

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization
OHIO CAPITAL CORPORATION FOR HOUSING

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
88 EAST BROAD STREET SUITE 1800

City or town, state or province, country, and ZIP or foreign postal code
COLUMBUS, OH 43215

D Employer identification number
31-1265570

E Telephone number
(614) 224-8446

G Gross receipts \$ 102,341,403

F Name and address of principal officer:
MARGARET MOERTL
88 EAST BROAD STREET SUITE 1800
COLUMBUS, OH 43215

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)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.OCCH.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1989

M State of legal domicile:
OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box 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	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	1
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	76
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-1,741
b Net unrelated business taxable income from Form 990-T, line 39	7b	-1,741

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	702,025	1,827,221
9 Program service revenue (Part VIII, line 2g)	125,095,094	99,495,302
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	466,421	1,018,880
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)	126,263,540	102,341,403

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,573,666	6,444,579
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	16,254,426	18,876,095
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	95,108,571	59,521,526
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	116,936,663	84,842,200
19 Revenue less expenses. Subtract line 18 from line 12	9,326,877	17,499,203

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	173,867,116	167,120,734
21 Total liabilities (Part X, line 26)	82,031,924	57,784,598
22 Net assets or fund balances. Subtract line 21 from line 20	91,835,192	109,336,136

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: 2020-11-16
Type or print name and title: JENNIFER MULLANEY CFO

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-11-16
Check if self-employed PTIN: P00228007
Firm's name: ▶ COHNREZNICK LLP Firm's EIN: ▶ 22-1478099
Firm's address: ▶ 7501 WISCONSIN AVENUE SUITE 400E Phone no. (301) 652-9100
BETHESDA, MD 20814

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:

TO CAUSE THE CONSTRUCTION, REHABILITATION AND PRESERVATION OF AFFORDABLE HOUSING BY PROVIDING RESOURCES AND TECHNICAL SUPPORT TO DEVELOPERS OF AFFORDABLE HOUSING.

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 \$ 78,558,868 including grants of \$ 6,444,579) (Revenue \$ 99,497,043)
See Additional Data

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

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 78,558,868

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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		No
11c	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	Yes	
11d	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		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, excess benefit transactions, and related entities.

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 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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 take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O); 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: JENNIFER MULLANEY 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 (614) 224-8446

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANGELA MINGO DIRECTOR	3.00	X					0	0	0	
(2) DANIEL M SLANE CHAIRMAN/DIRECTOR	3.00	X		X			0	0	0	
(3) DENNIS GUEST DIRECTOR	3.00	X					0	0	0	
(4) JEANNE GOLLIER DIRECTOR	3.00	X					0	0	0	
(5) JOHN LEE DIRECTOR	3.00	X					0	0	0	
(6) RICHARD MCQUADY DIRECTOR	3.00	X					0	0	0	
(7) ROBERT J WEILER SR OUTGOING SECRETARY	3.00	X		X			0	0	0	
(8) SUSAN E WEAVER VICE-CHAIR/DIRECTOR	3.00	X		X			0	0	0	
(9) THOMAS LOOS TREASURER/DIRECTOR	3.00	X		X			0	0	0	
(10) HAROLD D KELLER PRESIDENT / PRESIDENT EMERITUS	37.00			X			972,496	0	57,762	
(11) JENNIFER MULLANEY CHIEF FINANCIAL OFFICER	40.00			X			395,615	0	71,405	
(12) JOHN F KUKURA CHIEF OF ACQUISITIONS	40.00			X			712,483	0	81,040	
(13) MARGARET MOERTL PRESIDENT (INCOMING)	40.00			X			271,241	0	41,543	
(14) SUSAN K ZIEGLER CHIEF OPERATING OFFICER	37.00			X			557,247	0	71,210	
(15) ANTHONY DIBLASI CHIEF OF ASSET MANAGEMENT	40.00				X		451,620	0	80,340	
(16) JONATHAN D WELTY VICE PRESIDENT	30.00				X		492,924	0	56,699	
(17) MERYDITH GREENE CHIEF OF DEVELOPMENT	10.00				X		351,350	0	64,552	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NANCY L TALLMAN DIRECTOR	40.00				X			231,067	0	67,717
(19) BRIAN LANGMEYER VICE PRESIDENT	40.00					X		423,861	0	64,307
(20) JOHN HARTRANFT DIRECTOR	40.00				X			239,647	0	66,834
(21) JOSEPH PIMMEL DIRECTOR OF POLICY AND PROGRAMS	40.00				X			357,975	0	57,199
(22) LORI MCMILLAN DIRECTOR OF UNDERWRITING	40.00				X			250,048	0	49,549
(23) BRADLEY CARMAN VICE PRESIDENT	40.00				X			242,842	0	64,768
(24) DOUGLAS R KLINGENSMITH VICE PRESIDENT	0.00					X		326,930	0	21,089
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							6,277,346	0	916,014	

