

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: Check if Schedule O contains a response or note to any line in this Part III

OTR Community Housing works to build and sustain a diverse neighborhood We focus on developing and managing resident centered affordable housing in an effort to promote an inclusive community.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 2,022,196. including grants of \$) (Revenue \$ 1,157,450.) PROPERTY MANAGEMENT

The organization supports a range of affordable housing to meet the needs of residents. Our housing inventory includes permanent supportive housing, subsidized housing and traditional rental units. We encourage residents to get involved and participate in the shaping of the their community. We work to strengthen resident leadership by increasing membership on the board of trustees.

4b (Code:) (Expenses \$ 191,191. including grants of \$) (Revenue \$ 1,057,643.) RESIDENT SERVICES

As a result of its mission OTRCH operates several site based supportive housing units for the homeless. We provide housing to over 400 very low income individuals and households. OTRCH provides case management and counseling as an added service to our residents. Our residents receive referrals for such things as financial assistance, food, medical care, furniture, employment assistance, and transportation. Resident Services works in conjunction with Property Management to ensure we are providing the best housing experience for our residents.

4c (Code:) (Expenses \$ 52,902. including grants of \$) (Revenue \$ 329,200.) HOUSING DEVELOPMENT

Housing Development rehabilitates vacant older buildings in the Over The Rhine neighborhood of Cincinnati, OH. The buildings are multifamily and single family housing dedicated to the very low income and homeless individuals and families.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 351,832. including grants of \$) (Revenue \$ 181,520.) 4e Total program service expenses \$ 3,618,121.

Part IV Checklist of Required Schedules

	Yes	No
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11d	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11e	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11f	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20b	<input checked="" type="checkbox"/>	<input type="checkbox"/>

21	X	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.
22	X	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.
23	X	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.
24a	X	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.
24b		Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
24c		Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
24d		Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
25a	X	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.
25b	X	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.
26	X	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.
27		Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.
28	X	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. e Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. f Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. g Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. h Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. i Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1. j Did the organization have a controlled entity within the meaning of section 512(b)(13)? k If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. l Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. m Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. n Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 11c? Note. All Form 990 filers are required to complete Schedule O.
28a	X	
28b	X	
28c	X	
29	X	
30	X	
31	X	
32	X	
33	X	
34	X	
35a	X	
35b	X	
36	X	
37	X	
38	X	

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

		1a		Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		43	
		1b		Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0	
		1c		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
		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		43	
		2b		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X	
		3a		Did the organization have unrelated business gross income of \$1,000 or more during the year?		X	
		3b		If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O			
		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)?		X	
		4b		If "Yes," enter the name of the foreign country: ▶			
		5a		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
		5b		Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X	
		5c		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X	
		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?		X	
		6b		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
		7		Organizations that may receive deductible contributions under section 170(c).			
		7a		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?		X	
		7b		If "Yes," did the organization notify the donor of the value of the goods or services provided?			
		7c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X	
		7d		If "Yes," indicate the number of Forms 8282 filed during the year			
		7e		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X	
		7f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X	
		7g		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
		7h		If the organization received a contribution of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C?			
		8		Sponsoring organizations maintaining donor advised funds.		X	
		8a		Sponsoring organization, have excess business holdings at any time during the year?			
		8b		Sponsoring organizations maintaining donor advised funds.			
		8c		Did the sponsoring organization make any taxable distributions under section 4966?		X	
		8d		Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X	
		9		Section 501(c)(7) organizations. Enter:			
		9a		Initiation fees and capital contributions included on Part VIII, line 12		10a	
		9b		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b	
		10		Section 501(c)(12) organizations. Enter:			
		10a		Gross income from members or shareholders		11a	
		10b		Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b	
		11		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
		12		Section 501(c)(29) qualified nonprofit health insurance issuers.			
		12a		Is the organization licensed to issue qualified health plans in more than one state?		13a	
		12b		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	
		12c		Enter the amount of reserves on hand		13c	
		13		Did the organization receive any payments for indoor tanning services during the tax year?		14a	
		14		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	

Part VI Governance, Management, and Disclosure

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

Check if schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

1a	Enter the number of voting members of the governing body at the end of the tax year	14	Yes	No
1b	Enter the number of voting members included in line 1a, above, who are independent	14		
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?		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X	
6	Did the organization have members or stockholders?		X	
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?		X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
8a	The governing body?		X	
8b	Each committee with authority to act on behalf of the governing body?		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X	

