Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

OMB No 1545-1150

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

	A	For t	he 2018 calendar year, or tax year beginning , 2018, and ending	,					
	В	Check	of applicable C D Emp	Employer identification number					
		Addres	s change	-1501642					
	Ц	Name	PEDEVELOPEMENT CORPORATION F Tele	45-1581642 Telephone number					
	님	Initial r	1764 VILLAS CIRCLE	.3-554-6157					
	=		CINCINNATI, OH 45215						
	⋍		i j	up Exemption mber ►					
			<u> </u>	if the organization is not					
			site: N/A required to a	ttach Schedule B					
3			rempt status (check only one) — 501(c)(3) X 501(c) (2.5.) ◄(insert no.) 4947(a)(1) or 527 (Form 990, 9	90-EZ, or 990-PF)					
1/2	$\overline{\mathbf{K}}$	Form	of organization X Corporation Trust Association Other						
V	L	Add	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	- 6					
_	assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ								
MANNED DEC 1 8 2019 MS	Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I								
		1	Contributions, gifts, grants, and similar amounts received	1					
		2		2					
		3	Membership dues and assessments	3					
Щ		4	Investment income.	4					
		5 a	Gross amount from sale of assets other than inventory						
\Box		b	Less cost or other basis and sales expenses 5 b						
Z			Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c					
Ž	4		Gaming and fundraising events						
×	Ĕ		Gross income from gaming (attach Schedule G if greater than \$15,000) [6a]						
	Ver	b	Gross income from fundraising events (not including \$ of contributions						
	Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)						
		c	Less direct expenses from gaming and fundraising events 6c						
		۱ ،	Net income or (loss) from gaming and fundraising events (add lines 6a and						
			6b and subtract line 6c)	6 d					
			Gross sales of inventory, less returns and allowances 7 a						
			Less cost of goods sold 7b						
		С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c					
		8	Other revenue (describe in Schedule O)	8					
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 0.					
		10	drants and similar amounts para (not in contocute c)	10					
_		11 12		12					
5	s	13		13					
00	Expenses	14		14					
0	per	15		15					
NOV 0.8 '19	Ä	16	00=	16					
0		17	Total expenses. Add lines 10 through 16	17 0.					
6		18	Excess or (deficit) for the year (Subtract line 17 from line 9) OGDEN, UTAH	18 0.					
0	ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year)						
\sim	Assets		figure reported on prior year's return)	19 0.					
() II	Net	20		20					
(C)		21		21 0.					
S	ВА	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (2018)					
4									
(70)									





Par	Balance Sheets (see the Inst Check if the organization used Sche	ructions for Part II)	estion in this Part II			П
	t.	dule O to respond to any qui) Beginning of year	ar	(B) End of year
22	Cash, savings, and investments				22	
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			0	. 25	\X0.
26	Total liabilities (describe in Schedule O)			0	. 26	
27	Net assets or fund balances (line 27 of c			0	. 27	0. Expenses
	Statement of Program Service Ac Check if the organization used Sci	hedule O to respond to any o	question in this Part III)	X		uired for section 501
What	is the organization's primary exempt purpose? See	Schedule 0	its three largest program	m services as) and 501(c)(4) nizations, optional
mea	cribe the organization's program service a sured by expenses In a clear and concise fited, and other relevant information for e					thers)
28	EIMINATION AND PREVENTION OHIO 45215.	<u>OF BLIGHT NEIGHBO</u>	OOD IN LINCOLN	<u>HEIGHT,</u>		
29	(Grants \$) If the	- -	28 a			
29						
			-			
	(Grants \$) If th	is amount includes foreign g	rants, check here	╌╌╌╴	29 a	
30	·		 			
]		
						
		is amount includes foreign g	rants, check here	P	30 a	
31	Other program services (describe in Sch		unada abaali baas		21 -	
20	(Grants \$) If th Total program service expenses (add lir	is amount includes foreign g	rants, check here		31 a 32	· ·
	till List of Officers, Directors,		Novee (list each one even	of not companyated — s		instructions for Part IV)
r.ai	Check if the organization used Sci			i ii iiot compensateo — s	cc uic	instructions for rait (17)
		(b) Average hours per	(c) Reportable compensation	(d) Health benefit	s,	(a) Estimated amount of
	(a) Name and title	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to empl benefit plans, and def compensation	erred	(e) Estimated amount of other compensation
	YCE HAWKINS		<u></u>	compensation		<u></u>
	esident & CEO	0	0.		0.	0.
	estaene a oso		<u> </u>			
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45-1581642