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 ▶ 40

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BARNES & THORNBURG 41 S HIGH ST STE 3300 COLUMBUS, OH 43215	LEGAL SERVICES	543,396
COHNREZNICK LLP 7501 WISCONSIN AVE SUITE 400 BETHESDA, MD 20814	ACCOUNTING SERVICES	287,455
SQUIRE PATTON BOGGS 41 S HIGH STREET SUITE 2000 COLUMBUS, OH 43215	LEGAL SERVICES	215,245
SHEPHERD CONSULTING 947 E JOHNSTOWN RD 277 GAHANNA, OH 43230	CONSULTING	130,769

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 ▶ 4

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions.

Table for Program Service Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f for HARDEST HIT FUND PROGRAM REVENUE, ACQUISITION FEE, FLOW-THROUGH GAIN FROM INVESTMENT, MANAGEMENT FEE, OTHER FEES, and All other program service revenue.

Table for Other Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12 for investment income, royalties, rental income, gain from sales of assets, fundraising events, gaming activities, and sales of inventory.

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	6,444,579	6,444,579		
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	4,114,443	3,081,643	1,032,800	
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	11,513,758	8,536,778	2,976,980	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,083,411	867,432	215,979	
9 Other employee benefits	1,328,552	1,063,705	264,847	
10 Payroll taxes	835,931	619,815	216,116	
11 Fees for services (non-employees):				
a Management	199,038		199,038	
b Legal	100,711	80,599	20,112	
c Accounting	183,695	149,160	34,535	
d Lobbying	48,000	38,976	9,024	
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)	558,935	453,720	105,215	
12 Advertising and promotion	116,896	81,936	34,960	
13 Office expenses	78,969	46,773	32,196	
14 Information technology	266,768	90,224	176,544	
15 Royalties				
16 Occupancy	450,578	373,379	77,199	
17 Travel	572,198	545,255	26,943	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,261,688	1,193,975	67,713	
20 Interest	13,431	13,431		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	277,276	174,693	102,583	
23 Insurance	181,764	78,886	102,878	
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 HARDEST HIT FUND PROGRA	53,891,645	53,891,645		
b ADMINISTRATIVE	329,845	195,473	134,372	
c TRAINING AND DEVELOPMEN	209,054	145,927	63,127	
d MISCELLANEOUS EXPENSE	169,438	177	169,261	
e All other expenses	611,597	390,687	220,910	
25 Total functional expenses. Add lines 1 through 24e	84,842,200	78,558,868	6,283,332	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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	126,480,349	2	106,353,377
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,432,865	4	3,393,834
	5 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		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	2,825,329	7	631,000
	8 Inventories for sale or use	161,841	8	125,258
	9 Prepaid expenses and deferred charges	220,142	9	70,226
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,770,624		
	b Less: accumulated depreciation	2,671,705		
		3,047,235	10c	3,098,919
	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	39,699,355	13	53,448,120
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	173,867,116	16	167,120,734	
Liabilities	17 Accounts payable and accrued expenses	6,665,989	17	9,130,330
	18 Grants payable	38,120	18	52,656
	19 Deferred revenue	72,921,516	19	46,180,413
	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	569,626	23	568,876
	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	1,836,673	25	1,852,323
	26 Total liabilities. Add lines 17 through 25	82,031,924	26	57,784,598
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	91,835,192	27	109,336,136
	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	91,835,192	32	109,336,136	
33 Total liabilities and net assets/fund balances	173,867,116	33	167,120,734	

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	102,341,403
2	Total expenses (must equal Part IX, column (A), line 25)	2	84,842,200
3	Revenue less expenses. Subtract line 2 from line 1	3	17,499,203
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	91,835,192
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 in Schedule O)	9	1,741
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	109,336,136

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 31-1265570

Name: OHIO CAPITAL CORPORATION FOR HOUSING

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O.

