

February 4, 2022

To: Ken Suer, Chairman
Financial Planning Committee of City Council

From: Brian Riblet, City Manager *BKR*

Subject: Financial Planning Committee Meeting February 7, 2022

As a reminder, the Financial Planning Committee is scheduled to meet on Monday, February 7 at 4:30 p.m. at City Hall. The agenda for this meeting is as follows:

1. January 2022 Income Tax Report - Please see the January Income Tax Report attached for the Committee's review and discussion. Staff will be prepared to answer any questions on this report at Monday's meeting.
2. Financial Statements for the Community Improvement Corporation - The Finance Department has compiled the financial statements which will be submitted to the State of Ohio. The Finance Director will be prepared to explain the major transactions reflected in the Community Improvement Corporation's financial statements. In addition, a draft of the Corporation's tax return for 2021 has been prepared for your review.
3. Review of 2021 Revenues and Expenditures - The Finance Department closed the City's 2021 financial books on January 6, 2022. Prepared for your information is a recap of variances for the major revenues and expenditures for the year ended December 31, 2021. The Finance Director will be prepared to explain estimated to actual revenue and expenditure variances.
4. Other Business - The purpose of this agenda item is to provide an opportunity to discuss any issue that may be on your mind, give feedback and insight into the team's performance, ask questions and provide constructive suggestions to enhance the team's performance in the future.

Also, attached are the minutes from the December 6, 2021 meeting of the Financial Planning Committee for review and approval at Monday's meeting.

Should you have questions or concerns regarding the above agenda items or have additional items to be discussed at the meeting, please do not hesitate to contact me.

c: Financial Planning Committee Members (2)
Mayor and City Council Members (3)
Katie Smiddy, Finance Director
Connie Gaylor, Administrative Coordinator, File



FINANCIAL PLANNING COMMITTEE OF CITY COUNCIL

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

AGENDA

February 7, 2021
City Hall
4:30 P.M.

1. Call to Order
2. Guests and Residents
3. Communications
4. New Business
 - a. January 2022 Income Tax Report
 - b. Financial Statements for the Community Improvement Corporation
 - c. Review of 2021 Revenues and Expenditures
5. Approval of Minutes: December 6, 2021
6. Other Business
7. Adjournment

February 1, 2022

To: Brian Riblet, City Manager

From: Katie Smiddy, Finance Director 

Subject: 2022 January Income Tax Variance Report

Year to Date

For the month of January, the City's total income tax receipts were \$1,250,697, which is an increase of \$201,798 or 19.2% compared to the 2021 January collections of \$1,048,899. The variance is attributable to an increase in withholding tax revenue, primarily courtesy tax withholding for Montgomery residents.

	2022	2021	% Change
MTD January Actuals	1,250,697	1,048,899	19.2%
YTD Collections	1,250,697	1,048,899	19.2%
	YTD Actual	YTD Estimate	% Change
2022 Estimated Collections	1,250,697	968,059	29.2%

A breakdown by category for January 2022 is as follows:

Withholding- January 2022 withholding collections were \$1,074,100; an increase of \$319,948 or 42.42% when compared to January 2021 collections of \$754,152. The variance is due to a large increase in several courtesy withholding payments for residents, along with a higher volume of payments.

Business- In January 2022, net profits from businesses located within or doing business within Montgomery were \$25,330. This is an increase of \$3,216 or 14.54% when compared to January 2021 collections of \$22,114; and is just slightly below the January 2020 collections. Business revenue in January is primarily from 4th quarter estimated payments for the prior year, so the increase is a positive sign that businesses are surviving the pandemic.

Resident- Revenues of \$151,267 were collected in January 2022 from residents living in Montgomery, which is a decrease of \$121,366 or (44.52)% when compared to January 2021 collections of \$272,633. Reports show that a greater number of

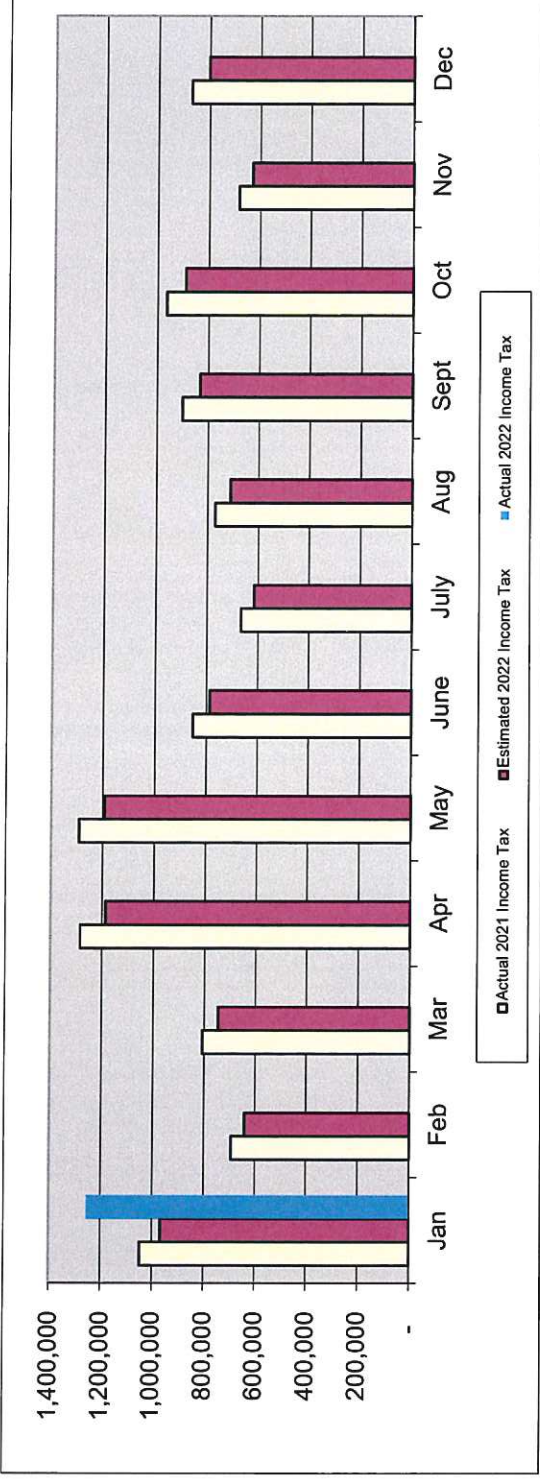
taxpayers paid 4th quarter estimated payments in December 2021 rather than waiting until the January 15 deadline. In addition, several year-end payments were remitted in January 2021 from residents who typically pay a large amount in 4h quarter.

The following schedule breaks down collections by source and provides a graph comparing actual and estimated income tax revenues for 2020 and 2021. There is also an End of Month report attached showing the comparison between month-to-date and year-to-date.