Form 990-EZ (2018) VALLEY HOMES COMMUNITY URBAN

	1990-EA (2010) VABLET HOMES COMMONTH ORDER	<u>-</u>		-9
Par	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schodulo O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	-		
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O : Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			_
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		<u>X</u>
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	37 b		
	o Did the organization file Form 1120-POL for this year? In Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	376		$\hat{\Box}$
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
ı	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A			
39	Section 501(c)(7) organizations Enter	7		1
	a Initiation fees and capital contributions included on line 9 39a N/A	-1		1
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	<u>. </u>		
40 a	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under N/A section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A			
ı	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess.			
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 ь		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization			
	managers or disqualified persons during the year under sections 4912, 4955, and 4958 1 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed.	-		
	by the organization 0.	_		
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed None		<u> </u>	<u> </u>
	The organization's books are in care of ANTONIA MIMS Located at 764 VILLAS CIRCLE CINCINNATI OH At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country		157_ Yes	No X
•	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) at any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country	42 c		Х
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		► ☐	N/A N/A
44 :	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
1	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
	Did the organization receive any payments for indoor tanning services during the year?	11 c		X
	l If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' <i>provide an explanation in Schedule O</i>	44 d		
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	AP I		<u>_</u>
		45 b orm 99	0-EZ	X (2018)

Form 990-1	EZ (2018) VAI	TEL HOMES COMMO	NIII URBAN				45-15	81642	_	age 4	
46 Did ti	he organization	engage, directly or indire	ectly, in political campa	ign activities	on behalf o	of or in opp	osition to	46	Yes	No	
		c office? If 'Yes,' complete						46	<u> </u>	X	
Part VI		1 1(c)(3) Organization 501(c)(3) organization D and 51.		uestions 4	7-49b and	d 52, and	complet	e the table	es		
	Check if the	organization used Schedu	le O to respond to any	question in	this Part VI		_				
		engage in lobbying activities	or have a section 501(h) election in e	effect during t	the tax year	? If 'Yes,'	Γ	Yes	No	
	olete Schedule	·	1704.41.41.41.41.4	. 16 15 6		=		47			
	•	school as described in s			•	dule E		48			
49a Did the organization make any transfers to an exempt non-charitable related organization? b If 'Yes,' was the related organization a section 527 organization?					49 a						
50 Comp	plete this table fo	or the organization's five high received more than \$100,0	hest compensated emplo					L			
	(a) Name and title		(b) Average hours per week devoted to position	(c) Reportable	compensation (1099-MISC)	(d) Healt contributions benefit plans	n benefits, s to employee , and deferred insation	(e) Estimate other com	d amou	nt of	
			_		-						
			_								
			-								
								-			
		_	1								
51 Comp	plete this table fo	er employees paid over \$ or the organization's five hig the organization. If there	hest compensated indep	endent contra	actors who ea	ach received	more than	\$100,000 of			
Comp		ess address of each independent of		(b) Type of service (c) Compensation							
				_							
					· -						
				-						٠	
				-							
				-							
52 Did t	the organization	er independent contractor complete Schedule A? N	-		ions must a	ttach a	-				
<u>'</u>	pleted Schedule es of perjuny I decla	e A re that I have examined this return ration of preparer (other than office	, including accompanying sche	edules and staten	nents, and to the	e best of my kr	owledge and b	► Ye	s [No	
	Sign ture of	thicer bawk	To see the street of the stree	propere	dry Riowi	Date	my 15	401	9		
Sign Here	JOYCE HAWKINS Type or print name and title President & CE							EO			
	Print/Type preparer's name Preparer's signature Date							PTIN			
Paid	ALEXANDER A	ALVAREZ CPA MBA	ALEXANDER ALVAREZ CPA MBA				eck LJ if f-employed	P00009660			
Preparer	Furm's name ► Business Management Services						<u>-</u> L				
Use Only	Firm's address ►	m's address ► 1550 Magnolia Drive					m's EIN	31-11612	07		
		Cincinnati, OH 4521	15					Phone no (513) 531-1166			
May the IF	RS discuss this	return with the preparer s	hown above? See instr	ructions				► X Ye		No	
								Form 99	ιυ-LZ	(2018)	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization VALLEY HOMES COMMUNITY URBAN REDEVELOPEMENT CORPORATION

Employer identification number

45-1581642

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

PREVENTION AND ELIMINATION OF BLIGHT NEIGHBOR IN LINCOLN HEIGHTS, OHIO 45215.