SCHEDULE A
(Form 990 or 990-EZ)

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
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
OHIO CAPITAL CORPORATION FOR HOUSING

Employer identification number
31-1265570

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 1

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) OHIO CAPITAL FINANCE CORPORATION	010634942	10	Yes		1,525,000	0
Total	1				1,525,000	0

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 in 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 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

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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 in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
		11a	No
		11b	No
		11c	No

Section B. Type I Supporting Organizations

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

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

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	
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		3	

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 government entity (see instructions)		
2	Activities Test. Answer (a) and (b) 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
		2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
		2b	
3	Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
		3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		3b	

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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):	1	
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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
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 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 31-1265570

Name: OHIO CAPITAL CORPORATION FOR HOUSING

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

Facts And Circumstances Test

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

OMB No. 1545-0047

2019
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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" on 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" on 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 OHIO CAPITAL CORPORATION FOR HOUSING	Employer identification number 31-1265570
--	--

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

b If "Yes," describe in Part IV.

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				

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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		48,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		4,075
j	Total. Add lines 1c through 1i			52,075
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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	1	
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	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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.

Return Reference	Explanation
PART II-B, LINE 1:	LOBBYING IS DONE AROUND ISSUES OF AFFORDABLE HOUSING

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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.

Name of the organization: OHIO CAPITAL CORPORATION FOR HOUSING Employer identification number: 31-1265570

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for conservation details (2a-2d), and questions about monitoring and expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for 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 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" 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:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
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 in 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** Temporarily restricted 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:
- (i)** unrelated organizations
 - (ii)** related organizations
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

- 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" 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		505,187		505,187
b Buildings		3,568,358	1,204,869	2,363,489
c Leasehold improvements		523,312	408,840	114,472
d Equipment		1,102,048	1,004,165	97,883
e Other		71,719	53,831	17,888
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,098,919

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) INVESTMENT IN OHIO EQUITY FUND	-1,498,058	C
(2) INVESTMENT IN OCFC	45,854,667	C
(3) INVESTMENT IN CPAH	-563,172	C
(4) INVESTMENT IN AHD	14,613	C
(5) INVESTMENT IN CPIC	1,939,331	C
(6) INVESTMENT IN OCIC	7,165,943	C
(7) INVESTMENT IN CSH INC	794,145	C
(8) INVESTMENT IN OAKWOOD	-259,349	C
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	53,448,120	

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.

(a) Description of liability	(b) Book value
1. (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.)	1,852,323

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

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 31-1265570

Name: OHIO CAPITAL CORPORATION FOR HOUSING

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	OHIO CAPITAL (OCCH) HAS APPLIED FOR AND RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE (IRS) TO BE TREATED AS A TAX EXEMPT ENTITY PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. OCCH IS SUBJECT TO INCOME TAXES ON REVENUE GENERATED FROM OTHER SOURCES UNRELATED TO ITS EXEMPT PURPOSE. GENERALLY, OCCH IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE (THE "IRC") AND FROM STATE AND LOCAL TAXES UNDER COMPARABLE LAWS. DURING THE YEAR ENDED DECEMBER 31, 2019, OCCH DID NOT RECORD ANY UNRELATED BUSINESS INCOME. OCCH IS REQUIRED TO FILE AND DOES FILE A TAX RETURN WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND OCCH HAS NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization OHIO CAPITAL CORPORATION FOR HOUSING

Employer identification number

31-1265570

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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.

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4
3 Enter total number of other organizations listed in the line 1 table 3

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.

(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
(1)					
(2)					
(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.

Return Reference	Explanation
PART I, LINE 2:	REPORTING BY THE GRANT RECIPIENT IS REQUIRED. THE INFORMATION RECEIVED IS REVIEWED TO ENSURE THE GRANT IS SPENT FOR THE PURPOSE IT WAS INTENDED. MANY OF OUR GRANTS ARE REIMBURSABLE GRANTS, SO INVOICES MUST BE SUBMITTED FOR REIMBURSEMENT. INVOICES ARE REVIEWED TO ENSURE THE GRANT IS USED FOR ITS INTENDED PURPOSE.