- c: Financial Planning Committee Members (2)
- Mayor and City Council Members (3)
- Katie Smiddy, Finance Director
- Connie Gaylor, Administrative Coordinator
- File

**Schedule of Income Tax Collections by Source
Actual 2021 Compared to 2022 Estimate & Actual**

	Actual 2021		Actual 2022		Total	2022 Estimate	Estimate Variance	%	Actual Variance	%
	Business	Resident	Business	Resident						
Jan	22,114	272,633	25,330	151,267	1,250,697	968,059	282,638	29.20%	201,798	19.24%
Feb	14,945	20,729	-	-	-	640,600	0.00%	0.00%	0.00%	0.00%
Mar	53,011	126,857	-	-	-	745,070	0.00%	0.00%	0.00%	0.00%
Apr	215,044	364,009	-	-	-	1,186,361	0.00%	0.00%	0.00%	0.00%
May	64,004	501,273	-	-	-	1,193,430	0.00%	0.00%	0.00%	0.00%
June	61,639	294,466	-	-	-	786,636	0.00%	0.00%	0.00%	0.00%
July	13,905	43,208	-	-	-	614,896	0.00%	0.00%	0.00%	0.00%
Aug	15,164	44,606	-	-	-	711,472	0.00%	0.00%	0.00%	0.00%
Sept	74,070	249,155	-	-	-	831,490	0.00%	0.00%	0.00%	0.00%
Oct	56,672	163,223	-	-	-	890,196	0.00%	0.00%	0.00%	0.00%
Nov	15,110	28,824	-	-	-	629,943	0.00%	0.00%	0.00%	0.00%
Dec	44,872	269,806	-	-	-	801,848	0.00%	0.00%	0.00%	0.00%
Totals	650,551	2,378,789	25,330	151,267	1,250,697	10,000,000	282,638	29.2%	201,798	19.2%



END OF MONTH REPORT - City of Montgomery

	MTD TWO YRS AGO	MTD LAST YR	MTD	THIS YR VS LAST YR MONTH %	YTD TWO YRS AGO	YTD LAST YR	YTD	THIS YR VS LAST YEAR %
BUSINESS	28,439.59	22,114.25	25,330.08	14.54%	28,439.59	22,114.25	25,330.08	14.54%
INDIVIDUAL	128,068.27	272,632.66	151,266.85	(44.52%)	128,068.27	272,632.66	151,266.85	(44.52%)
WITHHOLDING	759,371.18	754,152.23	1,074,100.32	42.42%	759,371.18	754,152.23	1,074,100.32	42.42%
01 JANUARY	915,879.04	1,048,899.14	1,250,697.25	19.24%	915,879.04	1,048,899.14	1,250,697.25	19.24%
BUSINESS	12,992.01	14,944.67	0.00	(100.00%)	41,431.60	37,058.92	25,330.08	(31.65%)
INDIVIDUAL	60,206.99	20,729.39	0.00	(100.00%)	188,275.26	293,362.05	151,266.85	(48.44%)
WITHHOLDING	709,427.46	658,419.74	0.00	(100.00%)	1,468,798.64	1,412,571.97	1,074,100.32	(23.96%)
02 FEBRUARY	782,626.46	694,093.80	0.00	(100.00%)	1,698,505.50	1,742,992.94	1,250,697.25	(28.24%)
BUSINESS	47,700.67	53,010.61	0.00	(100.00%)	89,132.27	90,069.53	25,330.08	(71.88%)
INDIVIDUAL	44,426.18	126,857.39	0.00	(100.00%)	232,701.44	420,219.44	151,266.85	(64.00%)
WITHHOLDING	737,930.53	627,421.17	0.00	(100.00%)	2,206,729.17	2,039,993.14	1,074,100.32	(47.35%)
03 MARCH	830,057.38	807,289.17	0.00	(100.00%)	2,528,562.88	2,550,282.11	1,250,697.25	(50.96%)
BUSINESS	87,593.71	215,061.10	0.00	(100.00%)	176,725.98	305,130.63	25,330.08	(91.70%)
INDIVIDUAL	192,504.10	368,989.92	0.00	(100.00%)	425,205.54	789,209.36	151,266.85	(80.83%)
WITHHOLDING	616,697.91	706,378.28	0.00	(100.00%)	2,823,427.08	2,746,371.42	1,074,100.32	(60.89%)
04 APRIL	896,795.72	1,290,429.30	0.00	(100.00%)	3,425,358.60	3,840,711.41	1,250,697.25	(67.44%)
BUSINESS	40,919.24	64,003.47	0.00	(100.00%)	217,645.22	369,134.10	25,330.08	(93.14%)
INDIVIDUAL	86,096.86	496,275.64	0.00	(100.00%)	511,302.40	1,285,485.00	151,266.85	(88.23%)
WITHHOLDING	580,622.96	727,813.14	0.00	(100.00%)	3,404,050.04	3,474,184.56	1,074,100.32	(69.08%)

END OF MONTH REPORT - City of Montgomery

	MTD TWO YRS AGO	MTD LAST YR	MTD	THIS YR VS LAST YR MONTH %	YTD TWO YRS AGO	YTD LAST YR	YTD	THIS YR VS LAST YEAR %
05 MAY	707,639.06	1,288,092.25	0.00	(100.00%)	4,132,997.66	5,128,803.66	1,250,697.25	(75.61%)
BUSINESS	82,209.98	61,638.95	0.00	(100.00%)	299,855.20	430,773.05	25,330.08	(94.12%)
INDIVIDUAL	116,457.51	294,465.69	0.00	(100.00%)	627,759.91	1,579,950.69	151,266.85	(90.43%)
WITHHOLDING	487,086.54	496,220.60	0.00	(100.00%)	3,891,136.58	3,970,405.16	1,074,100.32	(72.95%)
06 JUNE	685,754.03	852,325.24	0.00	(100.00%)	4,818,751.69	5,981,128.90	1,250,697.25	(79.09%)
BUSINESS	119,339.82	13,905.44	0.00	(100.00%)	419,195.02	444,678.49	25,330.08	(94.30%)
INDIVIDUAL	779,989.39	43,207.80	0.00	(100.00%)	1,407,749.30	1,623,158.49	151,266.85	(90.68%)
WITHHOLDING	522,443.24	609,130.69	0.00	(100.00%)	4,413,579.82	4,579,535.85	1,074,100.32	(76.55%)
07 JULY	1,421,772.45	666,243.93	0.00	(100.00%)	6,240,524.14	6,647,372.83	1,250,697.25	(81.19%)
BUSINESS	15,371.57	15,163.58	0.00	(100.00%)	434,566.59	459,842.07	25,330.08	(94.49%)
INDIVIDUAL	74,312.99	44,606.38	0.00	(100.00%)	1,482,062.29	1,667,764.87	151,266.85	(90.93%)
WITHHOLDING	675,636.40	711,115.45	0.00	(100.00%)	5,089,216.22	5,290,651.30	1,074,100.32	(79.70%)
08 AUGUST	765,320.96	770,885.41	0.00	(100.00%)	7,005,845.10	7,418,258.24	1,250,697.25	(83.14%)
BUSINESS	149,021.75	74,070.41	0.00	(100.00%)	583,588.34	533,912.48	25,330.08	(95.26%)
INDIVIDUAL	253,568.65	249,154.53	0.00	(100.00%)	1,735,630.94	1,916,919.40	151,266.85	(92.11%)
WITHHOLDING	560,997.16	577,699.78	0.00	(100.00%)	5,650,213.38	5,868,351.08	1,074,100.32	(81.70%)
09 SEPTEMBER	963,587.56	900,924.72	0.00	(100.00%)	7,969,432.66	8,319,182.96	1,250,697.25	(84.97%)

END OF MONTH REPORT - City of Montgomery

	MTD TWO YRS AGO	MTD LAST YR	MTD	THIS YR VS LAST YR MONTH %	YTD TWO YRS AGO	YTD LAST YR	YTD	THIS YR VS LAST YEAR %
BUSINESS	27,610.66	56,672.48	0.00	(100.00%)	611,199.00	590,584.96	25,330.08	(95.71%)
INDIVIDUAL	146,112.59	163,223.09	0.00	(100.00%)	1,881,743.53	2,080,142.49	151,266.85	(92.73%)
WITHHOLDING	620,619.06	744,639.05	0.00	(100.00%)	6,270,832.44	6,612,990.13	1,074,100.32	(83.76%)
10 OCTOBER	794,342.31	964,534.62	0.00	(100.00%)	8,763,774.97	9,283,717.58	1,250,697.25	(86.53%)
BUSINESS	15,490.83	15,109.72	0.00	(100.00%)	626,689.83	605,694.68	25,330.08	(95.82%)
INDIVIDUAL	34,315.08	28,823.95	0.00	(100.00%)	1,916,058.61	2,108,966.44	151,266.85	(92.83%)
WITHHOLDING	656,377.41	638,614.13	0.00	(100.00%)	6,927,209.85	7,251,604.26	1,074,100.32	(85.19%)
11 NOVEMBER	706,183.32	682,547.80	0.00	(100.00%)	9,469,958.29	9,966,265.38	1,250,697.25	(87.45%)
BUSINESS	59,566.52	44,872.03	0.00	(100.00%)	686,256.35	650,566.71	25,330.08	(96.11%)
INDIVIDUAL	107,472.82	269,806.15	0.00	(100.00%)	2,023,531.23	2,378,772.59	151,266.85	(93.64%)
WITHHOLDING	509,621.67	554,129.78	0.00	(100.00%)	7,436,831.52	7,805,734.04	1,074,100.32	(86.24%)
12 DECEMBER	676,660.81	868,807.96	0.00	(100.00%)	10,146,619.10	10,835,073.34	1,250,697.25	(88.46%)
	10,146,619.10	10,835,073.34	1,250,697.25	(88.46%)	67,116,209.63	72,762,688.49	15,008,367.00	(79.37%)



