



**Meeting of Members – 6:30 P.M.**

**March 1, 2016**

**City of Montgomery  
10101 Montgomery Road  
Montgomery, Ohio 45242  
Council Chambers**

**A G E N D A**

- 1. Call to Order**
- 2. Minutes**
- 3. New Business**
  - a. Election of Members as Trustees
- 4. Old Business**
- 5. Other Business**
- 6. Adjournment**



## **COMMUNITY IMPROVEMENT CORPORATION AGENDA**

10101 Montgomery Road • Montgomery, Ohio 45242 • (513) 891-2424 • Fax (513) 891-2498

### **Meeting of Board of Trustees – 6:30 P.M.**

**March 1, 2017**

**City of Montgomery  
10101 Montgomery Road  
Montgomery, Ohio 45242  
Council Chambers**

### **A G E N D A**

- 1. Call to Order**
- 2. Organization**
  - a. President
  - b. Vice President
  - c. Secretary
  - d. Treasurer
- 3. Minutes – December 21, 2016**
- 4. New Business**
  - a. Acceptance of Financial Statements
  - b. Review of Corporation's Tax Return for 2016
  - c. Historical Grant Application for the Parrot-Smith House
- 5. Old Business**
- 6. Other Business**
- 7. Adjournment**

February 16, 2017

TO: Wayne Davis, City Manager

FROM: Katie Smiddy, Finance Director *KMS*

SUBJECT: Financial Statements for the Montgomery Community Improvement Corporation

Please find attached the financial statements for the Montgomery Community Improvement Corporation which must be filed with the State Auditor's Office within 120 days after the end of the fiscal year.

The **Statement of Financial Position** reflects that the corporation had \$185,725 in an interest-bearing demand deposit account at Fifth Third Bank as of December 31, 2016.

The **Statement of Financial Activities** reflects revenues of \$1,079 in interest income received and \$10,300 in expenses for professional services for the year ending December 31, 2016.

The **Statement of Cash Flows** reflects the corporation increased its cash position from \$120,472 in 2015 to \$185,725 in 2016 as a result of moving funds from certificates of deposit to an interest-bearing checking account.

In addition, I have attached the 2016 federal tax returns for the Montgomery Community Improvement Corporation which must be provided to all members of the CIC board.

Please do not hesitate to contact me if there are questions or should you require additional information.

**MONTGOMERY COMMUNITY IMPROVEMENT CORPORATION**  
**Statement of Net Position**  
**December 31, 2016 and 2015**

	<u>2016</u>	<u>2015</u>
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash	\$ 185,725.14	\$ 120,472.11
Investments		100,000.00
Interest Receivable		173.84
<b>TOTAL CURRENT ASSETS</b>	<u>\$ 185,725.14</u>	<u>\$ 220,645.95</u>
 <b>CURRENT LIABILITES</b>		
Accounts Payable	\$ 3,000.00	\$ 3,000.00
Grants Payable	1,072.00	1,120.00
<b>TOTAL CURRENT LIABILITES</b>	<u>\$ 4,072.00</u>	<u>\$ 4,120.00</u>
 <b>NET POSITION</b>		
Unrestricted	\$ 181,653.14	\$ 216,525.95
<b>TOTAL NET POSITION</b>	<u>\$ 181,653.14</u>	<u>\$ 216,525.95</u>

The notes to the financial statements are an integral part of these statements.

**MONTGOMERY COMMUNITY IMPROVEMENT CORPORATION**  
**Statement of Cash Flows**  
**Years Ended December 31, 2016 and 2015**

	<u>2016</u>	<u>2015</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Cash Payments to Vendors	\$ (36,000.00)	\$ (7,300.00)
Cash Payments to Grantees		(12,575.00)
<b>NET CASH PROVIDED BY OPERATING ACTIVITIES</b>	<u>(36,000.00)</u>	<u>(19,875.00)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Earnings on Investments	1,253.03	985.00
Investments Matured	100,000.00	100,000.00
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>	<u>101,253.03</u>	<u>100,985.00</u>
<b>NET INCREASE (DECREASE) IN CASH</b>	\$ 65,253.03	\$ 81,110.00
<b>NET CASH AT BEGINNING OF YEAR</b>	<u>120,472.11</u>	<u>39,362.11</u>
<b>NET CASH AT END OF YEAR</b>	<u>\$ 185,725.14</u>	<u>\$ 120,472.11</u>

The notes to the financial statements are an integral part of these statements.



**Part III 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:

Promote Economic and Civic Development in the City of Montgomery, Ohio

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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?  Yes  No

If "Yes," describe these changes on Schedule O.

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.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

In 2015, the CIC entered into a contract with DSD Advisors to support the goal of developing the Gateway Redevelopment Project. DSD Advisors works with the CIC to promote the interests of the CIC on redeveloping vacant land and bringing jobs to the City of Montgomery.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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 35,952

**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)? <i>If "Yes," complete Schedule A . . . . .</i>		<input checked="" type="checkbox"/>
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .		<input checked="" type="checkbox"/>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III . . . . .</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>		<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>		<input checked="" type="checkbox"/>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>		<input checked="" type="checkbox"/>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>		<input checked="" type="checkbox"/>
c	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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>		<input checked="" type="checkbox"/>
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>		<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>		<input checked="" type="checkbox"/>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>		<input checked="" type="checkbox"/>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input checked="" type="checkbox"/>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>		<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>		<input checked="" type="checkbox"/>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>		<input checked="" type="checkbox"/>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>		<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		<input checked="" type="checkbox"/>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		<input checked="" type="checkbox"/>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		<input checked="" type="checkbox"/>
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? . . . . .		<input checked="" type="checkbox"/>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		<input checked="" type="checkbox"/>
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		<input checked="" type="checkbox"/>
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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		<input checked="" type="checkbox"/>
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		<input checked="" type="checkbox"/>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		<input checked="" type="checkbox"/>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		<input checked="" type="checkbox"/>
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		<input checked="" type="checkbox"/>
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<input checked="" type="checkbox"/>	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		<input checked="" type="checkbox"/>
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		<input checked="" type="checkbox"/>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<input checked="" type="checkbox"/>	

**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

		Yes	No		
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	0		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>			
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>			<input checked="" type="checkbox"/>
<b>2a</b>	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	<b>2a</b>	0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	<b>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>			<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>			<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>			<input checked="" type="checkbox"/>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<input checked="" type="checkbox"/>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			<input checked="" type="checkbox"/>
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>			<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>			<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			<input checked="" type="checkbox"/>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<input checked="" type="checkbox"/>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			<input checked="" type="checkbox"/>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			<input checked="" type="checkbox"/>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	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.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>			

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

**Section 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.		
1b	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? . . . . .		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
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? . . . . .		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body? . . . . .	<input checked="" type="checkbox"/>	
8b	b Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
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 . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
10b	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?	<input checked="" type="checkbox"/>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy? . . . . .		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official . . . . .		
15b	b Other officers or key employees of the organization . . . . .		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► OHIO
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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)
- 19 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.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
 Katie Smiddy, Finance Director, 10101 Montgomery Road, Montgomery, Ohio 45242 513-792-8349

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

Check if Schedule O contains a response or note to any line in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) 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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Chris Dobrozsi, Trustee	1	✓					0	2,400		
(2) Lynda Roesch, Trustee	1	✓					0	1,200		
(3) Mike Cappel	1	✓					0	1,200		
(4) Ann Combs	1	✓					0	1,200		
(5) Gerri Harbison	1	✓					0	1,200		
(6) Craig Margolis	1	✓					0	1,200		
(7) Ken Suer	1	✓					0	1,200		
(8) Wayne S. Davis, Executive Director	1			✓			0	152,415		
(9) Katie M. Smiddy	1			✓			0	57,650		
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) 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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