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

10a	Does the organization have local chapters, branches, or affiliates?		X	No	Yes
10b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		X		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X		
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		X		
12a	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X		
12b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X		
13	Did the organization have a written whistleblower policy?		X		
14	Did the organization have a written document retention and destruction policy?		X		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		X		
15a	The organization's CEO, Executive Director, or top management official		X		
15b	Other officers or key employees of the organization		X		
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?		X		
16b	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 taken steps to safeguard the organization's exempt status with respect to such arrangements?		X		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **OTRCH 114 W 14th Street, Cincinnati OH 45202 513-381-1171**

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director			
(1) Mike Bootes	X								
(2) Ken Bordwell	X								
(3) Nick Dinardo	X								
(4) Bridgett Burbanks	X								
(5) Brian Fagan	X								
(6) Sandra Ivery	X								
(7) Fanni Johnson	X								
(8) Robert Pickford	X								
(9) Roger Auer		X							
(10) Georgia Keith			X						
(11) Vice President			X						
(11) Nathan Diskin			X						
(12) Treasurer			X						
(12) Bonnie Neumeier			X						
(12) Secretary			X						
(13) Mary Rivers			X						
(13) Executive Director			X						
(14) Andrew Hutzel			X						
(14) Director of Res Svcs			X						
						51,488.		13,000.	
						55,137.		14,000.	

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	
(A) Name and business address	(B) Description of services
(C) Compensation	

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.

Section B. Independent Contractors

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
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	4	X
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	5	X

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

1b Sub-Total	106,625.	27,000.
c Total from continuation sheets to Part VII, Section A		
d Total (add lines 1b and 1c)	106,625.	27,000.

(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 persons is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax sections under 512-514
<p>Part VIII Statement of Revenue</p> <p>Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/></p>					
Contributions, gifts, grants and other similar amounts					
1a	Federated campaigns				
1b	Membership dues				
1c	Fundraising events	37,157.			
1d	Related organizations	1276226.			
1e	Government grants (contributions)				
1f	All other contributions, gifts, grants, and similar amounts not included above	284,162.			
1g	Noncash contributions included in lines 1a-1f:				
1h	Total. Add lines 1a-1f	1597545.			
Program Service Revenue					
2a	Developers Fee	329,200.			
2b	Rents-Low Income Housing	1157450.			
2c	Management Fees	181,520.			
2d					
2e					
2f	All other program service revenue	277,781.			
2g	Total. Add lines 2a-2f	1,945,951.			
Other Revenue					
3	Investment income (including dividends, interest, and other similar amounts)	375,719.			
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
6a	Gross rents				
6b	Less: rental expenses				
6c	Rental income or (loss)				
6d	Net rental income or (loss)				
7a	Gross amount from sales of assets other than inventory				
7b	Less: cost or other basis				
7c	Gain or (loss)				
7d	Net gain or (loss)				
8a	Gross income from fundraising events (not including \$37,157. of contributions reported on line 1c)				
8b	See Part IV, line 18				
8c	Net income or (loss) from fundraising events				
9a	Gross income from gaming activities.				
9b	See Part IV, line 19				
9c	Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances				
10b	Less: cost of goods sold				
10c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue					
Business Code					
11a					
11b					
11c					
11d					
11e	Total. Add lines 11a-11d	3919215.			
12	Total Revenue. See instructions	2321670.			

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.			
(A)	(B)	(C)	(D)
Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		
2	Grants and other assistance to domestic individuals. See Part IV, line 22		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		
4	Benefits paid to or for members		
5	Compensation of current officers, directors, trustees, and key employees	42,766.	32,674.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	152,477.	
7	Other salaries and wages	658,744.	59,148.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,584.	1,520.
9	Other employee benefits	159,503.	37,400.
10	Payroll taxes	85,181.	10,591.
11	Fees for services (non-employees):		
a	Management	14,085.	3,400.
b	Legal	31,619.	
c	Accounting	31,619.	
d	Lobbying		
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.)	350.	13,258.
12	Advertising and promotion	13,608.	
13	Office expenses	81,865.	25,146.
14	Information technology		
15	Royalties		
16	Occupancy	428,951.	
17	Travel	2,868.	1,718.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		
19	Conferences, conventions, and meetings		
20	Interest	93,488.	5,881.
21	Payments to affiliates		
22	Depreciation, depletion, and amortization	459,162.	
23	Insurance	70,974.	561.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		
a	Rent-Program Expenses	730,831.	1,721.
b	Repairs and Maintenance	275,671.	97.
c	Real Estate Taxes	102,476.	
d	Truck expenses	21,008.	
e	All other expenses	27,089.	45,969.
25	Total functional expenses. Add lines 1 through 24e	3,618,121.	6,819.
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)	3,287,651.	54,796.