February 4, 2022

To: Brian Riblet, City Manager

From: Katie Smiddy, Finance Director

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 Net Position** reflects that the corporation had \$2,053,479.45 in a demand deposit account at Fifth Third Bank as of December 31, 2021.

The **Statement of Financial Activities** reflects Grants Received of \$0 Interest Income of \$0, Grants Awarded of \$41,706.61 and Professional Fees expensed in the amount of \$36,000 for the year ended December 31, 2021.

The **Statement of Cash Flow** reflects the corporation decreased its cash position from \$2,131,186.06 in 2020 to 2,053,479.45 as a result of Grants Awarded and Professional Fees.

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



**Community Improvement Corporation of the City of
Montgomery, Ohio
Financial Statements
For the Year Ended December 31, 2021 and 2020**

MONTGOMERY COMMUNITY IMPROVEMENT CORPORATION
Statement of Net Position
Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
CURRENT ASSETS		
Cash	<u>\$2,056,479.45</u>	<u>\$2,134,186.06</u>
TOTAL CURRENT ASSETS	<u><u>\$2,056,479.45</u></u>	<u><u>\$2,134,186.06</u></u>
 CURRENT LIABILITES		
Accounts Payable	<u>\$ 3,000.00</u>	<u>\$ 3,000.00</u>
TOTAL CURRENT LIABILITES	<u><u>\$ 3,000.00</u></u>	<u><u>\$ 3,000.00</u></u>
 NET POSITION		
Unrestricted	<u>\$2,053,479.45</u>	<u>\$2,131,186.06</u>
TOTAL NET POSITION	<u><u>\$2,053,479.45</u></u>	<u><u>\$2,131,186.06</u></u>

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

MONTGOMERY COMMUNITY IMPROVEMENT CORPORATION
Statement of Financial Activities and Changes in Net Position
Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
PUBLIC SUPPORT AND REVENUE		
Interest Income		\$ 55.22
Grants Received		<u>\$2,141,595.50</u>
TOTAL REVENUE	<u>-</u>	<u>2,141,650.72</u>
EXPENSES:		
Grants Awarded	41,706.61	9,179.28
Professional Fees	<u>36,000.00</u>	<u>36,000.00</u>
TOTAL EXPENSES	<u>77,706.61</u>	<u>45,179.28</u>
CHANGE IN NET POSITION	(77,706.61)	2,096,471.44
NET POSITION BEGINNING OF YEAR	<u>2,131,186.06</u>	<u>34,714.62</u>
NET POSITION END OF YEAR	<u><u>\$2,053,479.45</u></u>	<u>2,131,186.06</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, 2021 and 2020

	<u>2021</u>	<u>2020</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash Payments to Vendors	\$ (36,000.00)	\$ (39,000.00)
Cash Payments to Grantees	(41,706.61)	(9,179.28)
NET CASH PROVIDED BY OPERATING ACTIVITIES	(77,706.61)	(48,179.28)
CASH FLOWS FROM INVESTING ACTIVITIES		
Earnings on Investments	-	55.22
Grants Received	-	
Transfers In		2,141,595.50
NET CASH FLOWS FROM INVESTING ACTIVITIES	-	2,141,650.72
NET INCREASE (DECREASE) IN CASH	\$ (77,706.61)	\$2,093,471.44
NET CASH AT BEGINNING OF YEAR	2,131,186.06	37,714.62
NET CASH AT END OF YEAR	\$2,053,479.45	\$2,131,186.06

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

MCIC

2016 Journal Entries

dr. professional fees expen	3,000.00		
cr. Accounts payable		3,000.00	

dr. grant award expense			
cr. Grant payable			

dr. interest receivable			
cr. Interest income			

Trial Balance

	Balance 12/31/2017	2018 cash activity	Reversing Entries		Adjusting Entries		Balance 12/31/2017
			dr	cr	dr	cr	
Assets							
Cash	133,624.24	(52,100.90)					81,523.34
Investments							-
Interest receivable							-
Liabilities							
Accounts payable	3,000.00		3,000.00		-	3,000.00	3,000.00
Grants payable	15,000.00		1,072.00		-	15,000.00	28,928.00
Unrestricted net assets	49,595.34						49,595.34
Revenue							
Interest income		1,693.10					1,693.10
Expense							
Grants awarded		17,794.00	-		15,000.00		32,794.00
Professional expense		36,000.00		3,000.00	3,000.00		36,000.00

As of

12/31/2016

Initial Grant Amount

Date Awarded	Buildings	Awarded	Paid	Canceled	Remaining	Payee	Date Paid	Check #
2/4/2015	Arstingstall May Landmark	\$ 48.00	\$	48.00				
10/22/2014	Grover Kjellenberg House	1,072.00		-	\$ 1,072.00	Remaining balance canceled		
	Total	\$ 1,120.00	\$	48.00	\$ 1,072.00			

Accounts Payable

invoice date 12/31/2016 # DSD Advisors amount 3,000.00 purpose for work performed in December

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning January 01, 2021, and ending December 31, 2021

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **MONTGOMERY COMMUNITY IMPROVEMENT CORPORATION**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10101 Montgomery Rd
 City or town, state or province, country, and ZIP or foreign postal code
Montgomery, OH 45242

D Employer identification number
31-1132938

E Telephone number
513-792-8349

F Name and address of principal officer: **Lee Ann Bissmeyer President**
10101 Montgomery Rd., Montgomery, OH, 45242

G Gross receipts \$ **0**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ <https://www.montgomeryohio.org>

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1984** **M** State of legal domicile: **OH**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Promote Economic and Civic Development In the City of Montgomery, Ohio		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)		0
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	41,707	41,707
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	36,000	36,000
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	77,707	77,707
19 Revenue less expenses. Subtract line 18 from line 12	(77,707)	(77,707)	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,134,186	End of Year 2,056,479
	21 Total liabilities (Part X, line 26)	3,000	3,000
	22 Net assets or fund balances. Subtract line 21 from line 20	2,131,186	2,053,479

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

Sign Here

Signature of officer: _____ Date: _____
Katie Smiddy, Finance Director
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no.	
Firm's address ▶				

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:

Provide Economic Development Initiatives in the City of Montgomery.