	Yes	No
<b>3</b> 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>		<input checked="" type="checkbox"/>
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<input checked="" type="checkbox"/>

**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

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . .						
<b>Program Service Revenue</b>		<b>Business Code</b>					
	<b>2a</b> -----						
	<b>b</b> -----						
	<b>c</b> -----						
	<b>d</b> -----						
	<b>e</b> -----						
	<b>f</b> All other program service revenue .						
<b>g Total.</b> Add lines 2a-2f . . . . .							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,079				
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .					
		<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities . . . . .					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
		<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b> -----							
	<b>b</b> -----						
		<b>c</b> -----					
			<b>d</b> All other revenue . . . . .				
	<b>e Total.</b> Add lines 11a-11d . . . . .						
<b>12 Total revenue.</b> See instructions. . . . .			1,079				

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages . . . . .				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .				
11 Fees for services (non-employees):				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .				
d Lobbying . . . . .	36,000			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees . . . . .				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .				
12 Advertising and promotion . . . . .				
13 Office expenses . . . . .				
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .				
17 Travel . . . . .				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .				
23 Insurance . . . . .				
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.)				
a -----				
b -----				
c -----				
d -----				
e All other expenses -----				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	35,952			
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	120,472	<b>1</b>	185,725
	<b>2</b> Savings and temporary cash investments . . . . .	100,000	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	174	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		220,646	<b>16</b>	185,725
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,000	<b>17</b>	3,000
	<b>18</b> Grants payable . . . . .	1,120	<b>18</b>	1,072
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .		4,120	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	216,526	<b>27</b>	181,653
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .		<b>33</b>	
<b>34</b> Total liabilities and net assets/fund balances . . . . .		220,646	<b>34</b>	185,725

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,079
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	35,952
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(34,873)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	216,526
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	181,653

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>	<input checked="" type="checkbox"/>	
<b>2b</b>	<input checked="" type="checkbox"/>	
<b>2c</b>	<input checked="" type="checkbox"/>	
<b>3a</b>	<input checked="" type="checkbox"/>	
<b>3b</b>	<input checked="" type="checkbox"/>	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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 [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization <b>Montgomery community Improvement Corporation</b>	Employer identification number <b>31-1132938</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% 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 **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** 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 must complete Part IV, Sections A and B.**
  - b  **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  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) City of Montgomery	16001072	Municipality	✓			
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 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 in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .						
<b>b</b> 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						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2016.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2015.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>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?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>If "No," describe in Part VI 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.</i>		
<b>2</b>	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>If "Yes," then in Part VI identify those supported organizations and explain 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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013 . . . . .			
d From 2014 . . . . .			
e From 2015 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013 . . . . .			
c Excess from 2014 . . . . .			
d Excess from 2015 . . . . .			
e Excess from 2016 . . . . .			



**SCHEDULE O  
(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2016**

**Open to Public  
Inspection**

▶ 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](http://www.irs.gov/form990).

Name of the organization

Employer identification number

**Montgomery Community Improvement Corporation**

**31-1132938**

PT VI Line 11a 990 reviewed at Board Meeting

Pt VI Line 12c The Corporation's conflict of interest policy covers any trustee or officer. The policy places a duty on those covered by the policy to disclose any financial interest he or she may have and any entity with which the Montgomery Community Improvement Corporation has or may have a transaction or arrangement. If it is determined that an actual conflict of interest exists, the Board is authorized to take appropriate corrective action in order to ensure that the conflict does not impact the Montgomery Community Improvement Corporation's business.



## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to [www.irs.gov/form990](http://www.irs.gov/form990).

### Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Don't use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

### Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization isn't required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

## Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

**Late return.** If the return is not filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. **Don't use** this schedule to provide the late-filing statement.

**Amended return.** If the organization checked the *Amended return* box on Form 990, *Heading*, item B, or Form 990-EZ, *Heading*, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

**Group return.** If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Don't use** this schedule. See the Instructions for Form 990, *I. Group Return*.

**Form 990, Parts III, V, VI, VII, IX, XI, and XII.** Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

1. Part III, *Statement of Program Service Accomplishments*.

- "Yes" response to line 2.
- "Yes" response to line 3.
- Other program services on line 4d.

2. Part V, *Statements Regarding Other IRS Filings and Tax Compliance*.

- "No" response to line 3b.
- "Yes" or "No" response to line 13a.
- "No" response to line 14b.

3. Part VI, *Governance, Management, and Disclosure*.

- Material differences in voting rights among members of the governing body in line 1a.
- Delegation of governing board's authority to executive committee in line 1a.
- "Yes" responses to lines 2 through 7b.
- "No" responses to lines 8a, 8b, and 10b.
- "Yes" response to line 9.
- Description of process for review of Form 990, if any, in response to line 11b.
- "Yes" response to line 12c.
- Description of process for determining **compensation** in response to lines 15a and 15b.

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

i. If applicable, in response to line 18, an explanation as to why the organization checked the "Other" box or didn't make any of Forms 1023, 1024, 990, or 990-T publicly available.

j. Description of public disclosure of documents in response to line 19.

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

a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.

b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).

5. Explanation for Part IX, *Statement of Functional Expenses*, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

6. Explanation for Part IX, *Statement of Functional Expenses*, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

7. Part XI, *Reconciliation of Net Assets*. Explain any other changes in net assets or fund balances reported on line 9.

8. Part XII, *Financial Statements and Reporting*.

a. Change in accounting method or description of other accounting method used on line 1.

b. Change in committee oversight review from prior year on line 2c.

c. "No" response to line 3b.

**Form 990-EZ, Parts I, II, III, and V.** Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions.

1. Part I, *Revenue, Expenses, and Changes in Net Assets or Fund Balances*.

a. Description of other revenue, in response to line 8.

b. List of grants and similar amounts paid, in response to line 10.

c. Description of other expenses, in response to line 16.

d. Explanation of other changes in net assets or fund balances, in response to line 20.

2. Part II, *Balance Sheets*.

a. Description of other assets, in response to line 24.

b. Description of total liabilities, in response to line 26.

3. Description of other program services in response to Part III, *Statement of Program Service Accomplishments*, line 31.

4. Part V, *Other Information*.

a. "Yes" response to line 33.

b. "Yes" response to line 34.

c. Explanation of why organization didn't report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.

d. "No" response to line 44d.

**Other.** Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



**Don't include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available for public inspection.**

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

Montgomery Community Improvement Corporation

31-1132938

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <u>City of Montgomery, Ohio</u>	<u>Municipality</u>	<u>Ohio</u>	<u>170(b)(1)(A)(vi)</u>				<input checked="" type="checkbox"/>
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**Part V 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
<b>1</b>	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b>	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
<b>b</b>	Gift, grant, or capital contribution to related organization(s)		✓
<b>c</b>	Gift, grant, or capital contribution from related organization(s)		✓
<b>d</b>	Loans or loan guarantees to or for related organization(s)		✓
<b>e</b>	Loans or loan guarantees by related organization(s)		✓
<b>f</b>	Dividends from related organization(s)		✓
<b>g</b>	Sale of assets to related organization(s)		✓
<b>h</b>	Purchase of assets from related organization(s)		✓
<b>i</b>	Exchange of assets with related organization(s)		✓
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s)		✓
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s)		✓
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s)		✓
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s)		✓
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
<b>o</b>	Sharing of paid employees with related organization(s)		✓
<b>p</b>	Reimbursement paid to related organization(s) for expenses		✓
<b>q</b>	Reimbursement paid by related organization(s) for expenses		✓
<b>r</b>	Other transfer of cash or property to related organization(s)		✓
<b>s</b>	Other transfer of cash or property from related organization(s)		✓

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
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(15) -----													
(16) -----													

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See Instructions.

