ther unspent proceeds						0		802,746		80	4,834			
13	Year of substantial completion				20	07		20	07	2	007				
					Yes	No	·	Yes	No	Yes	N	<b>1</b> 0	Yes		No
14	Were the bonds issued as part	of a current refundır	ng issue?		Х			Х		Х					
15	Were the bonds issued as part	of an advance refun	ding issue?			Х			Х		;	X			
16	Has the final allocation of proce	eeds been made?			х			Х		Х					
17	Does the organization maintain allocation of proceeds?		d records to supp	ort the final	Х			Х		Х					
Pai	tiii Private Business Us	se													
				Α			E		С			D			

	· · · · · · · · · · · · · · · · · · ·	Α		В		<u> </u>		<u> </u>	
	l de la companya de	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×		×		×		
2	Are there any lease arrangements that may result in private business use of bond- financed property?		Х		Х		Х		
		•		· ·	•	· ·	· ·		•

Private Business Use (Continued) С D В Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Χ Χ Х of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-C Χ Χ Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 0 % 0 % 0 % other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of 5 unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government Total of lines 4 and 5 6 Does the bond issue meet the private security or payment test? 7 Χ Χ Χ Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Χ Χ issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections C Х Х Χ 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Χ Χ Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В C Yes No Yes No Yes No Yes No Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield 1 Χ Χ Χ Reduction and Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply? 2 Rebate not due yet? а Exception to rebate? b No rebate due? C If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Х Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C Was the hedge superintegrated? d Was the hedge terminated?

		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		х		x		
b	Name of provider	0		0		0			
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		х		×		x		
7	Has the organization established written procedures to monitor the requirements of section 148?		×		X		X		

### Part V Procedures To Undertake Corrective Action

	Α		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		Х		

Part VI	Supplemental Information	Provide additional information for res	nonses to allestions	on Schedule K (see instruction	ns I
L GI C VI	Supplemental Information.	riovide additional information for res	polises to questions	on Schedule R (see liisti detio	113/.

Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule K

(Form 990)

Department of the Treasury

**Supplemental Information on Tax Exempt Bonds** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

▶Information about Schedule K (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

**DLN: 93493320067625**OMB No 1545-0047

2014

Open to Public Inspection

	rnal Revenue Service												Inspe				
	ne of the organization	~								Em	oloyer id	lentifica	ation nun	nber			
CIN	cınnatı Center Cıty Development C	_ orp								20	-04463	24					
P	art I Bond Issues					,											
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	ued (e) Issue price (f) Description of purpose		<b>(f)</b> Description of purpose		<b>(f)</b> Description of purpose		<b>(g)</b> De	feased				(i) Pool	
													alf of suer	пna	incing		
										Yes	No	Yes	No				
A	PORT OF GREATER CINCINNATI DEVELOPMENT AUTHORITY	31-1752368		06-20-2013	24,00			inding and Facility rovement			Х		Х		Х		
Pa	art III Proceeds		l				<u> </u>								<u>-</u>		
						A		В		С				D			
1	Amount of bonds retired						0	0									
2	A mount of bonds legally defeas	sed					0	0					<u> </u>				
3	Total proceeds of issue					24,000,	,000	000									
4	Gross proceeds in reserve fund	ds					0	0									
5	Capitalized interest from proceeds					0											
6	Proceeds in refunding escrows					0											
7	Issuance costs from proceeds				0												
8	Credit enhancement from proce	eeds					0										
9	Working capital expenditures fr	rom proceeds				0											
10	Capital expenditures from proc	eeds					0										
11	Other spent proceeds					3,400,	,000										
12	Other unspent proceeds				19,600,000				,								
13	Year of substantial completion					12			I								
					Yes	No	,	Yes	No	Yes		No	Yes		No		
14	Were the bonds issued as part	of a current refundin	ng issue?		Х												
15	Were the bonds issued as part	of an advance refun	ding issue?			Х											
16	Has the final allocation of proce	eeds been made?			Х												
17	7 Does the organization maintain adequate books and records to support the final allocation of proceeds?		х														
Pa	rt IIII Private Business Us	se															
						<b>A</b>		В			С			D			
					Yes	No		Yes	No	Yes	N	lo ol	Yes		No		
1	Was the organization a partner property financed by tax-exem		a member of an Ll	_C, which owned		х											

financed property?