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

Part IX Statement of Functional Expenses

Part X Balance Sheet Form 990 (2014) Check if Schedule O contains a response or note to any line in this Part X

		(A)	(B)
		Beginning of year	End of year
1	Cash- non-interest-bearing	375,618.	790,708.
2	Savings and temporary cash investments	240,350.	151,974.
3	Pledges and grants receivable, net		
4	Accounts receivable, net	140,033.	176,030.
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		
7	Notes and loans receivable, net		
8	Inventories for sale or use		
9	Prepaid expenses and deferred charges	30,602.	44,843.
10a	Land, buildings, and equipment: cost or other basis	12,088,412.	
		10a	
		10b	
b	Less: accumulated depreciation	5,544,318.	6,544,094.
11	Investments- publicly traded securities		
12	Investments- other securities. See Part IV, line 11		4,927,377.
13	Investments- program-related. See Part IV, line 11		
14	Intangible assets		
15	Other assets. See Part IV, line 11	3,324,242.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	10,779,042.	12,635,026.
17	Accounts payable and accrued expenses	420,133.	251,204.
18	Grants payable		
19	Deferred revenue		10,414.
20	Tax-exempt bond liabilities		
21	Escrow or custodial account liability. Complete Part IV of Schedule D		
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
23	Secured mortgages and notes payable to unrelated third parties	1,442,662.	2,799,700.
24	Unsecured notes and loans payable to unrelated third parties	1,554,113.	1,354,046.
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	48,284.	68,682.
26	Total liabilities. Add lines 17 through 25	3,465,792.	4,490,046.
27	Unrestricted net assets	7,361,534.	8,144,980.
28	Temporarily restricted net assets		
29	Permanently restricted net assets		
Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		
31	Paid-in or capital surplus, or land, building, or equipment fund		
32	Retained earnings, endowment, accumulated income, or other funds		
33	Total net assets or fund balances	7,361,534.	8,144,980.
34	Total liabilities and net assets/fund balances	10,827,326.	12,635,026.

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? No Yes

2b Were the organization's financial statements audited by an independent accountant? No Yes

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? No Yes

3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits No Yes

Part XII Financial Statements and Reporting

10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33 column (B))	8,144,980
9	Other changes in net assets or fund balances (explain in Schedule O)	482,352
8	Prior period adjustments	
7	Investment expenses	
6	Donated services and use of facilities	
5	Net unrealized gains (losses) on investments	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	7,361,534
3	Revenue less expenses. Subtract line 2 from line 1	301,094
2	Total expenses (must equal Part IX, column (A), line 25)	3,618,121
1	Total revenue (must equal Part VIII, column (A), line 12)	3,919,215

Part XI Reconciliation of Net Assets

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

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

2014

OMB No. 1545-0047

Name of the organization
OVER THE RHINE COMMUNITY HOUSING

Employer identification number
31-1272434

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 11, 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.)
 - 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)(iiii)**. 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, memberships, 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.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 1a through 1d that describes the type of supporting organization and complete lines 1e, 1f, and 1g.
 - 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**.
 - 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**.
 - 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**.
 - 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**.
 - Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

- f** Enter the number of supported organizations
- g** Provide the following information about the supported organization(s).

(i) Name of supported organization	(iii) EIN	(iv) Is the organization listed in your governing document?		(viii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Yes	No			
(a)						
(b)						
(c)						
(d)						
(e)						
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,311,432	1,508,148	1,491,600	1,383,006	1,662,859	9,357,045
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.	3,311,432	1,508,148	1,491,600	1,383,006	1,662,859	9,357,045
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 1, column (f).						
6 Public support. Subtract line 5 from line 4.						9,357,045