Area with horizontal dashed lines for providing supplemental information.

February 24, 2017

TO: Wayne S. Davis, City Manager

FROM: Tracy Roblero, Community Development Director *TR*

SUBJECT: Historic preservation matching grant for the Parrot-Smith House

**Request**

It is requested that the Montgomery Community Improvement Corporation consider a request for a historic preservation matching grant from Forrest Smith to replace the existing roof with a new fiberglass shingle that has the appearance of slate on the Parrot-Smith House located at 7712 Cooper Road.

**Financial Impact**

The financial impact will be \$5,900 which is fifty percent of the total quote provided by Fasten-Pro Roofing, LLC.

**Background**

The Parrot-Smith House was built in 1897 and represents one of the City's best and only craftsman bungalow style homes. The building displays many of the defining features of the craftsman style: a low pitch roof, a large front porch beneath the extension of the main roof, hand-crafted rough cut stone foundation and the use of shiplap wood siding. The property has gone through a number of ownership changes since the home was originally constructed; however, the house has not changed significantly. The current owners, Forrest and Johan Smith, have lived there since 1971, agreeing to its designation as a Montgomery Landmark in 1999.

Mr. Smith applied for a Certificate of Approval to remove the existing roof and replace it with a fiberglass shingle that has the appearance of slate. The work would include any necessary prep work to the decking and new flashing. The craftsman bungalow style of the house results in a low pitch roof resulting in high visibility of the roof material from the front of the housing. Therefore, the appearance of the roof material is an important feature to the look of the Landmark.

**Landmarks Consideration**

The Landmarks Commission met on February 8 to review this application. Following a discussion on the appropriate roof material and the appropriate color, the Landmarks Commission voted to unanimously to approve the application with the condition that the roof color be Smokey Quartz.

**Staff Recommendation**

Staff supports the action of the Landmarks Commission and recommends approval of the historic preservation matching grant to Forrest Smith for a new roof for the Parrot-Smith House located at 7712 Cooper Road in the amount of \$5,900.

**CITY OF MONTGOMERY  
LANDMARKS COMMISSION**

**Application for Approval of Re-Roof: 7712 Cooper Road  
Parrott-Smith Landmark**

**Applicant:** Forrest Smith Jr.  
7712 Cooper Rd.  
Montgomery, Ohio 45242

**Property Owner:** Same as above

**Nature of Request:**

Applicant is requesting approval to remove existing three - tab shingle roof and replace with a fiberglass shingle that has the appearance of slate. The work would include any necessary prep work to the decking and new flashing. The new fiberglass shingle is called Highland Slate which is intended to provide the look, texture and tone of natural slate.

**Zoning:**

The home is located in the 'A' Residential District and is not within the Heritage Overlay District; however, it is a listed Landmark. Changes in the exterior color, texture, or material to a landmark must be approved by the Landmarks Commission. Chapter 151.1405 (d)(4) states that asphalt/fiberglass shingles may be used as a roof replacement if they are a uniform color, however natural slate, copper, wood or standing seam metal roofing is preferred.

**Staff Findings:**

1. The current roof is an asphalt shingle in a light green color
2. The craftsman bungalow style of the house results in a low pitch roof with high visibility of the roof material from the front of the house, making the appearance of the roof material an important feature of the look of the Landmark
3. The Landmark sits back off of the street so it is not highly visible from Cooper Road
4. The fiberglass slate, while not as desirable as a true slate, is a high quality (50 year warranty) roof that will have a better look than the current roof or a replacement dimensional shingle roof
5. The applicant has indicated that he is flexible in the color selection
6. The applicant is also applying for a historic preservation matching grant to help cover the added cost that the fiberglass slate roof costs
7. Staff believes that the Smokey Quartz or New England Slate would be good selections

**Staff Recommendation:**

While a true slate would be desirable, it is not known for sure what the original roofing material was for this Landmark. The fiberglass shingle which gives the appearance of slate is preferable to the standard dimensional shingle. Therefore, Staff is in support of this application as well as the applicant for the Historic Preservation Matching Grant. Staff would suggest either the Smokey Quartz or New England Slate for the color of the new roof.

Landmark Commission  
Application for Certificate of Approval

Owner Name: Jonest Smith Jr.

Address: 7712 COOPER RD.

Owner Phone Number: 793.0887

Business Name (if applicable): —

Business Owner & Phone Number: —

Landmark Building: Yes  No

Heritage District: Yes  No

Proposed Work:

NEW ROOF

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Date: 1-17-2017

Owner's Signature: Jonest Smith



# FASTEN-PRO ROOFING, LLC.

RESIDENTIAL ROOFING • GUTTERS

January 17, 2017

## PROPOSAL - ROOF REPLACEMENT WITH 50 YEAR HIGHLAND SLATE SHINGLES AND SYSTEM WARRANTY

Forest Smith

7712 Cooper Rd

Cincinnati, OH 45242

(513) 793-0887

We hereby propose to furnish the materials and perform the labor necessary for the completion of the following at 7712 Cooper Rd:

1. Tear off existing roof to deck on main house (detached garage is not included).
2. Inspect and replace any damaged decking at \$45.00 per 4'x8' sheet. The first 100 square feet of decking will be replaced at no cost. Any additional wood work will be done on a time and material basis.
3. Install CertainTeed Roofer's Select felt over entire deck.
4. Install new CertainTeed shingle over ridge vent at ridge line.
5. Install CertainTeed Winter Guard at low slope roof elevation, eaves and valley areas. Install pre-painted W-valley in each valley.
6. Install new CertainTeed High Performance starter shingles at eaves and rakes.
7. Install new CertainTeed Highland Slate 50 year shingles per manufacturer's specifications. Fasten-Pro Roofing is a certified installer of CertainTeed and is proposing a 4 Star Roof System (price is included).
8. Paint existing b-vent to match new roof.
9. Install drip edge at gables and gutter apron at eaves.
10. Replace all step and base flashings at all wall details with oversized step flashings.
11. Install two new 3" pipe boot flashings.
12. Re-flash all brick chimneys with 40# tin. Solder all laps and seams and paint to match the new roof. Apply Crown Coat to chimney crown and seal with Hydro Seal.
13. All gutters shall be cleaned and tightened where needed upon completion.
14. Estimate includes clean up and disposal of all shingle debris and related material. A complete magnet sweep will be conducted throughout the length of the project and upon completion.
15. Work completed by Fasten Pro Roofing is covered by a ten year labor warranty.
16. A material deposit of \$5,600.00 is due before the project is to begin as well as a shingle color selection.
17. The total amount of the project listed above is \$11,800.00 for labor and material. The proposal is only valid for 15 days from the date of this proposal.

Signature of acceptance: \_\_\_\_\_ Date: \_\_\_\_\_

### SPECIAL NOTES:

- 1.) If Permit is required the permit fee will be an additional cost that will be applied to the final invoice.
- 2.) Fasten Pro Roofing is not responsible for drywall or plaster cracks that can occur during roofing project.
- 3.) Not responsible for lost satellite reception.

Payment is due upon completion of work

Warranties will be issued when final payment is received.

We appreciate the opportunity to serve you. Please contact us at 513-774-9495 with any questions you may have.

Thank You,

Fasten-Pro Roofing, LLC.