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 \$ 36,000 including grants of \$ 0) (Revenue \$ 0)

In 2015, the CIC entered into a contract with DSD advisors to support the goal of developing the Gate

Redevelopment/Montgomery Quarter Area. DSD Advisors work with the CIC to promote the interest of the CIC on

redeveloping vacant land and bringing jobs to the City of Montgomery

4b (Code:) (Expenses \$ 41,707 including grants of \$ 0) (Revenue \$ 0)

In 2014, the CIC initiated a program to promote the preservation of historic buildings in the City of Montgomery. The

board allocated funds to the program whereby eligible structures would be given a 50% matching grant up to a maximum of

\$15,000 and a minimum of \$2,000 per grant

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4d Other program services (Describe on Schedule O.)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **77,707**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input type="checkbox"/>	<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? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<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? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<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? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<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? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<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? If "Yes," complete Schedule D, Part VI	<input type="checkbox"/>	<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? If "Yes," complete Schedule D, Part VII	<input type="checkbox"/>	<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? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<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? If "Yes," complete Schedule D, Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<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)? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<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? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<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? If "Yes," complete Schedule F, Parts II and IV	<input type="checkbox"/>	<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? If "Yes," complete Schedule F, Parts III and IV	<input type="checkbox"/>	<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? If "Yes," complete Schedule G, Part I. See instructions	<input type="checkbox"/>	<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? If "Yes," complete Schedule G, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<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 type="checkbox"/>	<input 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? If "Yes," complete Schedule I, Parts I and II	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No checkboxes. Rows include questions 22 through 38 regarding grants, compensation, bond issues, excess benefit transactions, and other IRS filings.

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

Table with 3 columns: Question number, Question text, and Yes/No checkboxes. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		<input type="checkbox"/>	<input type="checkbox"/>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<input type="checkbox"/>	<input type="checkbox"/>
4a	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)?	4a		<input type="checkbox"/>	<input checked="" type="checkbox"/>
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).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<input type="checkbox"/>	<input type="checkbox"/>
6a	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?	6a		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		<input type="checkbox"/>	<input type="checkbox"/>
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<input type="checkbox"/>	<input type="checkbox"/>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		<input type="checkbox"/>	<input checked="" type="checkbox"/>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<input type="checkbox"/>	<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<input type="checkbox"/>	<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<input type="checkbox"/>	<input checked="" type="checkbox"/>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<input type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		<input type="checkbox"/>	<input type="checkbox"/>
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<input type="checkbox"/>	<input type="checkbox"/>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		<input type="checkbox"/>	<input checked="" type="checkbox"/>
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		<input type="checkbox"/>	<input type="checkbox"/>

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 on 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 1a 7 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 on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7		
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 type="checkbox"/>	<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	<input 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 on Schedule O	<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
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 type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
b	Describe on 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"/>	<input type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on 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 type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► OH
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 Rd, Montgomery, OH, 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Lee Ann Bissmeyer Trustee	1.00 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	1,200	0
(2) Mike Cappel Trustee	1.00 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	1,200	0
(3) Chris Dobrozsi Trustee	1.00 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	2,300	0
(4) Ron Messer Trustee	1.00 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	1,000	0
(5) Craig Margolis Trustee	1.00 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	1,300	0
(6) Sasha Nalman Trustee	1.00 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	100	0
(7) Ken Suer Trustee	1.00 0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	1,200	0
(8) Brian K Riblett Executive Director	1.00 0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	186,658	0
(9) Katie M Smiddy Finance Director	1.00 0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	127,243	0
(10)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(11)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(12)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(13)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(14)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(16)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(17)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(18)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(19)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(20)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(21)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(22)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(23)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(24)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(25)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1b Subtotal								0	322,201	0
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	322,201	0

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 **2**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	<input type="checkbox"/>	<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 **2**

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	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	0			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f	1g	\$ 0			
	h Total. Add lines 1a-1f		0			
	Program Service Revenue	2a Business Code				
b			0			
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		0			
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c	0	0		
	d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities			
			(ii) Other			
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c	0	0		
	d Net gain or (loss)		0			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events		0				
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue	11a Business Code					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		0			
12 Total revenue. See instructions		0	0	0	0	

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	41,707			
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 (nonemployees):				
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 on 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 Total functional expenses. Add lines 1 through 24e	77,707	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash—non-interest-bearing	2,134,186	1	2,056,479
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		2,134,186	16	2,056,479
Liabilities	17 Accounts payable and accrued expenses	3,000	17	3,000
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		3,000	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,131,186	27	2,053,479
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	2,131,186	32	2,053,479	
33 Total liabilities and net assets/fund balances	2,134,186	33	2,056,479	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	77,707
3	Revenue less expenses. Subtract line 2 from line 1	3	(77,707)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,131,186
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,053,479

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 on Schedule O.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 on Schedule O and describe any steps taken to undergo such audits	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

MONTGOMERY COMMUNITY IMPROVEMENT CORPORATION

Employer identification number

31-1132938

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).)
- 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)(vii).** (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 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment 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 on 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 0
 - 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)			<input type="checkbox"/>	<input type="checkbox"/>		
(B)			<input type="checkbox"/>	<input type="checkbox"/>		
(C)			<input type="checkbox"/>	<input type="checkbox"/>		
(D)			<input type="checkbox"/>	<input type="checkbox"/>		
(E)			<input type="checkbox"/>	<input type="checkbox"/>		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2020. 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 stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. 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 stop here. 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 10%-facts-and-circumstances test—2020. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. 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 **stop here**. The organization qualifies as a publicly supported organization . ▶

b 33 1/3% support tests—2020. 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 **stop here**. The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	<input type="checkbox"/>	<input type="checkbox"/>
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	<input type="checkbox"/>	<input type="checkbox"/>
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	<input type="checkbox"/>	<input type="checkbox"/>
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)? If "Yes," describe in Part VI when and how the organization made the determination.	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	<input type="checkbox"/>	<input type="checkbox"/>
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.	<input type="checkbox"/>	<input type="checkbox"/>
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).	<input type="checkbox"/>	<input type="checkbox"/>
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
6 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? If "Yes," provide detail in Part VI .	<input type="checkbox"/>	<input type="checkbox"/>
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990).	<input type="checkbox"/>	<input type="checkbox"/>
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	<input type="checkbox"/>	<input type="checkbox"/>
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	<input type="checkbox"/>	<input type="checkbox"/>
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	<input type="checkbox"/>	<input type="checkbox"/>
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	<input type="checkbox"/>	<input type="checkbox"/>
10a 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)? If "Yes," answer line 10b below.	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		<input type="checkbox"/>	<input type="checkbox"/>
b	A family member of a person described on line 11a above?		
11b		<input type="checkbox"/>	<input type="checkbox"/>
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		<input type="checkbox"/>	<input type="checkbox"/>

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		<input type="checkbox"/>	<input type="checkbox"/>
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		<input type="checkbox"/>	<input type="checkbox"/>

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		<input type="checkbox"/>	<input type="checkbox"/>

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
1		<input type="checkbox"/>	<input type="checkbox"/>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		<input type="checkbox"/>	<input type="checkbox"/>
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		<input type="checkbox"/>	<input type="checkbox"/>

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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.		
2a		<input type="checkbox"/>	<input type="checkbox"/>
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		<input type="checkbox"/>	<input type="checkbox"/>
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	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? If "Yes" or "No," provide details in Part VI.		
3a		<input type="checkbox"/>	<input type="checkbox"/>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		<input type="checkbox"/>	<input type="checkbox"/>

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.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

MONTGOMERY COMMUNITY IMPROVEMENT CORPORATION

Employer identification number

31-1132938

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--|--------------------------|
| (i) Unrelated organizations | 3a(i) <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | 3a(ii) <input type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b <input type="checkbox"/> | <input type="checkbox"/> |

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

Name of the organization

MONTGOMERY COMMUNITY IMPROVEMENT CORPORATION

Employer identification number

31-1132938

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

1	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
2	Historic Preservation Grant	3	\$41,707		Actual Invoices	
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I Line-2

In 2014, the CIC initiated a program to promote the preservation of historic buildings in the City of Montgomery. The board allocated funds to the program whereby eligible structures would be given a 50% matching grant up to a maximum of \$15,000 and a minimum of \$2,000 per grant