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	3,311,432	1,508,148	1,491,600	1,383,006	1,662,859	9,357,045
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	200,069	177,918	236,910	456,554	383,142	1,454,593
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.)	1,040,989	518,007	533,147	582,192	510,720	3,185,055
11 Total support. Add lines 7 through 10	1,040,989	518,007	533,147	582,192	510,720	3,185,055
12 Gross receipts from related activities, etc. (see instructions)						13,996,693
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	66.85 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	40.12 %
16a 33 1/3% support test—2014. 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 checked="" type="checkbox"/>	
16b 33 1/3% support test—2013. 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—2014. 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"/>	
17b 10%-facts-and-circumstances test—2013. 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						
Total						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9						
10a						
b						
c						
11						
12						
13						
14						

Section C. Computation of Public Support Percentage

Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15
Public support percentage for 2013 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17
Investment income percentage from 2013 Schedule A, Part III, line 17	18

19a 33 1/3 % support tests-2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not 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-2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 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 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and

Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II Section B Other Income

The other income consists of laundry income, parking rentals, loan interest.

It also includes forgiveness of HUD Home Investment Loans.

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2014

Employer identification number
31-1272434

Name of the organization
OVER THE RHINE COMMUNITY HOUSING

Organization type (check one):

File(s) of:

Form 990 or 990-EZ 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ ◀

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I Contributors (see instructions.) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Ohio Capital Corporation 88 E. Broad Columbus, OH 43215	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
2	PNC Bank 201 E. 5th St Cincinnati, Oh 45202	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
3	Thomas and Eileen Kuechly 3570 Horncastle Cincinnati, Oh 45241	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
4	Marge and Charles Schott Foundation 5084 Wooster Rd Cincinnati, Oh 45226	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
5	Annetee Wick and Mark Manley 1419 Race St Cincinnati, Oh 45202	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
6	Episcopal Society Church 318 E 4th St Cincinnati, Oh 45202	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization
OVER THE RHINE COMMUNITY HOUSING
Employer identification number
31-1272434

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2014

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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers?
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
c Media advertisements?
d Mailings to members, legislators, or the public?
e Publications, or published or broadcast statements?
f Grants to other organizations for lobbying purposes?
g Direct contact with legislators, their staffs, government officials, or a legislative body?
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
i Other activities?
j Total. Add lines 1c through 1i.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
b If "Yes," enter the amount of any tax incurred under section 4912.
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912.
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

- 1 Were substantially all (90% or more) dues received nondeductible by members?
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

- 1 Dues, assessments and similar amounts from members
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).
a Current year
b Carryover from last year
c Total
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for supplemental information.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

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

the organization's accounting for conservation easements.

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Yes No

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

4 Number of states where property subject to conservation easement is located

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education)
 Protection of natural habitat
 Preservation of open space
 Preservation of an historically important land area
 Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Part II Conservation Easements.

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

1 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

2 Aggregate value of contributions to (during year) \$

3 Aggregate value of grants from (during year) \$

4 Aggregate value at end of year \$

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

1 Total number at end of year

2 Aggregate value of contributions to (during year) \$

3 Aggregate value of grants from (during year) \$

4 Aggregate value at end of year \$

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

Employer identification number 31-1272434

Name of the organization OVER THE RHINE COMMUNITY HOUSING

Department of the Treasury Internal Revenue Service

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

Open to Public Inspection

2014

OMB No. 1545-0047

Name of the organization
OVER THE RHINE COMMUNITY HOUSING

Employer identification number
31-1272434

Part I

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes No

2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogs, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes No

3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? Yes No

4 Does the organization maintain the following?
a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes No
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Yes No
c Copies of all catalogs, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes No
d Copies of all material used by the organization or on its behalf to solicit contributions? Yes No

5 Does the organization discriminate by race in any way with respect to:
a Students' rights or privileges? Yes No
b Admissions policies? Yes No
c Employment of faculty or administrative staff? Yes No
d Scholarships or other financial assistance? Yes No
e Educational policies? Yes No
f Use of facilities? Yes No
g Athletic programs? Yes No
h Other extracurricular activities? Yes No

6a Does the organization receive any financial aid or assistance from a governmental agency? Yes No
b Has the organization's right to such aid ever been revoked or suspended? Yes No
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II Yes No

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
Schedule E (Form 990 or 990-EZ) 2014

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 are a 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 programs
- 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

If "Yes," explain the arrangement in Part XIV and complete the following table:

Amount	1c	1d	1e	1f
	Beginning balance	Additions during the year	Distributions during the year	Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if organization answered "Yes" to 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				
1b Contributions				
1c Net investment earnings, gains and losses				
1d Grants or scholarships				
1e Other expenditures for facilities and programs				
1f Administrative expenses				
1g 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 Temporarily restricted endowment %
- The percentages in 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:

- (i) unrelated organizations
- (ii) related organizations
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to 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	498,787.			498,787.
b Buildings	11,570,969.	5,544,318.		6,026,651.
c Leasehold improvements				
d Equipment				
e Other	18,656.			18,656.
Total. Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				6,544,094.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(1) Description of liability	(a) Description of liability	(b) Bookvalue
1. Federal income taxes	tenant security deposits	68,682.
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		68,682

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

Part X Other Liabilities.