Fasten-Pro Roofing, LLC - 581 Branch Hill Loveland Road - Loveland, Ohio 45140 - Office: 513-774-9495- Fax: 513-774-0048

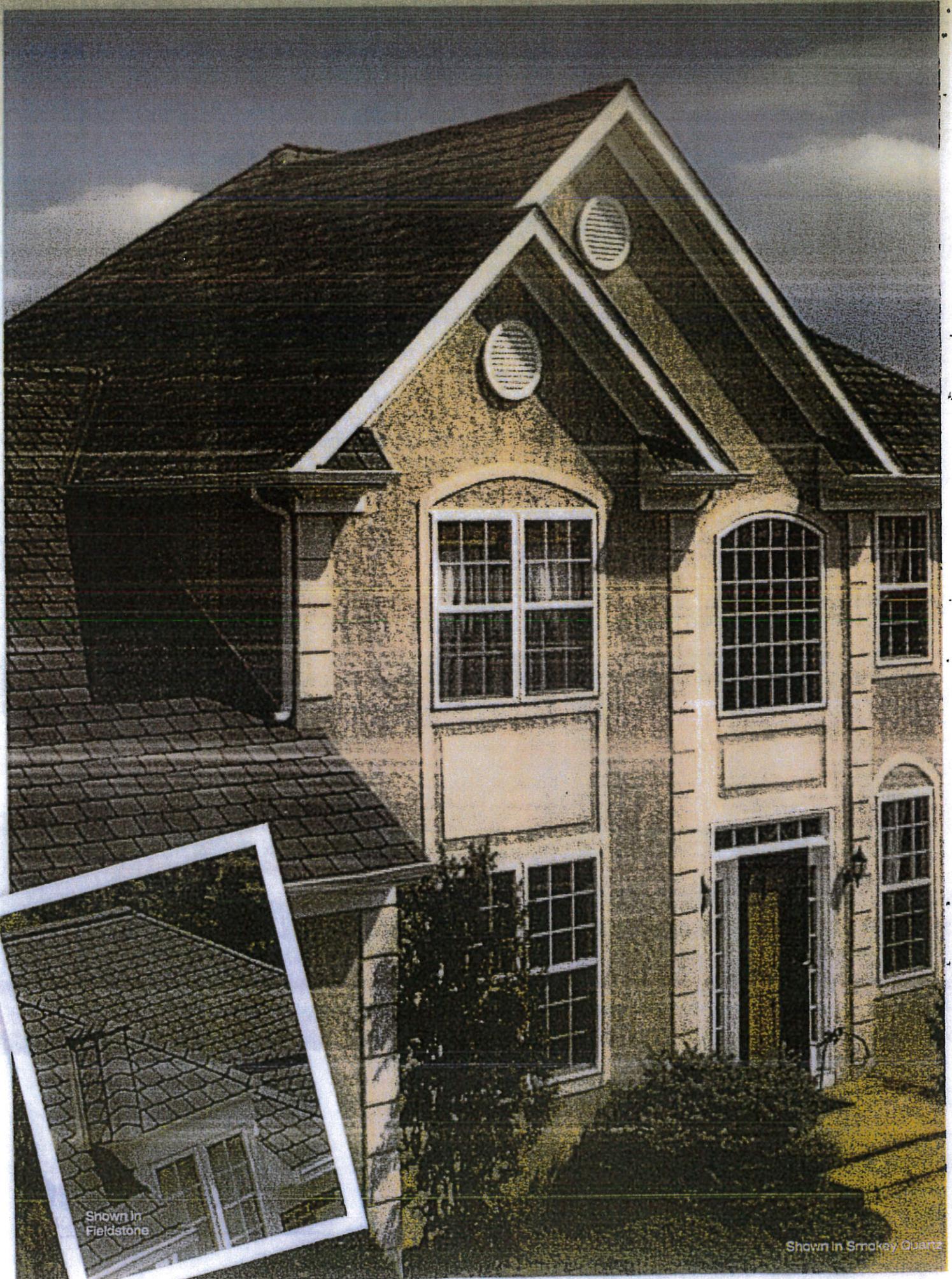
CertainTeed  
Highland Slate®  
Designer Shingles



Est. 1665

Shown In: Roof - Fieldstone; Siding - Cedar Impressions®  
Double 7' Perfection Shingles - Seagrass

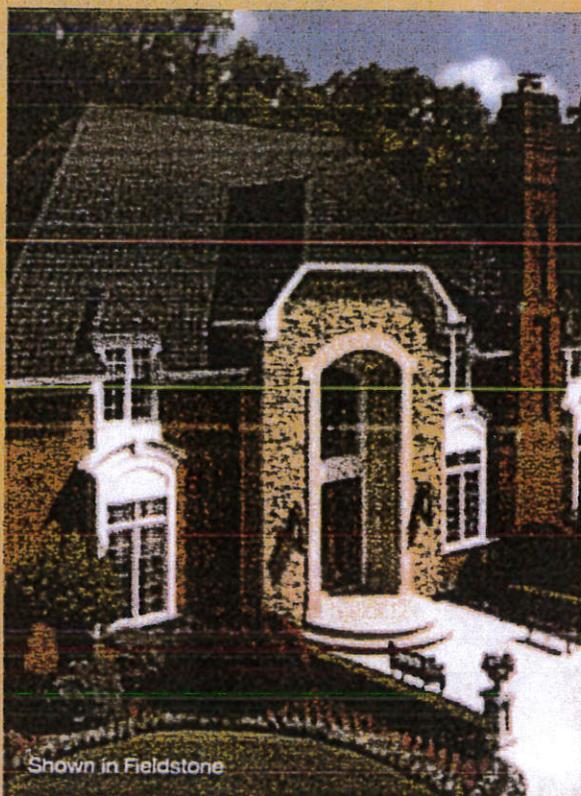
**CertainTeed**  
SAINT-GOBAIN



Shown In  
Fieldstone

Shown In Smokey Quartz

# Highland Slate<sup>®</sup> with **STREAK** Fighter<sup>™</sup>



Shown in Fieldstone

when  
your home  
is your  
castle



## specifications

- Single-layer fiber glass-based construction
- Authentic depth and dimension of natural slate
- 240 lbs. per square

CertainTeed products are tested to ensure the highest quality and comply with the following industry standards:

### Fire Resistance:

- UL Certified to meet ASTM D3018, Type 1
- UL 790 Class A
- ASTM E 108 Class A

### Wind Resistance:

- UL 2390/ASTM D 6381 Class H
- ASTM D3161 Class F

### Impact Resistance:

- Highland Slate IR is UL2218, Class 4 (select colors only)

### Tear Resistance:

- UL Certified to meet ASTM D3462
- CSA Standard A123.5

### Wind Driven Rain Resistance:

- Miami-Dade Product Control Acceptance: Please referencé [www.certainteed.com](http://www.certainteed.com) to determine approved products by manufacturing location.

### Quality Standards:

- ICC-ES-ESR-1389

## Highland Slate and Highland Slate IR warranty

- Lifetime limited transferable warranty against manufacturing defects on residential applications
- 50-year limited transferable warranties against manufacturing defects on group owned or commercial applications
- 15-year StreakFighter<sup>®</sup> algae-resistance warranty
- 10-year SureStart<sup>™</sup> protection
- 15-year 110 mph wind-resistance warranty
- Wind warranty upgrade to 130 mph available. CertainTeed starter and CertainTeed hip and ridge required

See actual warranty for specific details and limitations.

Shown in  
Smokey Quartz

## AFFORDABLE OLD-WORLD LUXURY

The elegance of a Scottish estate.  
The ruggedness of a windswept landscape.  
And an enduring value that inspires compliment  
after compliment.

Highland Slate is performance on or off the rocky  
bluffs of Scotland. It's natural, affordable protection -  
from the ancient Highlands to a tree-lined neighborhood.