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

MONTGOMERY COMMUNITY IMPROVEMENT CORPORATION

Employer identification number

31-1132938

Part I Questions Regarding Compensation

		Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> First-class or charter travel</p> <p><input type="checkbox"/> Travel for companions</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments</p> <p><input type="checkbox"/> Discretionary spending account</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</p> </div> </div>			
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>		1b <input type="checkbox"/>	<input type="checkbox"/>
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>		2 <input type="checkbox"/>	<input type="checkbox"/>
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Compensation committee</p> <p><input checked="" type="checkbox"/> Independent compensation consultant</p> <p><input type="checkbox"/> Form 990 of other organizations</p> </div> <div style="width: 45%;"> <p><input checked="" type="checkbox"/> Written employment contract</p> <p><input checked="" type="checkbox"/> Compensation survey or study</p> <p><input checked="" type="checkbox"/> Approval by the board or compensation committee</p> </div> </div>			
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>			
<p>a Receive a severance payment or change-of-control payment?</p>		4a <input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>		4b <input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		4c <input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>			
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>			
<p>a The organization?</p>		5a <input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		5b <input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>			
<p>a The organization?</p>		6a <input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		6b <input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>		7 <input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		8 <input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		9 <input type="checkbox"/>	<input type="checkbox"/>

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Lee Ann Bissmeyer							
1 Trustee	\$1,200					\$1,200	
2	\$1,200					\$1,200	
3	\$2,300					\$2,300	
4	\$1,000					\$1,000	
5	\$1,300					\$1,300	
6	\$100					\$100	
7	\$1,200					\$1,200	
8	\$186,658					\$186,658	
9	\$127,243					\$127,243	
10							
11							
12							
13							
14							
15							
16							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Form and Line Reference: Part - I Line 3

The CIC uses a Independent compensation consultant, written employment contracts and compensation studies. All compensation requires approval by Council.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Form and Line Reference: Part - I Line 1a

Name	Description
Brian Riblett	\$186,658

**SCHEDULE O
(Form 990)**

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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
MONTGOMERY COMMUNITY IMPROVEMENT CORPORATION

Employer identification number
31-1132938

Form and Line Reference: Part VI Line 11b

The tax return is provided to all trustees for review and approval at the beginning of each fiscal year.

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

**Open to Public
Inspection**

Name of the organization
MONTGOMERY COMMUNITY IMPROVEMENT CORPORATION

Employer identification number
31-1132938

Form and Line Reference: Part VI Line 12c

Written conflict of interest policy: The City and it's trustees review the annual disclosure forms submitted by covered persons, and in compiling and

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

MONTGOMERY COMMUNITY IMPROVEMENT CORPORATION

Employer identification number

31-1132938

Form and Line Reference: Part VI Line 15a

Disclosure: The City provides its governing documents, policies and financial statements in meeting minutes and reports that can be found on the City

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

MONTGOMERY COMMUNITY IMPROVEMENT CORPORATION

Employer identification number

31-1132938

Form and Line Reference: Part VI Line 19

All financial information is available on our website and provided for at annual meetings and on request.

**SCHEDULE O
(Form 990)**

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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization
MONTGOMERY COMMUNITY IMPROVEMENT CORPORATION

Employer identification number
31-1132938

Form and Line Reference: Part XII Line 3b

Disclosure: The City provides its governing document, policies and financial statements in meeting minutes and reports that can be found on the City

February 4, 2022

To: Brian K. Riblet, City Manager
 From: Katie Smiddy, Finance Director *KMS*
 Subject: Review of 2021 Revenue and Expenditure Variances

Introduction

In 2021, the City experienced another positive year with income tax revenues exceeding the estimate. General Fund revenues, because of increases in the income tax, were up \$552,000 or 6.8% from 2020. Income tax, the City's primary source of funding for general operations accounted for 63.8% of the General Fund's operating revenues and 16.48% of the City's total operating revenues in 2021.

Total City expenditures were under appropriations for the year. The same was true for the General Fund, enabling the City to continue to operate within its budgeted resources. Both the total and the General Fund expenditures and commitments were well within the target for managed spending and appropriations.

2021 Revenue Variances

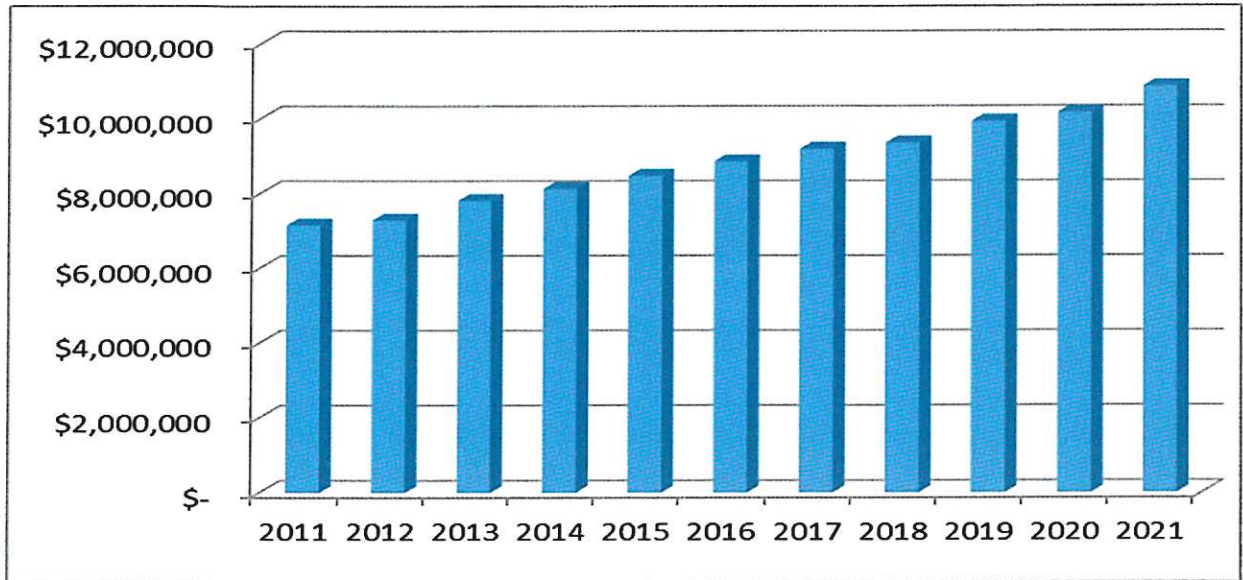
Total City Revenues

	<u>Estimate</u>	<u>Actual Receipts</u>	<u>Variance</u>
2017	\$20,285,646	\$20,430,929	\$145,283
2018	\$27,784,006	\$31,995,308	\$4,211,302
2019	\$26,142,709	\$25,599,225	\$(543,484)
2020	\$40,268,882	\$35,287,970	\$(4,980,912)
2021	\$26,168,348	\$52,607,373	\$26,439,025

Income Tax

	<u>Estimate</u>	<u>Actual Receipts</u>	<u>Variance</u>
2017	\$8,361,108	\$9,172,225	\$811,117
2018	\$9,020,196	\$9,333,556	\$313,360
2019	\$9,402,000	\$9,913,904	\$511,904
2020	\$9,505,659	\$10,145,884	\$640,225
2021	\$9,250,000	\$10,835,808	\$1,585,808

Total income tax receipts for 2021 exceeded the estimate by 14.64%. Below is a graph depicting actual collections for the years 2011-2021:



Property Tax-General Fund

	<u>Estimate</u>	<u>Actual Receipts</u>	<u>Variance</u>
2017	\$2,304,717	\$2,354,172	\$49,455
2018	\$2,796,065	\$2,585,511	\$(210,554)
2019	\$3,066,789	\$2,610,589	\$(456,200)
2020	\$3,175,270	\$2,660,614	\$(514,656)
2021	\$2,608,719	\$2,927,148	\$318,429