Additional Data

Software ID:
Software Version:
EIN: 31-1265570
Name: OHIO CAPITAL CORPORATION FOR HOUSING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COMMUNITY PROPERTIES IMPACT CORPORATION 910 E BROAD ST COLUMBUS, OH 432051150	31-1707264	501(C)(3)	40,000				GENERAL SUPPORT
HANLEY WOOD MEDIA INC ONE THOMAS CIRCLE NW SUITE 1600 WASHINGTON, DC 20005	90-1024481		5,500				EVENT SPONSOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KENTUCKY BANKERS ASSOCIATION 600 W MAIN STREET LOUISVILLE, KY 40202	61-0244750	501(C)(6)	16,000				EVENT SPONSOR
OHIO BANKERS LEAGUE 4215 WORTH AVENUE SUITE 300 COLUMBUS, OH 43219	31-0916384	501(C)(6)	22,000				EVENT SPONSOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OHIO CAPITAL FINANCE CORPORATION 88 EAST BROAD STREET COLUMBUS, OH 43215	01-0634942	501(C)(3)	1,525,000				GENERAL SUPPORT
OHIO CAPITAL IMPACT CORPORATION 88 EAST BROAD STREET COLUMBUS, OH 43215	46-1632889	501(C)(3)	4,623,371				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PELTONIA 351 W NATIONWIDE BLVD COLUMBUS, OH 43215	31-1145986	501(C)(3)	11,325				GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
OHIO CAPITAL CORPORATION FOR HOUSING

Employer identification number
31-1265570

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> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<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									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <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>	4a	Yes								
	4b	Yes								
	4c	No								
<p>Only 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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	Yes								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes								
<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	No								
<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									

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	IN 2019, THE ORGANIZATION MADE THE FOLLOWING SEVERANCE PAYMENT: KLINGENSMITH - \$326,930 IN 2019, THE ORGANIZATION MADE THE FOLLOWING CONTRIBUTIONS INTO A NONQUALIFIED RETIREMENT PLAN: DIBLASI - \$100,703 KELLER - \$217,867 KUKURA - \$133,350.50 LANGMEYER - \$ 94,292 MULLANEY - \$81,131.50 PIMMEL - 84,324 WELTY - \$104,068 ZIEGLER - \$ 114,871 KETLER- \$ 64,704.
PART I, LINE 6	EMPLOYEES RECEIVED BONUSES BASED ON THE ORGANIZATIONS PERFORMANCE FOR THE YEAR.
PART I, LINE 7	ELIGIBLE EMPLOYEES RECEIVED PERFORMANCE-BASED BONUSES.

Additional Data

Software ID:
Software Version:
EIN: 31-1265570
Name: OHIO CAPITAL CORPORATION FOR HOUSING