# Highland Slate®

## Like A Rock

Cut to a true craggy profile, Highland Slate has the look, texture and tone of natural slate with a dark shadow line to accentuate its appeal from the curb. Each tab is individually colored by state of the art Precision Color technology to provide a rich, deep, hue and its four-across tab is the ideal design to deliver color, contrast, and perfection when mounted.

## A Perfect Storm

Wind, rain, snow, ice - this slate-like shingle performs at its best when the weather is at its worst. Highland Slate is rated where the winds howl - 110 mph - and it carries a full wind-resistance warranty.

Plus, the Impact Resistant version protects against the impact of hail and ice with a shingle that's among the best in the industry.

## Suit of Armor

The weave, pattern and fleck of natural slate is in the essence of the character that Highland Slate brings to your roof. With eight premium color blends, Highland Slate is a smooth finish to rugged protection.

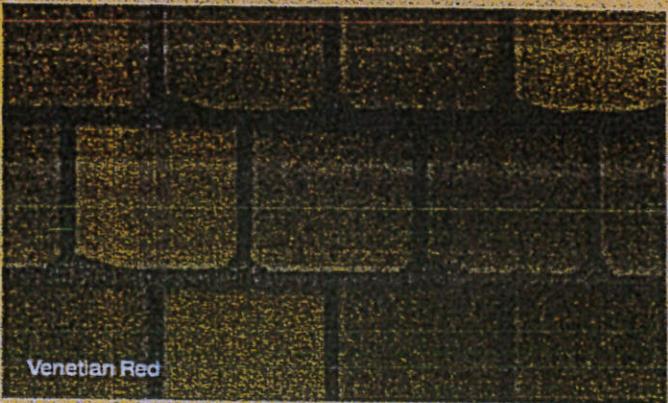
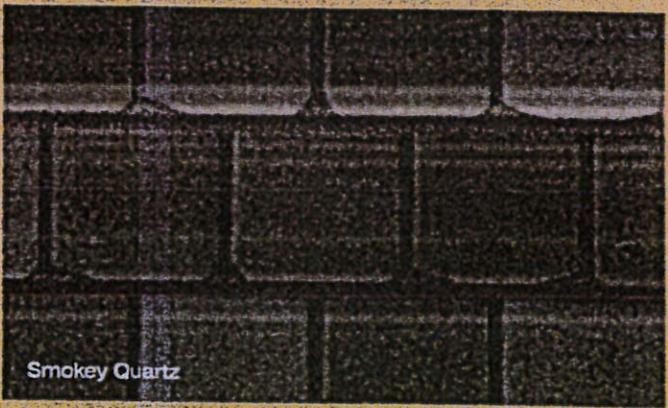
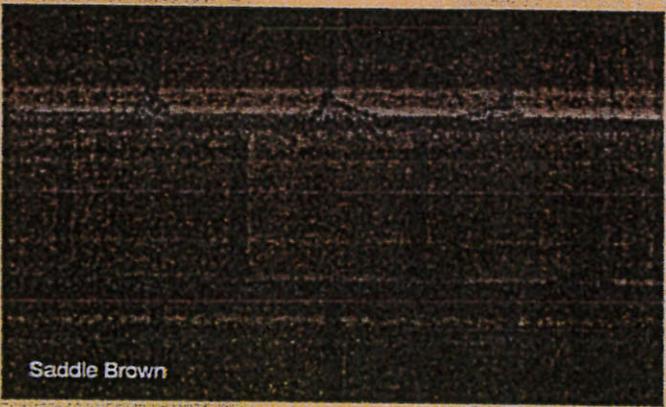
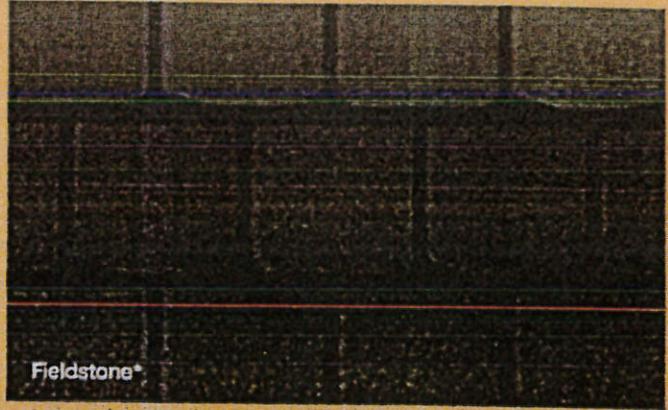
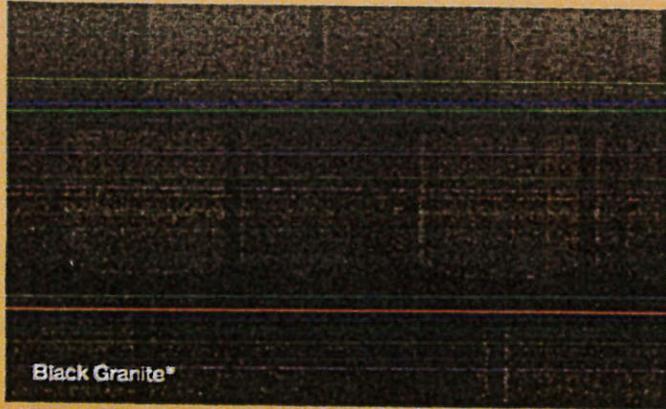
## Everyday Majesty

Beauty. Value. Protection.

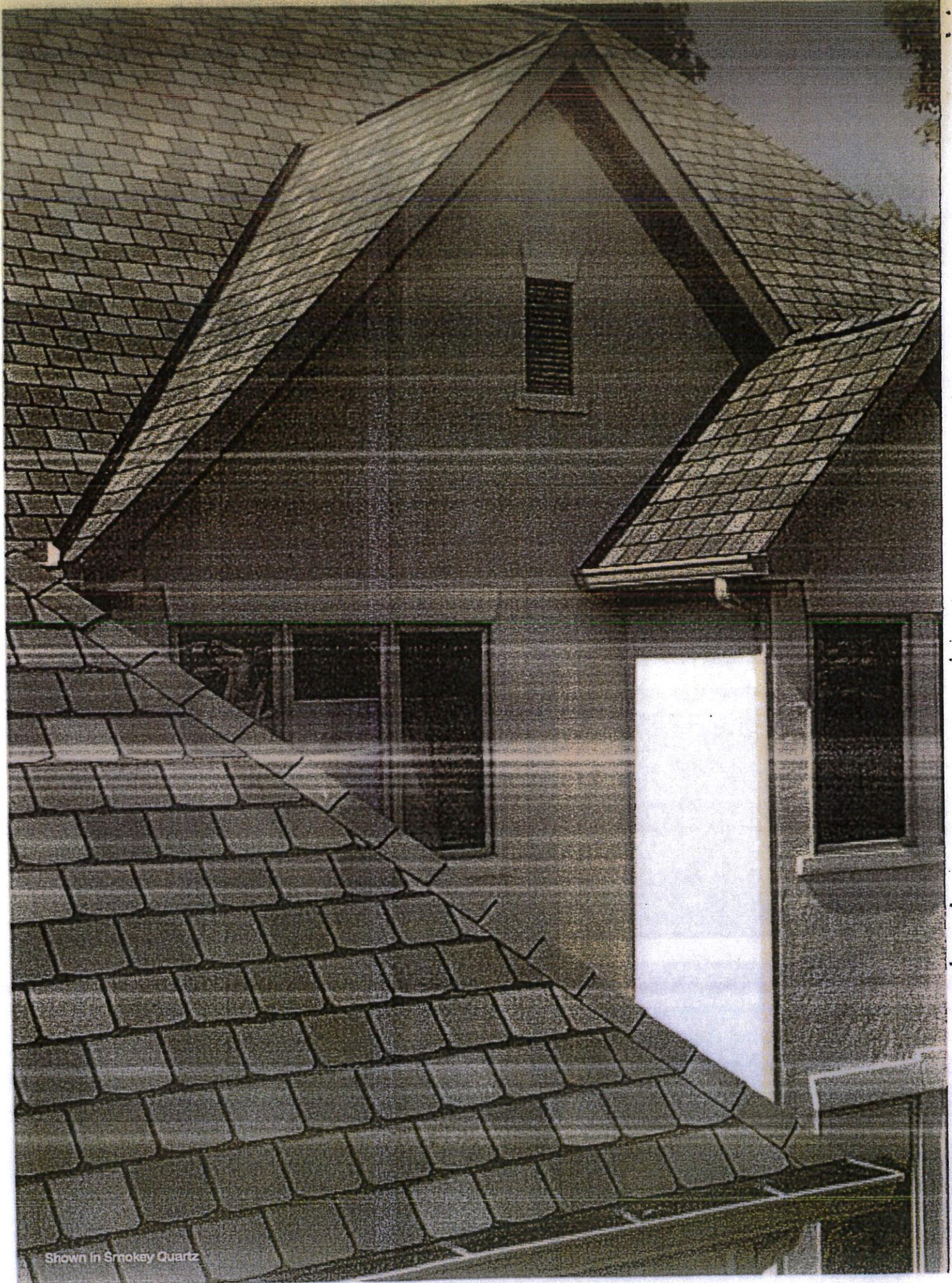
And a lifetime limited transferable warranty against manufacturing defects on residential applications. Protect yourself against the elements with the old-world affordable luxury of Highland Slate.