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

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

Part IX Other Assets.

(1) Description of investment type	(a) Description of investment type	(b) Bookvalue	(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.)			

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

Part VIII Investments-Program Related.

(1) Financial derivatives	(a) Description of security or category (including name of security)	(b) Bookvalue	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2) Closely-held equity interests			
(3) Other loans receivable			
(a) Investment in limited partnership		1,341,725. AT COST	
		9,585,652. AT COST	
(b)			
(c)			
(d)			
(e)			
(f)			
(g)			
(h) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		4,927,377	

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

Part VII Investments-Other Securities.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain:

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain:

		Yes		No	
		%		%	
Revenue	1	Gross revenue			
		(a) Bingo			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor			
		7	Direct expense summary. Add lines 2 through 5 in column (d)		
		8	Net gaming income summary. Combine line 1, column d, and line 7		
		(d) Total gaming (Add col. (a) through col. (c))			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		Yes		No		
		%		%		
Revenue	1	Gross receipts	23,511			
	2	Less: contributions				
	3	Gross income (line 1 minus line 2)	23,511			
	Direct Expenses	4	Cash prizes			
		5	Noncash prizes			
		6	Rent/facility costs	1,721		
		7	Food and beverages	1,260		
		8	Entertainment	885		
		9	Other direct expenses	2,310		
	10	Direct expense summary. Add lines 4 through 9 in column (d)			6,176	
11	Net income summary. Subtract line 10 from line 3, column (d)				17,335	
		(d) Total Events (Add col. (a) through col. (c))				

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

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" to Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

2014

OMB No. 1545-0047

Name of the organization
OVER THE RHINE COMMUNITY HOUSING

Employer identification number
31-1272434

Part I Questions Regarding Compensation

Yes No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
 First-class or charter travel
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account
 Housing allowance or residence for personal use
 Payments for business use of personal residence
 Health or social club dues or initiation fees
 Personal services (e.g., maid, chef, chauffeur, chef)

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
1b 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 in line 1a? **2**

3 Indicate which, if any, of the following the filing 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.
 Compensation committee
 Independent compensation consultant
 Form 990 of other organizations
 Written employment contract
 Compensation survey or study
 Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
a Receive a severance payment or change-of-control payment? **4a**
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
c Participate in, or receive payment from, an equity-based compensation arrangement? **4c**

5 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.
For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
a The organization? **5a**
b Any related organization? **5b**

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
a The organization? **6a**
b Any related organization? **6b**

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III
8 Were any amounts reported in 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
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2014

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

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

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

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

	(A) Name and Title	(B) Breakdown of 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 reported as deferred in prior Form 990.
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1		(i)						
		(ii)						
2		(i)						
		(ii)						
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						
17		(i)						
		(ii)						

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization: **OVER THE RHINE COMMUNITY HOUSING**
Employer identification number: **31-1272434**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. **\$**

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. **\$**

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2014

SCHEDULE O
(Form 990 or 990-EZ)

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

Open to Public Inspection

2014

OMB No. 1545-0047

PART III D-

Expenses of \$351,832 include \$286,762 for Administration and \$65,070 for

the Fund Raising department.

PART VI Section B line 11B-

The finance committee of the Board of Trustees reviews the Form 990.

Following the review, any changes are provided to all members of the

Board of Trustees.

PART VI Section B line 12A

The organization has a conflict of interest policy. Members of the Board

sign the policy annually.

PART VI Section B line 13

The organization has a whistleblower policy that has been approved

by the Board of Trustees.

PART VI Section B line 15A

The Executive Committee of the Board of Trustees completes an

annual review of the Executive Director and determines her salary. The

Executive Director reviews the performance and sets the salary of

key employees.

Part XII Financial Statements and Reporting

The organization has an annual A-133 and financial audit. A copy

of the audit report is submitted to HUD. The auditors review the audit

with the Finance Committee of the Board of Trustees.