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1 HAROLD D KELLER PRESIDENT / PRESIDENT EMERITUS	(i)	304,727	360,000	307,769	44,800	12,962	1,030,258	217,868
	(ii)	0	0	0	0	0	0	0
1 JENNIFER MULLANEY CHIEF FINANCIAL OFFICER	(i)	187,165	101,785	106,665	42,000	29,405	467,020	81,132
	(ii)	0	0	0	0	0	0	0
2 JOHN F KUKURA CHIEF OF ACQUISITIONS	(i)	245,418	285,279	181,786	44,800	36,240	793,523	133,351
	(ii)	0	0	0	0	0	0	0
3 MARGARET MOERTL PRESIDENT (INCOMING)	(i)	238,440	15,000	17,801	30,089	11,454	312,784	0
	(ii)	0	0	0	0	0	0	0
4 SUSAN K ZIEGLER CHIEF OPERATING OFFICER	(i)	244,338	151,345	161,564	44,800	26,410	628,457	114,871
	(ii)	0	0	0	0	0	0	0
5 ANTHONY DIBLASI CHIEF OF ASSET MANAGEMENT	(i)	195,678	118,251	137,691	44,800	35,540	531,960	100,703
	(ii)	0	0	0	0	0	0	0
6 JONATHAN D WELTY VICE PRESIDENT	(i)	212,186	137,654	143,084	44,800	11,899	549,623	104,068
	(ii)	0	0	0	0	0	0	0
7 MERYDITH GREENE CHIEF OF DEVELOPMENT	(i)	178,107	75,363	97,880	34,998	29,554	415,902	0
	(ii)	0	0	0	0	0	0	0
8 NANCY L TALLMAN DIRECTOR	(i)	169,698	61,010	359	36,207	31,510	298,784	0
	(ii)	0	0	0	0	0	0	0
9 BRIAN LANGMEYER VICE PRESIDENT	(i)	207,284	87,451	129,126	41,718	22,589	488,168	94,293
	(ii)	0	0	0	0	0	0	0
10 JOHN HARTRANFT DIRECTOR	(i)	158,931	80,357	359	37,000	29,834	306,481	0
	(ii)	0	0	0	0	0	0	0
11 JOSEPH PIMMEL DIRECTOR OF POLICY AND PROGRAMS	(i)	173,853	85,752	98,370	44,800	12,399	415,174	84,324
	(ii)	0	0	0	0	0	0	0
12 LORI MCMILLAN DIRECTOR OF UNDERWRITING	(i)	147,723	94,500	7,825	36,650	12,899	299,597	0
	(ii)	0	0	0	0	0	0	0
13 BRADLEY CARMAN VICE PRESIDENT	(i)	152,423	70,000	20,419	36,679	28,089	307,610	0
	(ii)	0	0	0	0	0	0	0
14 DOUGLAS R KLINGENSMITH VICE PRESIDENT	(i)	0	0	326,930	0	21,089	348,019	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

OHIO CAPITAL CORPORATION FOR HOUSING

Employer identification number

31-1265570

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1:	TO CAUSE THE CONSTRUCTION, REHABILITATION & PRESERVATION OF AFFORDABLE HOUSING BY PROVIDING RESOURCES AND TECHNICAL SUPPORT TO DEVELOPERS OF AFFORDABLE HOUSING.