**CertainTeed**  
SAINT-GOBAIN

# Highland Slate® color palette



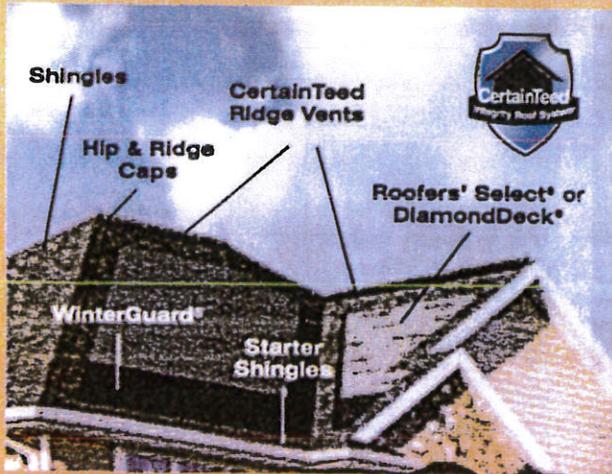
*\*Available in Impact Resistant version*



Shown In Smokey Quartz

# Integrity Roof System™

A systems approach combines high-performance components - underlayments, shingles, accessory products and ventilation - to make the Integrity Roof System a complete roofing solution. When you choose an Integrity Roof System, you gain the advantage of having CertainTeed as your single manufacturing source to stand behind its roof system components.



## WinterGuard®

Waterproofing shingle underlayment prevents leaks from wind-driven rain and ice dams in vulnerable areas.

## Roofers' Select® or DiamondDeck®

High-performance underlayment provides a protective water-resistant layer over the roof deck and a secondary barrier against leaks.

## Starter Shingles

Starter shingles are designed to work specifically with each different type of CertainTeed shingle for maximum performance.

## CertainTeed Shingles

High quality shingles available in a wide variety of styles and colors, covered by the strongest warranty in the business.

## Flat Roofs

Flintlastic roofing products are available for flat roof areas.

## Hip & Ridge Caps

Accessory shingles are used to finish the hips and ridges of the roof and are designed to complement the appearance of CertainTeed shingles.

## CertainTeed Ridge Vents

CertainTeed Ridge Vents combined with sufficient intake vents, such as CertainTeed Intake Vents, are the most effective ventilation system.

# easy selection

Add a little accent to your roof.

## Cedar Crest®

Cedar Crest hip and ridge accessories feature blended colors and an upgraded medium profile with two full layers of premium materials for a striking dimensional appearance that coordinates with Highland Slate shingles.

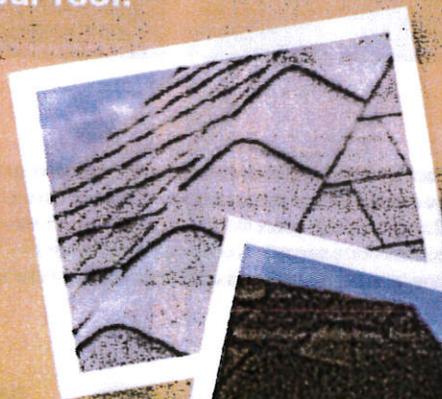
## Shangle Ridge

For a stylish finishing touch to hips and ridges, choose Shangle Ridge® hip and ridge accessories. Shangle Ridge is designed specifically to complement Highland Slate shingles.

## Color Companion Products™

With CertainTeed Flintlastic® SA, you can coordinate flat roof areas like carports, canopies and porches with your main roof. Flintlastic SA is a self-adhering low slope roofing product available in eight colors that match some of the most popular CertainTeed shingles. Ask your contractor for more information.

NOTE: Due to limitations of printing reproduction, CertainTeed can not guarantee the identical match of the actual product color to the graphic representations throughout this publication.



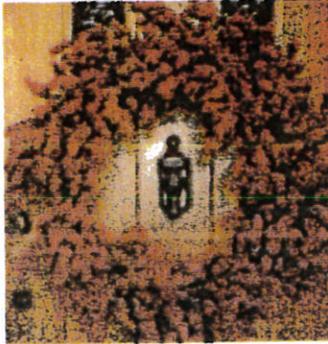
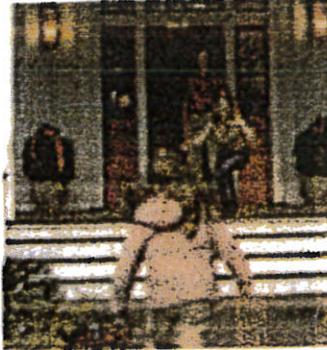
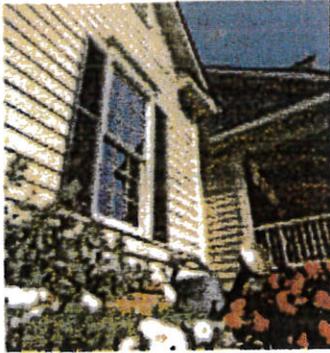
Your home is a reflection of your lifestyle.

From the way your furniture complements  
your wall colors to the way your roofline  
interacts with the landscaping.



What does your home say about you?

# Living Spaces® Outdoors



For 350 years, Saint-Gobain has designed and manufactured innovative products and solutions that have improved the lives of people the world over. Nowhere is this legacy truer than with CertainTeed Corporation. For more than 110 years, our company has proudly helped redefine the North American living experience, offering innovative products that turn a house into a home and a building into a dynamic and sustainable sensory experience.



**PARTNER OF THE YEAR**  
Sustained Excellence

we are proud of our commitment to designing  
high quality, sustainable roofing products.

### Reaching for the ENERGY STARS.

As a 2014 ENERGY  
STAR Sustained  
Excellence recipient for  
Energy Management,



process and test our finished products. The result is superior  
performance from beginning to end.