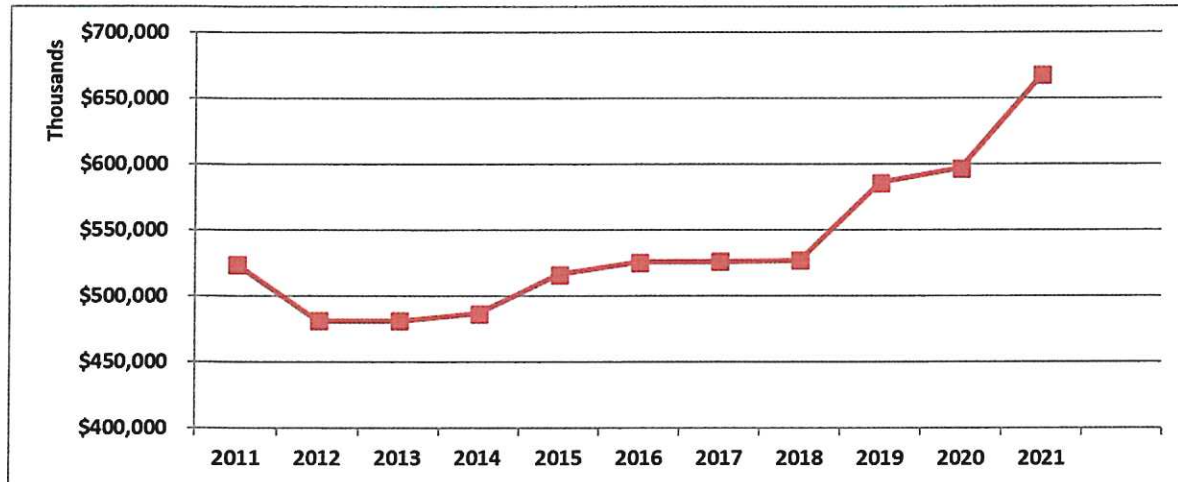
Property Tax-Fire Levy Fund

	<u>Estimate</u>	<u>Actual Receipts</u>	<u>Variance</u>
2017	\$1,999,081	\$1,964,589	\$(34,492)
2018	\$2,019,072	\$1,991,681	\$(27,391)
2019	\$5,494,388	\$5,580,905	\$86,517
2020	\$5,494,388	\$5,686,046	\$191,658
2021	\$5,494,388	\$5,665,460	\$171,072

The City's total property tax receipts (combined general and fire levy) are 6.04% more than the budget estimate for 2021.

The millage in the General Fund is made up of 3 mills of inside millage and 1.5 mills of voted charter millage. The City's two Fire levies are continuous (5.55 and 6.0 mills) and because of the reduction factor, they do not receive increases based on reappraisals, as the General Fund does on its inside millage. Both Fire levies, however, do receive increases from new construction.

The graph below reflects the assessed valuation of the City over the last ten years.

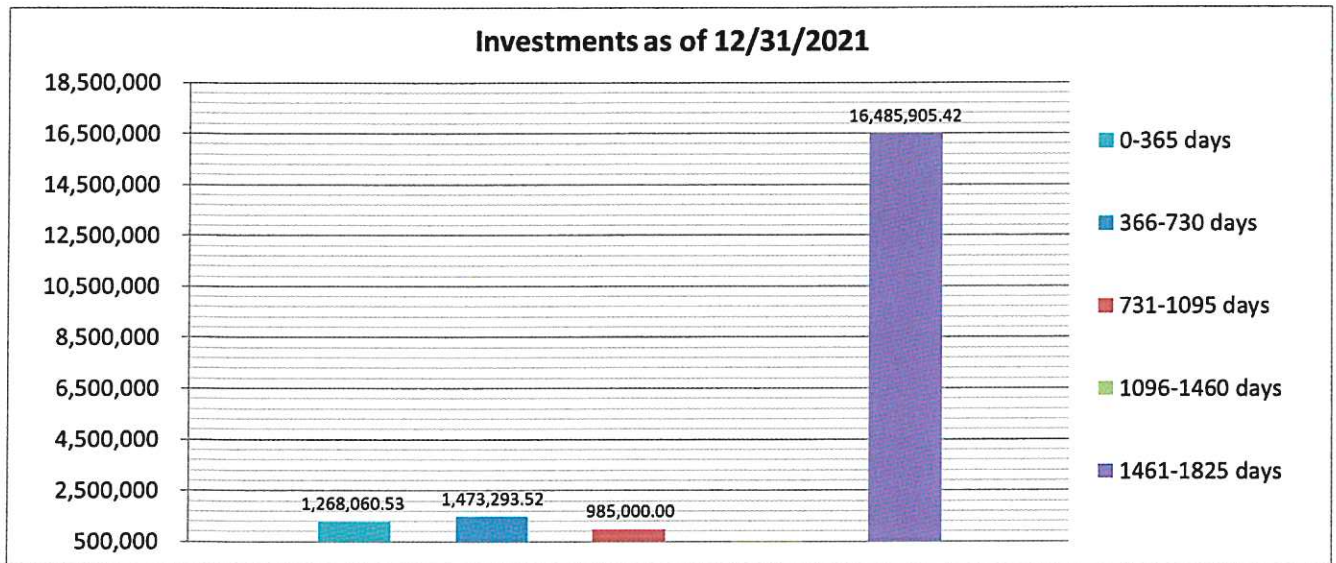


Investment Income

	<u>Estimate</u>	<u>Actual Receipts</u>	<u>Variance</u>
2017	\$166,427	\$280,618	\$114,191
2018	\$251,174	\$406,893	\$155,719
2019	\$287,917	\$527,428	\$239,511
2020	\$415,627	\$590,806	\$175,179
2021	\$367,100	\$159,481	\$(207,618)

The City’s investment policy calls for the return on the entire portfolio to meet the rate on a six month Treasury bill. STAR’s interest rates began at .10% in January and ended at 0.09% in December. The six-month T-Bill’s comparable rates were .09% and 0.19%, respectively. Keep in mind, the City’s investment policy’s “foremost objective” is the preservation of capital. All City investments are backed by the credit of the federal government, FDIC, pooled collateral by depository banks or in the case of StarOHIO carry a Standard & Poor’s highest credit rating of AAA.

A portion of the City’s investments are STAR Ohio, which is a money market fund operated by the State Treasurer’s Office, and the remaining investments are in a laddered maturity plan consisting of securities of several federal agencies and certificates of deposits. The maturity dates for the laddered portfolio range from one year to five years. The chart below shows the maturities of the \$20,457,259 investment portfolio as of December 31, 2021:



Building Permits

	<u>Estimate</u>	<u>Actual Receipts</u>	<u>Variance</u>
2017	\$380,000	\$256,267	\$(123,733)
2018	\$350,000	\$427,505	\$77,505
2019	\$325,000	\$283,610	\$(41,390)
2020	\$325,000	\$298,236	\$(26,764)
2021	\$200,000	\$804,243	\$604,243

The City's building permit collections were 402.12% higher than the revenue estimate. The number of teardowns remained flat with a total of 11 dwelling units demolished in 2021. Since teardowns began in 2001, there have been a total of 313 teardowns or approximately 9.1% of the City's estimated detached single-family residential units. There were 635 building permits issued in 2021 compared to 502 in 2020.

General Fund Revenues

	<u>Estimate</u>	<u>Actual Receipts</u>	<u>Variance</u>
2017	\$9,911,669	\$10,862,071	\$950,402
2018	\$11,299,396	\$11,651,246	\$351,850
2019	\$11,881,921	\$11,966,258	\$84,337
2020	\$12,097,114	\$12,324,175	\$227,061
2021	\$10,998,047	\$13,571,885	\$2,573,838

Total general fund revenue for 2021 exceeded the estimate by 23.4% and was 10.12% above 2020 actual revenue. The increase over estimated revenues was primarily due to increase in income tax.