990 Schedule O, Other Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:</p>	<p>OHIO CAPITAL CORPORATION FOR HOUSING (OCCH) IS A FINANCIAL INTERMEDIARY THAT PROVIDES DEVELOPERS OF AFFORDABLE RENTAL HOUSING WITH ACCESS TO CAPITAL. THROUGH OUR OHIO EQUITY FUNDS, OCCH RAISES TAX CREDIT EQUITY FOR INVESTMENT IN AFFORDABLE HOUSING PROJECTS THROUGHOUT OHIO AND PARTS OF KENTUCKY, INDIANA AND PENNSYLVANIA. IN 2019 OCCH ASSISTED DEVELOPERS AND NON-PROFIT SPONSORS OF 53 LOW-INCOME HOUSING TAX CREDIT PROJECTS, REPRESENTING 3,657 UNITS OF HOUSING PLACED IN SERVICE. IN 2019, OHIO EQUITY FUND RAISED \$312 MILLION FOR OHIO EQUITY FUND XXIX AND \$88 MILLION IN PROPRIETARY INVESTMENTS, WHICH WILL BE INVESTED IN PROPERTIES THROUGHOUT OHIO, KENTUCKY, INDIANA AND PENNSYLVANIA. AS PART OF OUR FIDUCIARY RESPONSIBILITY TO OUR INVESTORS, OCCH PROVIDES ASSET MANAGEMENT SERVICES TO THE PROJECTS INCLUDING TENANT APPLICATION REVIEW, COMPLIANCE TRAINING, PHYSICAL INSPECTIONS AND QUARTERLY REVIEW OF OCCUPANCY AND CASH FLOW. IN 2003, ACQUIRED THE LARGEST PORTFOLIO OF SCATTERED SITE PROJECT-BASED SECTION 8 RENTAL HOUSING IN THE NATION. WITH 250 BUILDINGS ACROSS SEVEN INNER-CITY NEIGHBORHOODS IN COLUMBUS, OHIO, THESE UNITS HAD HISTORICALLY STRUGGLED WITH POOR MAINTENANCE, HIGH CRIME, AND RESIDENTS LIVING IN SEVERE POVERTY WITH LIMITED SOCIAL AND FINANCIAL RESOURCES. THE ORIGINAL PORTFOLIO OF SECTION-8 UNITS BECAME KNOWN AS THE "CPO INITIATIVE." IN PARTNERSHIP WITH NUMEROUS COMMUNITY ORGANIZATIONS AND ACTIVE SUPPORT FROM FEDERAL, STATE, COUNTY AND LOCAL GOVERNMENTS, OCCH IMPLEMENTED A \$133 MILLION, NINE-PHASE REDEVELOPMENT PLAN FOR THE 1,033 UNITS IN THE CPO INITIATIVE. ALSO ESSENTIAL TO THE INITIATIVE WAS AN AGGRESSIVE ELIMINATION OF THE ELEMENTS SAFETY PROGRAM, SUPPORTIVE SERVICES, STRICT LEASE COMPLIANCE, AND RE-ESTABLISHMENT OF TRUST AND ACCOUNTABILITY BETWEEN RESIDENTS AND PROPERTY MANAGEMENT. THE GOAL IS FOR FAMILIES AND COMMUNITIES TO USE CPO HOUSING AS THE FOUNDATION FOR TRANSFORMATIONAL CHANGE. CPO MANAGEMENT HAS GONE BEYOND TRADITIONAL PROPERTY MANAGEMENT IN RESPONDING TO ITS UNIQUE CHALLENGES, REQUIRING ONGOING INNOVATION AND SIGNIFICANT INVESTMENT. UNDERSTANDING THESE CHALLENGES, CPO ESTABLISHED COMMUNITY PROPERTIES IMPACT CORPORATION (CPO IMPACT) IN 2007 TO HELP FUND INITIATIVES AND SUPPORT THE RESEARCH AND DEVELOPMENT NEEDED TO FIND AND DESIGN INTERVENTIONS TO FURTHER THE MISSION OF CPO. CPO SERVES A RESIDENT POPULATION LIVING BELOW THE POVERTY GUIDELINE WITH LIMITED ACCESS TO RESOURCES. THESE RESIDENTS BENEFIT GREATLY FROM SUPPORTIVE SERVICES. LEVERAGING STABLE HOUSING AS A PLATFORM FOR FUTURE OPPORTUNITY, CPO IMPACT APPLIES A TWO-GENERATION APPROACH WORKING WITH RESIDENTS AND THEIR CHILDREN TO REDUCE BARRIERS AND ASSIST FAMILIES TO MOVE BEYOND POVERTY. INITIATIVES ARE STRATEGICALLY DESIGNED TO ADDRESS FIVE CORE OBJECTIVES: STABLE HOUSING, SAFE NEIGHBORHOODS, RESIDENT GROWTH (INCLUDING MOVING BEYOND POVERTY WHERE POSSIBLE), SUCCESSFUL CHILDREN AND COMMUNITY LEARNING. IN ADDITION TO MANAGING THE CPO UNITS, THE MANAGEMENT COMPANY ALSO MANAGES UNITS IN</p>