The best formula under  
one roof. We start with  
the highest-quality raw  
materials and add state-  
of-the-art technology to  
monitor our manufacturing

## ASK ABOUT ALL OF OUR OTHER CERTAINTEED® PRODUCTS AND SYSTEMS:

ROOFING • SIDING • TRIM • DECKING • RAILING • FENCE  
GYPSUM • CEILINGS • INSULATION

[www.certainteed.com](http://www.certainteed.com) <http://blog.certainteed.com>

CertainTeed Corporation  
P.O. Box 860  
Valley Forge, PA 19482

Professional: 800-233-8990  
Consumer: 800-782-8777

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Code No. 20-20-3218



These Landmarks Commission Minutes are a draft. They do not represent the official record of proceedings until formally adopted by the Landmarks Commission. Formal adoption is noted by signature of the Clerk within the Minutes.

**CITY OF MONTGOMERY  
REGULAR LANDMARKS COMMISSION MEETING  
February 8, 2017**

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4

<u>PRESENT</u>		
<u>GUESTS &amp; RESIDENTS</u>		<u>STAFF</u>
<b>Gary Betz</b> Facilities Manager Mason House Historic Landmark 9257 Montgomery Rd. 45242	<b>Forrest Smith, Jr.</b> 7712 Cooper Road Montgomery, OH 45242	<b>Tracy Roblero, Community Development Director</b> <b>Karen Bouldin, Secretary</b>
		<b><u>BOARD MEMBERS</u></b> Acting Chairman Steve Schmidlin <b>David Clark</b> <b>Jane Garfield</b> <b>Mark Stella</b>
		<b><u>BOARD MEMBERS NOT PRESENT</u></b> <b>Doug Hughes, Vice Chairman</b> <b>Stephen Raab</b> <b>Larry Schwartz</b>
		<b><u>CONSULTANTS PRESENT</u></b> <b>John Grier, John Grier Architects</b> <b>Beth Sullebarger, Sullebarger Assoc.</b>

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**Election of Officers**

Ms. Garfield moved to nominate Mr. Schwartz as Chairman for a period of one (1) year, beginning February 1, 2017.

Mr. Stella seconded the motion.

No other nominations were brought to the floor.

Mr. Clark moved to close nominations. Mr. Stella seconded.

The Commission unanimously approved the motion to close all nominations.

The Commission unanimously approved Mr. Schwartz as Chairman.

Ms. Garfield nominated Mr. Hughes for Vice Chairman.

Mr. Stella seconded the motion.

No other nominations were brought to the floor.

Mr. Stella moved to close nominations for Vice Chairman. Mr. Clark seconded.

The Commission unanimously approved the motion to close all nominations.

The Commission unanimously approved Mr. Hughes as Vice Chairman.

Acting Chairman Schmidlin presented the Rules of Order and Procedure governing the Landmarks Commission of the City of Montgomery, Ohio, originally adopted in March, 2002.

He asked all members if there was any discussion or changes. There were none.

Mr. Stella moved to affirm the Rules, as presented.

Mr. Clark seconded.

The Commission unanimously approved.

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Landmarks Commission Meeting

February 8, 2017

29 Acting Chairman Schmidlin called the meeting to order at 7:05 p.m. All in attendance introduced  
30 themselves.

31

32 **Guests and Residents**

33 There were no guests or residents who wished to speak about items that were not on the agenda.

34

35 **Staff Update**

36 Ms. Roblero stated that the City is soon-to-be the proud owner of approximately 10 ½ acres at the  
37 terminus of Ronald Reagan and Cross County Highway. The City is in the 180-day due diligence  
38 period. Mr. Donnellon is attempting to obtain an answer from the FAA regarding the beacon for  
39 Lunken Airport, to get an agreement that they will move it before the round-about is constructed.

40

41 Staff stated that City Council approved the expansion of a conditional use to allow for a building  
42 addition for the Public Works building.

43

44 Ms. Roblero noted that Twin Lakes has submitted their building permits for the retail building on  
45 the main campus. They are also planning to come forward with their Final Development Site Plan  
46 for the Memory Care Assisted Living Building in March. They will begin to clear trees on the site  
47 – an article will come out in the March issue of the *Montgomery Bulletin*. All of the trees from First  
48 Financial --all the way to the Safety Center will be cleared, but they will leave a buffer around the  
49 creek, as well as around the Montgomery Road site, closest to the Safety Center. She noted that this  
50 will be a major landscape change on Montgomery Road. Their goal is to have this completed by  
51 March 31.

52

53 Ms. Roblero stated that the MCLA session on Finance on Economic Development was held last  
54 week. There was also a Community Leadership Forum held on Saturday, which was well attended.

55

56 Staff stated that last Tuesday, she participated in the First Suburbs Consortium, as one of 3, on the  
57 Housing Panel. This meeting was double the normal attendance and well received.

58

59 On Friday, Ms. Roblero led a Northeast Suburbs Housing Round Table. Attendance included  
60 community development directors and city managers of surrounding neighborhoods – Wyoming,  
61 Madeira, Blue Ash, Loveland and Sycamore. Amberley was not able to attend. She pointed out  
62 that they are all experiencing the same situations – rising house prices and attempting to find the  
63 solutions to having diversity in housing stock.

64

65 As part of the Housing Development goal, she will meet next with housing developers and realtors.  
66 The next step will be to turn over the information to Planning Commission and City Council.

67

68 Staff noted that City Council appointed a new member, Mr. Laith Alfaqih, from the Environmental  
69 Advisory Commission, also an MCA graduate.

70

71 **Old Business**

72 There was no old business to discuss.

73

74

75

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Landmarks Commission Meeting

February 8, 2017

76 **Communications**

77 There were no communications to report.

78

79 **New Business -1**

80 ***Application for Certificate of Approval for installation of a new roof on the Parrott Smith House***  
81 ***at 7712 Cooper Road.***

82

83 **Staff Update**

84 Mr. Roblero reviewed the Staff Report, "Application for Approval of Re-Roof: 7712 Cooper Road,  
85 Parrott-Smith Landmark".

86

87 **Mr. Forrest Smith, 7712 Cooper Road, Montgomery, OH 45242** stated that he and his wife  
88 have lived in this home for 46 years; attempting to keep the home well-maintained. He had  
89 received a letter from the City announcing the matching grant and would like to utilize the grant  
90 money to put on a new roof.

91

92 Acting Chairman Schmidlin asked what material the original roof had been. Mr. Smith was not  
93 sure, but stated that when he bought the home 46 years ago there was a slate roof. All of the nails  
94 rusted and the slate slipped out. He couldn't find anyone to fix the roof. Landmarks members  
95 discussed and thought that may have been the original roof.

96

97 Mr. Smith showed members a brochure, samples, and the true color of the shingle he would like to  
98 purchase. He pointed out that the 3 tab shingle had a 30 year guarantee; his preference had a 50  
99 year guarantee. He favored the smokey quartz color. He stated that his proposed shingle cost  
100 \$2,000 more than a dimensional shingle. This roofer had done work for him in the past and he  
101 wanted to stay with him.

102

103 Mr. Grier read into the record his February 8, 2017 Report, regarding 7712 Cooper Road, giving his  
104 opinion that these shingles did not comply with the Code because they were not uniform in color  
105 and were not a three-tab shingle. Ms. Roblero explained that the Zoning Code had been revised and  
106 no longer required a three-tab shingle. Mr. Grier reconsidered his comment, and then agreed with  
107 Mr. Smith's shingle choice and color.

108

109 There was some discussion and all members were in favor of Mr. Smith's choices.

110

111 Mr. Smith invited all of the members to come and tour the inside of the home, when the roofing had  
112 been completed.