Are there any lease arrangements that may result in private business use of bond-

CHE	dule K (1 01111 990) 2014									Page Z	
Par	Private Business Use (Continued)										_
			Ą		-	В		С		D	_
	A bb		Yes	No	Yes	No	Yes	No	Yes	No	_
За	Are there any management or service contracts that may result in private of bond-financed property?	business use		Х							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or										
	outside counsel to review any management or service contracts relating to property?	o the financed									
С	Are there any research agreements that may result in private business use of bond-financed property?			×							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		1	0 %							
5	Enter the percentage of financed property used in a private business use a	as a result of									_
	unrelated trade or business activity carried on by your organization, anoth 501(c)(3) organization, or a state or local government										
5	Total of lines 4 and 5										
7	Does the bond issue meet the private security or payment test?		Х								
8a	Has there been a sale or disposition of any of the bond-financed property t										
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			X							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of	I								_
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?			х							
9	Has the organization established written procedures to ensure that all nonqualified										_
	bonds of the issue are remediated in accordance with the requirements une Regulations sections 1 141-12 and 1 145-2?	der		X							
Par	t IV Arbitrage										_
		А					С		D		
		Yes	No	Yes	No	Y	'es	No	Yes	No	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Х									
2	If "No" to line 1, did the following apply?										
a	Rebate not due yet?										_
b	Exception to rebate?										
С	No rebate due?										
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed										
3	Is the bond issue a variable rate issue?	X									
<del>1</del> a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Х									
b	Name of provider	PNC BANK N	ATIONAL								
С	Term of hedge		. 5								
d	Was the hedge superintegrated?	Х									
e	Was the hedge terminated?		Х								

	· · · · · · · · · · · · · · · · · · ·	A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider	0							
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х						
7	Has the organization established written procedures to monitor the requirements of section 148?		Х						

	Α		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		Х						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K (Form 990) 2014

DLN: 93493320067625

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

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Name of the organization Employer identification number Cincinnati Center City Development Corp 20-0446324 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section **3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship (d) Loan to (e)Original (f)Balance (h) (i)Written (c) **(g)** In ınterested with organization Purpose of or from the default? Approved agreement? principal due by board or organization? amount person loan committee? Yes Yes From No Yes Τо No No Total

(c) A mount of assistance

Part III Grants or Assistance Benefiting Interested Persons.

(b) Relationship between

interested person and the organization

(a) Name of interested

person

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(d) Type of assistance

(e) Purpose of assistance

(1) Adam Gelter Paul Gelter

Νo

Part IV Business Transactions Involving Interested Persons.												
Com	Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.											
(a) Name o	finterested person	(b) Relationship between interested person and the organization	<b>(c)</b> A mount of transaction	(d) Description of transaction	(e) Sha of organiz revenu	: zatıon's						

Son of board member

229,684 COMPENSATION

Part V Sup	plemental Inforr	nation
Prov	ıde addıtıonal ınforma	tion for responses to questions on Schedule L (see instructions)
Return	n Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2014

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As Filed Data -

DLN: 93493320067625

OMB No 1545-0047

2014

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# SCHEDULE O

Department of the Treasury
Internal Revenue Service

(Form 990 or 990-EZ)

Return Reference

# 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

	Employer identification number
Cincinnati Center City Development Corp	
	20-0446324