990 Schedule O, Other Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	<p> COLUMBUS, PORTSMOUTH, KETTERING, DAYTON, TOLEDO AND YOUNGSTOWN, MANY OF WHICH ARE PART OF OCCH'S OVERALL PORTFOLIO. IN 2017, CPO OPENED COLUMBUS SCHOLAR HOUSE AND FUTURE SCHOLARS COMMUNITY LEARNING CENTER. COLUMBUS SCHOLAR HOUSE IS A 38 UNIT AFFORDABLE HOUSING COMMUNITY FOR LOW-INCOME STUDENT PARENTS DESIGNED TO IMPROVE LIVES, FAMILIES AND COMMUNITIES THROUGH EDUCATION. THE FUTURE SCHOLARS LEARNING CENTER PROVIDES QUALITY ON-SITE CHILD-CARE BY PARTNERING WITH THE YMCA OF CENTRAL OHIO. THE CENTER SERVES COLUMBUS SCHOLAR HOUSE RESIDENTS AS WELL AS OTHER FAMILIES LIVING IN CPO MANAGED PROPERTIES. THE ONGOING MANAGEMENT OF THE COMMUNITY PROPERTIES PORTFOLIO CONTINUES TO BE A FOCUS OF OHIO CAPITAL CORPORATION AND CPOMS. OHIO CAPITAL FINANCE CORPORATION (OCFC) IS THE LENDING ARM OF OCCH AND A CERTIFIED DEVELOPMENT FINANCIAL INSTITUTION (CDFI). THE OHIO AFFORDABLE HOUSING LOAN FUND ("OAHLF"), FORMED BY OCCH IN 2004 AND THE OCFC PARTICIPATION I, LLC ("PARTICIPATION"), FORMED IN 2006 HAVE \$18 MILLION DOLLARS OF FUNDING TO DEPLOY. IN 2012, THE OCFC PNC LOAN FUND WAS FORMED AND HAS AN ADDITIONAL \$5 MILLION OF FUNDING AVAILABLE. THESE FUNDS WERE ESTABLISHED TO PROVIDE A FLEXIBLE SOURCE OF CAPITAL TO BE USED BY DEVELOPMENT PARTNERS OF OCCH FOR USE AS: P REDEVELOPMENT FUNDING, ACQUISITION FINANCING AND BRIDGE FINANCING FOR PROJECTS NEARING THE END OF THEIR COMPLIANCE PERIOD. EXPANSION AND NEW CAPITAL MARKED TWO OF THE ACCOMPLISHMENTS FOR OCFC IN 2019. LED BY THE IMPLEMENTATION OF THE OCFC'S 2018 CAPITAL MAGNET FUND AWARDED FROM THE CDFI FUND, OCFC PROVIDED 48 LOANS TO AFFORDABLE HOUSING DEVELOPERS WITH TOTAL PRODUCTION EXCEEDING \$87 MILLION AND ASSISTING WITH THE PRODUCTION AND PRESERVATION OF OVER 3,171 UNITS. OCFC DEVELOPED A NEW TARGETED LOAN FUND IN 2018 TO SERVE CINCINNATI AND HAMILTON COUNTY. IN ITS FIRST YEAR OF OPERATION, THE CINCINNATI NEIGHBORHOOD TRANSFORMATION FUND LENT \$4,323,000 TO ASSIST IN THE PRESERVATION OF AFFORDABLE HOUSING WHILE ASSISTING IN SPURRING ECONOMIC DEVELOPMENT THROUGH COMMERCIAL DEVELOPMENT LENDING. OCFC CREATED A NEW INITIATIVE, THE 614 FOR LINDEN, TO REVITALIZE A DISINVESTED NEIGHBORHOOD ON THE NORTHEAST SIDE OF COLUMBUS. THE 614 FOR LINDEN IS A COLLABORATIVE NAMED FOR SIX NONPROFITS PARTNERING WITH FOUR COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS (CDFIS) TO HAVE A POSITIVE AND SIGNIFICANT IMPACT ON ONE COLUMBUS NEIGHBORHOOD, LINDEN. ITS MISSION IS TO CREATE AND PRESERVE AFFORDABLE HOUSING AND COMMERCIAL DEVELOPMENT, AS WELL AS TO PROVIDE ACCESS TO CAPITAL FOR SMALL BUSINESSES, AND OFFER HEALTH SERVICES TO RESIDENTS. THE 614 FOR LINDEN RECEIVED A \$5 MILLION GRANT AS A NATIONAL COMPETITION WINNER OF JPMORGAN CHASE'S PRO NEIGHBORHOODS INITIATIVE. AS THE AWARD RECIPIENT AND LEAD CDFI, OCFC EMBARKED ON