113

114 **Mr. Gary Betz, Facility Manager, Mason House Historic Landmark, 9257 Montgomery Rd.**  
115 **45242** stated that there is a three page letter that he wrote about the history of 3 tab shingles (in  
116 Montgomery's Landmark minutes' archives). He noted that 3 tab shingles were only suitable for a  
117 limited number of buildings, because they weren't well developed until 1925. That is the reason  
118 that the requirement was deleted from the Zoning Code. He also wanted to point out the fact that  
119 architectural shingles are typically much more resistant to wind, than 3-tab shingles. He believed  
120 this shingle chosen looked far superior to a 3-tab shingle. He was in support of Mr. Smith's choice.

121

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Landmarks Commission Meeting

February 8, 2017

122 ***Mr. Clark moved to approve the Application for Certificate of Approval for the installation of a***  
123 ***new roof, with the shingle color of “Smokey Quartz”, on the Parrott-Smith Landmark House***  
124 ***located at 7712 Cooper Road, based upon the information dated January 17, 2017, submitted by***  
125 ***Forrest Smith, Jr.***

126  
127 ***Ms. Garfield seconded the motion.***

128  
129 ***The roll was called and showed the following vote:***

130  
131 ***AYE: Mr. Clark, Mr. Stella, Ms. Garfield, Acting Chairman Schmidlin (4)***  
132 ***NAY: (0)***  
133 ***ABSENT: Mr. Hughes, Mr. Raab, Mr. Schwartz (3)***  
134 ***ABSTAINED: (0)***

135  
136 This motion is approved.

137  
138 **New Business - 2**  
139 ***Selection of 2017 Landmark Ornament***

140  
141 Ms. Roblero showed members the photo board of Montgomery’s landmarks, pointing out the homes  
142 that were still available to have ornaments designed after them.

143  
144 Ms. Garfield asked for a recommendation by Staff. Ms. Roblero felt that the Grover-Kjellenberg  
145 House would be a good choice because the owner had lived there in the house for years and had  
146 recently done work on the house. Mr. Clark asked if she knew if they would put it back on the  
147 market. Ms. Roblero felt it was very likely.

148  
149 There was discussion about looking at architectural design in the City, to possibly prevent homes  
150 being built right next door to other homes and dwarfing them. There was also discussion  
151 concerning the price point of homes in the City. Ms. Roblero noted that this was part of the  
152 Strategic Plan and it is the topic of several public outreach efforts. After input is compiled, Staff  
153 will complete a White Paper on housing for consideration by the Planning Commission and City  
154 Council to create a housing strategy.

155  
156 Mr. Stella suggested the Hoffman House as the 2017 ornament, noting that they have kept the home  
157 well maintained.

158  
159 There was discussion, and members agreed on the Hoffman House.

160  
161 ***Mr. Stella moved to nominate the Hoffman House for the 2017 Landmark ornament.***

162  
163 ***Mr. Clark seconded the motion.***

164  
165 ***The Commission unanimously approved.***

166  
167  
168

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Landmarks Commission Meeting

February 8, 2017

169 **Other**

170 There were no other items to discuss.

171

172 **Minutes**

173 Mr. Stella moved to approve the minutes of December 14, 2016, as amended

174 Ms. Garfield seconded the motion. The Commission unanimously approved the minutes.

175

176 **Adjournment**

177 Ms. Garfield moved to adjourn. Mr. Clark seconded the motion.

178 The meeting adjourned at 8:10 p.m.

179

180

181

182

183

184

185

186 \_\_\_\_\_  
Karen Bouldin, Clerk

\_\_\_\_\_ Date  
Steve Schmidlin, Chairman, Pro-Tem

187

188 /ksb

189

*These minutes are a draft of the proposed minutes from the Community Improvement Corporation. They do not represent the official record of proceedings until formally adopted by the Corporation. Formal adoption is noted by signature of the Secretary/Treasurer within the minutes.*

City of Montgomery  
Community Improvement Corporation  
Meeting of the Board of Trustees  
December 21, 2016

**Present**

Wayne Davis, Executive Director  
Terry Donnellon, Law Director  
Tracy Roblero, Assistant Executive Director  
Katie Smiddy, Finance Director  
Julie Kipper, Acting Clerk of Council

**Members Present**

Craig Margolis, President  
Mike Cappel  
Gerri Harbison  
Lynda Roesch  
Chris Dobrozsi  
Ken Suer  
Ann Combs

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President Margolis called the Meeting of the Board of Trustees of the Community Improvement Corporation (CIC) to order at 5:45 p.m. at Montgomery City Hall.

**Minutes**

President Margolis asked for a motion to approve the minutes from the September 7, 2016 Meeting of the Board of Trustees.

Mr. Cappel moved to approve the minutes. Mr. Dobrozsi seconded. The minutes were unanimously approved.

**New Business**

**Historic Preservation Matching Grant Program**

Mr. Margolis stated that this request is a renewal of a very successful program that has been done in the past that was discussed at the November 7, 2016 Planning, Zoning and Landmarks Committee of Council meeting. He stated that the Landmark buildings are a trademark of our community and they can be very expensive to maintain. This program would help assist owners of Landmark properties in the repair and maintenance of these buildings. He stated it is a great example of a public-private partnership.

Ms. Roblero stated that this program, approved by the CIC at its' meeting on February 5, 2014, was highly successful. She stated that in 2014, the CIC awarded a total of \$36,369 in grants to four Landmark building owners including the Arstingstall-May Landmark, the Wooley-Kelsch Landmark, the Pure Oil Gas Station Landmark and the Grover Kjellenberg House.

Ms. Roblero stated that they have received several inquiries from various property owners regarding the possibility of reinstating the grant program, including the owners of the Parrot-Smith House, Montgomery Inn has expressed interest for their outbuilding on Main Street, as well as the owners of the Styx-Dubrow House.

Ms. Roblero stated that this program was also presented to the Landmarks Commission at their last meeting on December 14, and they were very supportive of reinstating the grant program.

Mr. Cappel asked Ms. Roblero if this was a true grant program, and not a loan type of program where the money has to be repaid. Ms. Roblero stated that this is a true grant program. She stated that the property owner will pay the contractor once the work is completed, then the owner sends their receipts to the City for reimbursement from the grant.

Mr. Suer stated that he is in favor of this program and that it is a good idea. He stated that this is a nice program that the City can afford to do right now, and he hopes that people take advantage of this opportunity.

*These minutes are a draft of the proposed minutes from the Community Improvement Corporation Board of Trustees meeting. They do not represent the official record of proceedings until formally adopted by the Trustees. Formal adoption is noted by signature of the Secretary/Treasurer within the minutes.*

Montgomery Community Improvement Corporation Minutes  
December 21, 2016  
Page 2

Mr. Margolis asked for a motion to approve the recommendation of the Planning Zoning and Landmarks Committee and reinstitute the Historic Preservation Matching Grant Program for the 2017 calendar year.

Mr. Cappel moved to reinstitute the Historic Preservation Matching Grant. Mr. Suer seconded. The Board of Trustees unanimously approved.

**Other Business**

Mr. Davis stated that the minutes from the February 5, 2014 CIC Meeting of the Board of Trustees included language in the minutes that made reference to a "loan". He stated that he felt the wording was inappropriate in its context, and recommended that the minutes be amended to read "grant" instead of "loan"

President Margolis asked for a motion to amend the minutes of the February 5, 2014 CIC Meeting of the Board of Trustees. Mrs. Harbison moved. Mr. Cappel seconded. The Trustees unanimously agreed to amend the February 5, 2014 minutes.

President Margolis asked if there was any further business to discuss. There being none, he asked for a motion to adjourn.

Mr. Cappel moved to adjourn. Mr. Suer seconded.

The meeting was adjourned at 5:51 p.m.

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Secretary-Treasurer

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Date