Explanation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2	Paul Gelter (board member) is the father of Adam Gelter (executive at 3CDC)
Form 990, Part VI, Line 11b	Form 990 is reviewed by CFO and CEO prior to draft given to audit committee for review Ex ecutive committee reviews the governance and compensation data, and is given a copy of the full tax return as well
Form 990, Part VI, Line 12c	Conflict of interest policy is verbally discussed at regular staff meetings. Each year all officers, directors and employees are required to fill out a conflict of interest (COI) d isclosure form (alternative years a reconfirmation of prior year). The form is reviewed an d summarized internally and submitted to the organization's general counsel for review and disclosure to executive committee, if necessary. Any action taken by the board or committee that has a COI of an employee, director or officer is disclosed prior to passage and the individual is requested to leave the room during the discussion and vote
Form 990, Part VI, Line 15a	The executive committee utilized comparability data when determining the CEO's compensation in completing his employment contract. Each year the committee reviews the organization's scorecard and results as well as the CEO's performance in assessing his compensation changes. Finally, the chair discusses the results with board members.
Form 990, Part VI, Line 15b	Other key staff compensation is determined by comparing local or regional salary data as well as the individual's performance
Form 990, Part VI, Line 19	Documents are available to the public upon request
FORM 990, Part VI, Section C, Line 18	THE EXEMPTION APPLICATION AND 990 IS AVAILABLE UPON REQUEST OR ON THE GUIDE-STAR WEBSITE
FORM 990, Part VI, Section C, Line 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
Part XI, Line 9	Change in net assets is due to member distributions and change in value of variable interest entities

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DLN: 93493320067625

2014

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Cincinnati Center City Development Corp **Employer identification number** 

20-0446324

Part I	Identification of Disregarded Entitie	s Complete if the organization answered	"Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
See Additional Data Table					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		Section (13) co ent	512(b) ntrolled
						Yes	No
(1) OTR Holdings Inc 1410 Race Streeet Cincinnati, OH 45202 20-2363373	Redevelopment	ОН	501 ( C)(2)		NA	Yes	
(2) CBD Holdings Inc 1410 Race Streeet	Renovation	ОН	501 ( C)(2)		NA	Yes	
Cincinnati, OH 45202 26-2835540							

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990	, Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.		

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	)	(i)	(j)		(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	Genera	l or	Percentag
related organization		domicile	controlling	income(related,	total income	end-of-year	allocat	ions?	amount in box	manag	ıng	ownership
-	1	(state or	entity	unrelated,		assets			20 of	partne	er?	
	1	foreign		excluded from					Schedule K-1			
	1	country)		tax under					(Form 1065)			
	1			sections 512-								
	1			514)						L .		
				Í			Yes	No		Yes	No	
See Additional Data Table												

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
-		(state or foreign		corp,		assets	•	controlled	
		country)		or trust)				entity?	
								Yes	No

٦e	edule R (Form 990) 2014		Pa	ige <b>3</b>
ē	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
D	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
Ь	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
		$\Box$		
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h	Yes	
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
		$\Box$		
р	Reimbursement paid to related organization(s) for expenses	1p	Yes	
-		1q	Yes	
•		$\dashv$		
r	O ther transfer of cash or property to related organization(s)	1r		No
		15	Yes	<del>                                     </del>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 120 E 6th St Leverage Lender LLC	В	294,073	Capıtal Contrib
(2) WPR Leveraged Lender LLC	С	90,000	Capıtal Contrib
(3) Mercer Commons Leveraged Lender	b	3,757,540	Purchase Price-
(4) OTR Holdings Inc	n	50,400	Rent Paid to 14
(5) 1400 Race Master Sub-Tenant LLC	k	108,738	MGMT Fee Paid

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

1													
(a)	(b)	(c)	(d)	1	(e)	(f)	(g)	(h)	$\neg$	(i)	(j)	7	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are	e all partners	Share of	Share of	Disproprtionate	æ I	Code V-UBI	General or	r J	Percentage
	1 ' ''	domicile	ıncome	1	section	total	end-of-year	allocations?	Į.	amount in	managing	4 1	ownership
	1	(state or	(related,	[ [	501(c)(3)	ıncome	assets	1	J	box 20	partner?	- 1	
	1 '	`foreign	unrelated,		ganizations?	1 '	1	1	Į.	of Schedule	<i>(</i> '	J	1
	1		excluded from		,	1 '	1	1	J	K-1	1	J	( !
	1	1	tax under	1	,	1 '	1	1	J	(Form 1065)	1	J	( '
	1 '	1	sections 512-	1	,	1 '	1	1	Į.	(1 01111 2000, )	1	J	1
	1 '	1		<del></del>	<del></del> '	4 '	1			4 /		$\overline{}$	
	1	1	514)	Yes	No	1 '	1	Yes	No	( )	Yes	No	(
<b></b>	<del></del> '	<b></b>	4'	——'	<del></del> '	<b></b> '						اللك	1
	1 '	1	1	1 '	1 '	1 '	1	, 1	, 1	1			
				$\overline{}$					$\overline{}$			_	