Municipal Pool Fund

	<u>Estimate</u>	<u>Actual Receipts</u>	<u>Variance</u>
2017	\$218,680	\$259,801	\$41,121
2018	\$236,600	\$278,136	\$41,536
2019	\$238,170	\$264,101	\$25,931
2020	\$239,961	\$92,833	\$(147,128)
2021	\$127,400	\$253,285	\$125,885

The pool's operations resulted in receipts of \$253,285 with \$15,000 being transferred into the fund from the General Fund. This is an increase in revenues of \$160,452 or 172.84% more than 2020 revenues. Total expenses for pool operations in 2021 were \$198,366 compared to \$212,218 spent in 2020; this is a decrease of \$13,852. Total attendance was 20,406 in 2021, 10,109 in 2020, 27,298 in 2019, 28,659 in 2018, and 27,424 in 2017. The Covid-19 Pandemic and associated restrictions were the 2020 cause in decreased attendance and revenue. 2021 saw much less impact and a return to normalcy.

Capital Improvement Fund

	<u>Estimate</u>	<u>Actual Receipts</u>	<u>Variance</u>
2017	\$3,301,133	\$2,622,760	\$(678,373)
2018	\$2,682,164	\$2,936,157	\$253,993
2019	\$2,273,728	\$2,188,465	\$(85,263)
2020	\$2,013,900	\$2,131,300	\$117,400
2021	\$2,397,880	\$2,516,117	\$118,237

The Capital Improvement Fund received 25% of the City's income tax in years 2007 through 2012. In 2013, this percentage was reduced to 20%. Compared to 2020, the 2021 Capital Improvement Fund receipts were \$429,818 or 20.17% more, with \$292,309 in grant funds received in 2021 from Hamilton County Transportation Improvement District (HCTID) for continued work on the Montgomery Road Sidewalk Project.

Triangle TIF Fund

	<u>TIF Value</u>	<u>Net TIF Receipts</u>	<u>Developer</u>	<u>Deficit</u>
2017	\$5,573,460	\$77,724	\$40,714	\$(130,285)
2018	\$5,710,000	\$77,798	\$10,410	\$(154,239)
2019	\$5,448,660	\$95,762	\$0	\$(159,843)
2020	\$5,850,950	\$87,034	\$0	\$(160,567)
2021	\$5,850,950	\$87,305	\$0	\$(157,118)

The revenues of the Triangle Tax Increment Financing Fund, after County expenses are deducted, are shared 50% with Sycamore schools. The agreement with the developer required annual service payments be paid from TIF revenues, any deficit is to be made up by the developer. As of December 31, 2021, there exists a cumulative deficit of \$157,118.

In May of 2021, the mortgage holder of the property initiated a foreclosure action. The City will continue to receive current collections from real estate settlements and is currently pursuing legal action to secure payment as a tax lien.

2021 Expenditure Variances

Total City Expenditures excluding Transfers and Advances

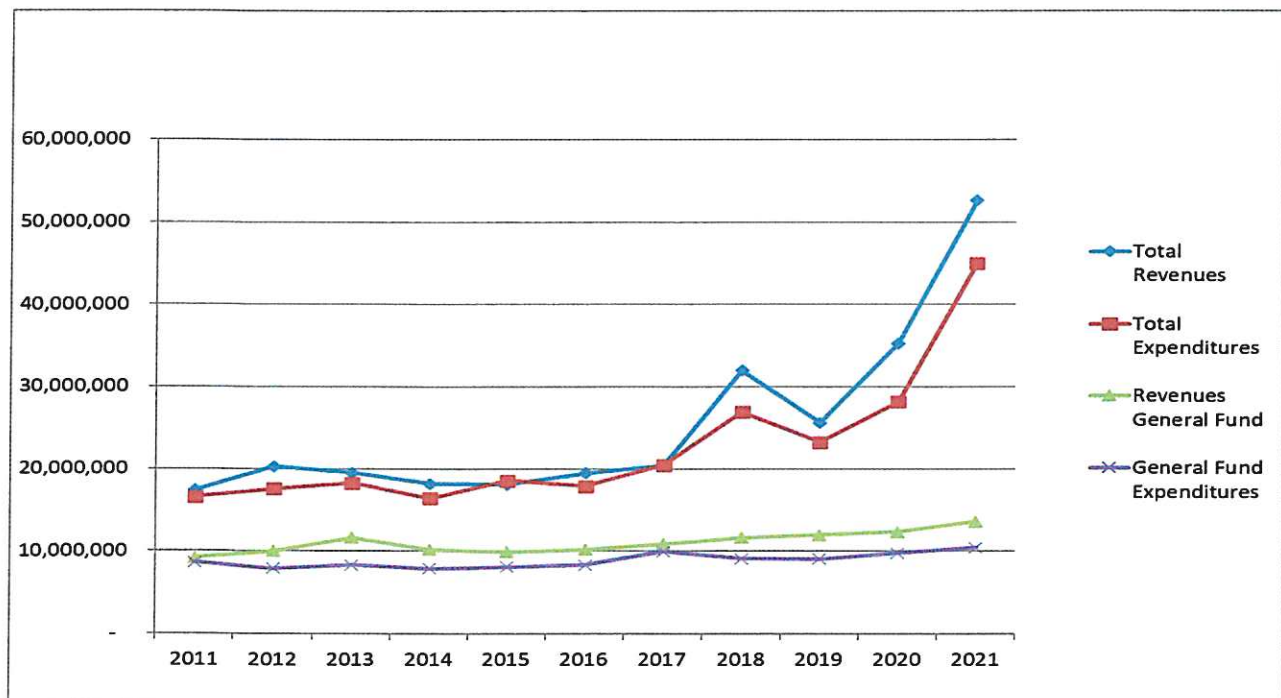
	<u>Appropriation</u>	<u>Actual Expenditures</u>	<u>Encumbrances</u>	<u>Variance</u>
2017	\$26,167,077	\$20,449,155	\$2,289,171	\$3,428,751
2018	\$26,509,097	\$17,679,666	\$4,188,169	\$4,641,262
2019	\$27,629,671	\$22,211,440	\$2,364,420	\$3,053,811
2020	\$43,527,009	\$28,149,906	\$3,158,361	\$12,218,742
2021	\$51,103,777	\$44,943,475	\$1,212,669	\$6,160,302

Outstanding encumbrances at year-end represent commitments of the current year budget resources.

General Fund Expenditures excluding Transfers and Advances

	<u>Appropriation</u>	<u>Actual Expenditures</u>	<u>Encumbrances</u>	<u>Variance</u>
2017	\$11,520,101	\$9,942,921	\$181,595	\$1,395,585
2018	\$10,639,608	\$9,081,889	\$124,794	\$1,432,925
2019	\$11,068,019	\$10,053,178	\$113,889	\$900,952
2020	\$13,716,825	\$9,775,988	\$61,798	\$3,879,039
2021	\$12,878,399	\$10,429,738	\$120,556	\$2,448,661

General Fund expenditures including outstanding encumbrances totaled 81.0% of the revised appropriations for 2021. The 2021 General Fund expenditures were \$653,750 or 6.68% higher than actual 2020 expenditures. Total General Fund expenditures with transfers and encumbrances in 2021 were \$11,431,638. The following chart graphically depicts total revenues and expenditures, as well as General Fund revenues and expenditures for the years 2011 through 2021.



Bonded Debt

Special Assessment Debt – As of December 31, 2021, the City has no Special Assessment Debt outstanding.

General Obligation Debt – As of December 31, 2021, the City has \$7,711,875 outstanding with a final maturity of 2038. Debt service payments for this debt are made for bond anticipation notes issued for the Montgomery Quarter Infrastructure Improvements.

Reserve of Montgomery Bond Retirement - As of December 31, 2021, the City has zero outstanding with its final maturity in 2021.