Schedule R (Form 990) 2014 Page **5** 

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

# Software ID: Software Version:

**EIN:** 20-0446324

Name: Cincinnati Center City Development Corp

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

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
Fountain Square LLC 1410 Race Street Cincinnati, OH 45202 20-0446324	Same as 3CDC	ОН	3,930,816	35,270,071	NA
Gateway II LLC 1410 Race Street Cincinnati, OH 45202 20-4853806	Same as 3CDC	ОН	2,797,459	7,024,598	NA
CCCP LLC 1410 Race Street Cincinnati, OH 45202 26-0285149	Same as 3CDC	ОН	286,289	839,458	NA
Fountain Square Management Group LLC 1410 Race Street Cincinnati, OH 45202 20-5399588	Same as 3CDC	ОН	2,232,680	1,071,529	NA
Azeotropic Partners LLC 1410 Race Street Cincinnati, OH 45202 26-4490064	Same as 3CDC	ОН	278	682,857	NA
Washington Park Restoration LLC 1410 Race Street Cincinnati, OH 45202 27-1436027	Same as 3CDC	ОН	2,043,506	40,908,769	NA
1400 Race Leveraged Lender LLC 1410 Race Street Cincinnati, OH 45202 27-2610479	Same as 3CDC	ОН	242,900	4,393,446	NA
1400 Race Master Tenant Manager LLC 1410 Race Street Cincinnati, OH 45202 27-2610288	Same as 3CDC	ОН	3,306	0	NA
OTR Predevelopment LLC 1410 Race Street Cincinnati, OH 45202 27-3117811	Same as 3CDC	ОН	80,333	2,243,785	NA
1202 Main Street LLC 1410 Race Street Cincinnati, OH 45202 45-2447277	Same as 3CDC	ОН	189,575	1,163,363	NA
120 East Sixth Street LLC 1410 Race Street Cincinnati, OH 45202 45-2246433	Same as 3CDC	ОН	685,717	1,099,038	NA
032811 Holdings LLC 1410 Race Street Cincinnati, OH 45202 36-4702169	Same as 3CDC	ОН	5,491,801	15,546,406	NA
Urban Legacy VII LLC 1410 Race Street Cincinnati, OH 45202 30-0706445	Same as 3CDC	ОН	265,330	4,271,029	NA
Urban Legacy VIII LLC 1410 Race Street Cincinnati, OH 45202 32-0359245	Same as 3CDC	ОН	13,037,668	743,144	NA
Paint Building Master Sub-Tenant LLC 1410 Race Street Cincinnati, OH 45202 61-1665699	Same as 3CDC	ОН	269,500	13,886,706	NA
Paint Building Leveraged Lender LLC 1410 Race Street Cincinnati, OH 45202 38-3857641	Same as 3CDC	ОН	81,742	4,480,714	NA
Mercer Commons OTR LLC 1203 Walnut Cincinnati, OH 45202 38-3877916	Same as 3CDC	ОН	6,174,884	1,478,769	NA
Mercer Commons Garage OTR LLC 1203 Walnut Cincinnati, OH 45202 36-4735410	Same as 3CDC	ОН	515,952	3,609,804	NA
Fifth and Race LLC 1203 Walnut Cincinnati, OH 45202 32-0374707	Same as 3CDC	ОН	102,230	8,527,287	NA
Cintrifuse Landlord LLC 1203 Walnut Cincinnati, OH 45202 35-2476904	Same as 3CDC	ОН	4,613,481	59,818,578	NA