Special Obligation Debt – As of December 31, 2021, the City has \$57,697,548 outstanding with a final maturity of 2050. Debt service payments for this debt are made as payments in lieu of taxes to property owners located in the Vintage Club phase I and phase II developments. Below is the remaining amortization schedule for this debt.

	<u>Principal</u>	<u>Interest</u>	<u>Debt Service</u>
2017	\$300,000	\$519,153	\$819,153
2018	\$450,000	\$617,996	\$1,067,996
2019	\$460,000	\$749,734	\$1,209,734
2020	\$560,000	\$550,475	\$1,110,475
2021	\$570,000	\$1,171,889	\$1,741,889
2022-50	\$39,020,000	\$18,677,548	\$57,697,548

Vintage Club TIF Fund

	<u>TIF Value</u>	<u>Net TIF Receipts</u>	<u>Debt Service</u>
2017	\$126,177,503	\$1,084,496	\$819,153
2018	\$133,748,153	\$1,019,366	\$964,803
2019	\$104,968,400	\$1,076,121	\$966,928
2020	\$114,386,771	\$1,083,841	\$837,669
2021	\$114,084,286	\$1,229,532	\$835,117

The revenues of the Vintage Club Tax Increment Financing Fund, after county expenses are deducted, are shared 50% with Sycamore schools. The bond schedule requires that annual service payments be made from TIF revenues. The original 2013 bond issue was refinanced in fourth quarter 2019 and as of December 31, 2021, the bonds outstanding totals \$14,184,000. The amortization schedule runs through 2038.

Targeted Fund Balances

General Fund - The unencumbered cash balance of the General Fund as of December 31, 2021 was \$18,286,969 which represents a reserve of approximately 19 months, when using the total General Fund expenditures of \$10,462,976 (total General Fund expenditures net of transfers of \$1,001,900.00 to the Community Oriented Policing Fund, the Street Maintenance and Repair Fund, the Environmental Impact Area Funds, and Municipal Pool Fund plus year-end encumbrances of \$124,423) as the basis for determining the reserve.

Fire Levy Fund - The unencumbered cash balance of the Fire Levy Fund as of December 31, 2021, was \$11,514,439 which represents a reserve of approximately 35 months, when using the total Fire Levy Fund expenditures \$3,967,632 and outstanding encumbrances of \$463,605, as the basis for determining the reserve.

Capital Improvement Fund - The unencumbered cash balance of the Capital Improvement Fund as of December 31, 2021, was \$3,718,180 which is well above the targeted balance of \$1,000,000.

General Bond Retirement Fund - The unencumbered cash balance of the General Bond Retirement Fund as of December 31, 2021, was \$720,831.

Arts & Amenities Fund - The unencumbered cash balance of the Arts & Amenities Fund as of December 31, 2021, was \$647,494, which is well above the targeted balance of \$376,237.

Additional Fund Balances

Street Construction Maintenance & Repair Fund - The unencumbered cash balance of the Street Construction Maintenance & Repair Fund as of December 31, 2021, was \$2,009,607, which represents a reserve of approximately 24 months, when using the total Street Construction Maintenance & Repair Fund expenditures and outstanding encumbrances of \$32,783, as the basis for determining the reserve.

Downtown Improvement Fund - The unencumbered cash balance of the Downtown Improvement Fund as of December 31, 2021, was \$3,565,925.

Vintage Club (Phase I) Tax Increment Financing Fund - The unencumbered cash balance of the Vintage Club TIF Fund as of December 31, 2021, was \$2,720,745. The outstanding bonded debt against this fund is \$13,348,640.

Please advise if you have any questions or would like additional information.

c: Connie Gaylor, Administrative Coordinator

These minutes are a draft of the proposed minutes from the Financial Planning Committee of the City Council meeting. They do not represent the official record of proceedings until formally adopted by the Financial Planning Committee of City Council. Formal adoption is noted by signature of the Chair within the minutes.

City of Montgomery
Financial Planning Committee Meeting
December 6, 2021

Present

Brian Riblet, City Manager
Tracy Henao, Asst. City Manager
Katie Smiddy, Finance Director
Connie Gaylor, Clerk of Council

Council Committee Members Present

Ken Suer, Chair
Mike Cappel
Lee Ann Bissmeyer

The Financial Planning Committee of Council meeting was called to order at 4:30 p.m. by Chairman Suer.

November 2021 Income Tax Report

Ms. Smiddy explained that for the month of November, the City's total income tax receipts were \$682,548, which is a decrease of \$23,635 or (3.35) % compared to the 2020 November collections of \$706,183. Although collections were down slightly in November, year-to-date revenue is up 5.24%.

Ms. Smiddy reported that withholding collections were \$638,614; a decrease of \$17,736 or (2.71) % when compared to November 2020 collections of \$656,377. Despite the slight decrease in November collections, the year-to-date withholding revenue is 4.68% higher than 2020.

Ms. Smiddy reported that net profits from businesses located within or doing business within Montgomery were \$15,110. This is a decrease of \$381.00 or (2.46) % when compared to November 2020 collections of \$15,491. Year-to-date business collections are down 3.35%.

Ms. Smiddy explained that revenues of \$28,824 were collected in November 2021 from residents living in Montgomery, which is a decrease of \$5,491 or (16) % when compared to November 2020 collections of \$34,315. Since all individual returns were posted prior to the end of October, most of the income was included in October totals. Year-to-date revenue is up 10.07%.

Supplemental Appropriations to the 2021 Budget

Ms. Smiddy explained to the Committee that it is necessary for City Council to amend the 2021 Appropriation Ordinance to appropriate and reduce appropriations in various funds.

Ms. Smiddy explained that the aggregate effect of the supplemental appropriations is to increase total appropriations by \$4,163,098 as a result of increased obligations in comparison to total appropriations. Under Ohio Revised Code, appropriations cannot be exceeded by expenditures and appropriations cannot be made when there are no monies available in the fund balance.

Ms. Smiddy and the Committee reviewed the proposed supplemental appropriations and Ms. Smiddy added that she anticipated submitting a final scheduled of needed appropriations by the December 15 Work Session for requested passage of the Ordinance at that meeting.

These minutes are a draft of the proposed minutes from the Financial Planning Committee of the City Council meeting. They do not represent the official record of proceedings until formally adopted by the Financial Planning Committee of City Council. Formal adoption is noted by signature of the Chair within the minutes.

Financial Planning Committee Minutes

December 6, 2021

Page 2

Mr. Suer stated that the Building Permit expense seems a large amount of activity and expense.

Mr. Riblet explained that the expense amount did not reflect the revenue that is put into that account which is higher as the City gains revenue from permit fees. He stated that there were large permits filed this year and it was difficult to project how much those fees would be when budgeting that line item.

Mr. Cappel made a motion to add the Supplemental Appropriation Ordinance request to the December 15, 2021 City Council Work Session agenda. Mrs. Bissmeyer seconded. The Committee unanimously agreed.

Other Business

Mr. Riblet provided an update of the Gerri Harbison Memorial Fund balance. He explained that currently the fund has \$20,000 in it. He estimated that with current commitments from various businesses the fund would grow to approximately \$45,000 by the end of the year. Mr. Riblet added that he anticipated bringing a contract with sculptor, Tom Tsuchiya to City Council in early 2022.

Mr. Suer stated that Council Member Messer will become the authorized signer on the City Council Sunshine Fund account, and he stated there was a proposal to move some of those funds to the Gerri Harbison Memorial Fund.

Mr. Riblet stated that Ms. Roesch contributed \$350 from that fund before she retired.

Minutes

Mr. Cappel moved to accept the minutes of the November 1, 2021 meeting of the Financial Planning Committee as written. Mrs. Bissmeyer seconded. The Committee unanimously agreed.

Adjournment

Mrs. Bissmeyer moved for adjournment. Mr. Cappel seconded. The Committee unanimously agreed.

The Financial Planning Committee of Council was adjourned at 5:06 p.m.

Chair