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

<b>(a)</b> Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
15th & Vine LLC 1203 Walnut Cincinnati, OH 45202 37-1738643	Same as 3CDC	ОН		5,911,259	NA
15th & Race 1203 Walnut Cincinnati, OH 45202 32-0416176	Same as 3CDC	ОН		2,176,132	NA
Mercer Commons Leveraged Lender 2 LLC 1203 Walnut Cincinnati, OH 45202 35-2468974	Same as 3CDC	он		3,103,961	NA
1200 Vine LLC 1203 Walnut Cincinnati, OH 45202 03-0589872	Same as 3CDC	ОН	80,769	3,305,290	NA
1100 Vine LLC 1203 Walnut Cincinnati, OH 45202 03-0589869	Same as 3CDC	ОН	242,299	1,968,769	NA
1100 Vine Commercial LLC 1203 Walnut Cincinnati, OH 45202 87-0773183	Same as 3CDC	ОН	84,891	661,738	NA
1222 Republic LLC 1203 Walnut Cincinnati, OH 45202 30-0488295	Same as 3CDC	ОН	194,778	1,287,204	NA
Condo Holdings LLC 1203 Walnut Cincinnati, OH 45202 61-1743298	Same as 3CDC	ОН		4,401,091	NA
Fourth and Race Redevelopment LLC 1203 Walnut Cincinnati, OH 45202 61-1751654	Same as 3CDC	ОН	103	2,949,159	NA
Elm Street Acquisitions LLC 38-3859201	Revelopment	ОН			OTR Holdings
Interstate Holdings LLC	Same as 3CDC	ОН			032811 Holdı
38-3859201					

### Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Form 990, Schedule R	, Pait III - Iuci		ii oi keiate	u Organizatio	iis laxable as	a Partifership			(i)	
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal Domicile (State or	<b>(d)</b> Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from	<b>(f)</b> Share of total Income	(g) Share of end-of- year assets	(h) Disproprtional allocations?	(i) te Code V-UBI amount In Box 20 of Schedule K-1	(j) General or Managing Partner?	<b>(k)</b> Percentage ownership
		Foreign Country)		tax under sections 512-514)			Yes No	(Form 1065)	Yes No	
1400 Race Master Sub-	Same as 3CDC	І он І	NA	1	569,966	381,100	No		Yes	99 000 %
Tenant LLC					·	·				
1203 Walnut Cıncınnatı, OH 45202										
WPR Leveraged Lender LLC	Same as 3CDC	ОН	NA		446,601	34,844,102	No		Yes	99 000 %
1203 Walnut Cıncınnatı, OH 45202										
120 East Sixth Leverage	Same as 3CDC	ОН	NA		150,695	11,601,357	No		Yes	99 000 %
Lender										
1203 Walnut Cıncınnatı, OH 45202										
Mercer Commons Leverage Lender	Same as 3CDC	ОН	NA		190,375	14,909,405	No		Yes	99 000 %
1203 Walnut										
Cincinnati, OH 45202					025 000	25 504 440				
Fifth and Race Leverage Lender	Same as 3CDC	ОН	NA		825,000	26,691,119	No		Yes	99 000 %
1203 Walnut Cincinnati, OH 45202										
Ale House Master Tenant	Same as 3CDC	ОН	NA		-84	3,915,590	No		Yes	99 000 %
1203 Walnut Cincinnati, OH 45202										
1201 Walnut Master Tenant	Same as 3CDC	ОН	NA		-6,916	6,346,255	No		Yes	99 000 %
1203 Walnut Cıncınnatı, OH 45202										
Globe Building Master Tenant	Same as 3CDC	ОН	NA		-23,308	228,933	No		Yes	99 000 %
1203 Walnut Cıncınnatı, OH 45202										
CBD Holdings Inc	same as 3cdc	ОН	na				No		Yes	99 000 %
26-2835540										
1201 Walnut LLC	same as 3cdc	ОН	na				No		Yes	99 000 %
35-2482329										
Ale House Landlord LLC	same as 3cdc	ОН	na				No		Yes	99 000 %
38-3927763										
Globe Building LLC	same as 3cdc	ОН	na				No		Yes	99 000 %
36-4792845										