DEVELOPING AND STRUCTURING A \$20 MILLION LOAN POOL IN PARTNERSHIP WITH THREE OTHER CDFIS: THE AFFORDABLE HOUSING TRUST FOR COLUMBUS AND FRANKLIN COUNTY, FINANCE FUND CAPITAL CORPORATION, AND THE ECONOMIC AND COMMUNITY DEVELOPMENT INST </p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:</p>	<p>ITUTE (ECDI). THIS COLLABORATION INTENDS TO DEVELOP 700 AFFORDABLE HOUSING UNITS, CREATE TWO HEALTHY FOOD OUTLETS, PROVIDE TECHNICAL ASSISTANCE AND MICROLOANS TO SMALL BUSINESSES, IMPROVE HEALTH AND WELLNESS, AND BUILD COMMUNITY ENGAGEMENT WITH THE RESIDENTS OF LINDEN. ADDITIONALLY, OCFC WAS THE RECIPIENT OF THE HIGHLY COMPETITIVE 2019 CAPITAL MAGNET FUND PROGRAM. OCFC WILL UTILIZE ITS \$7.7 MILLION AWARD TO PROVIDE ADDITIONAL SOURCES OF CAPITAL FOR PROJECTS LOCATED IN OHIO, KENTUCKY AND WEST VIRGINIA. IN ADDITION, IN 2012 OCFC BECAME A MEMBER OF THE FEDERAL HOME LOAN BANK OF CINCINNATI (FHLB). OCFC UTILIZES ITS MEMBERSHIP WITH THE FHLB TO LEVERAGE ADDITIONAL FUNDING FOR ITS BORROWERS THROUGH PROGRAMS THAT SERVE LOW TO MODERATE INCOME HOUSEHOLDS. IN FEBRUARY, 2010, PRESIDENT OBAMA ESTABLISHED THE HARDEST HIT FUND (HHF) TO PROVIDE AID TO FAMILIES IN STATES HARDEST HIT BY THE ECONOMIC AND HOUSING MARKET DOWNTURN. THE STATE OF OHIO RECEIVED \$570 MILLION IN TARP FUNDS TO HELP ADDRESS THE FORECLOSURE CRISIS IN OUR STATE. THE OHIO HOUSING FINANCE AGENCY IS ADMINISTERING THE FORECLOSURE MITIGATION PROGRAM, BUT TREASURY GUIDELINES STIPULATED THAT TO RECEIVE FUNDS, EACH RECIPIENT MUST BE A FINANCIAL INSTITUTION. TO FULFILL THIS REQUIREMENT, OHFA ASKED OHIO CAPITAL CORPORATION TO ADMINISTER THE FUNDS. OCCH FORMED OHIO HOMEOWNER ASSISTANCE LLC (OHA), A WHOLLY OWNED SUBSIDIARY, WHICH SERVES AS FISCAL AGENT FOR OHFA. OHA DISBURSES ALL HHF PAYMENTS INCLUDING THOSE TO LENDERS/SERVICERS AND FOR ALL ADMINISTRATIVE EXPENSES. THROUGH 2018, OHA HAD DISBURSED NEARLY \$450 MILLION ON BEHALF OF APPROXIMATELY 27,000 HOMEOWNERS. IN ADDITION, NEARLY \$175 MILLION HAD BEEN DISBURSED FOR NEARLY 12,200 PROPERTIES THAT WERE STRATEGICALLY TARGETED UNDER THE PROGRAM'S DEMOLITION INITIATIVE. THE GOAL OF THE PROGRAM IS TO STABILIZE PROPERTY VALUES BY REMOVING AND GREENING VACANT AND ABANDONED PROPERTIES IN AN EFFORT TO AVOID FUTURE FORECLOSURES. IN 2016, THE STATE OF OHIO RECEIVED \$192 MILLION OF ADDITIONAL FUNDING THAT EXTENDS THE PROGRAM TO 2020. THROUGH THE OCCH TRAINING ACADEMY AND IN CONJUNCTION WITH OTHER TRADE ASSOCIATIONS, OCCH CONTINUED TO OFFER AN ARRAY OF NO COST/LOW COST TRAINING COURSES FOR PROPERTY MANAGERS AND MAINTENANCE STAFF. TOPICS INCLUDE FAIR HOUSING, TAX CREDIT COMPLIANCE, BUDGETING, MARKETING, PREVENTATIVE MAINTENANCE AND LANDLORD-TENANT LAW. IN 2017, OHIO CAPITAL LAUNCHED AN E-LEARNING TRAINING TOOL THAT OFFERED SEVERAL COURSE TOPICS. IN ADDITION, OCCH HOLDS AN ANNUAL MANAGER AND MAINTENANCE CONFERENCE TO TRAIN FRONT LINE MANAGERS AND MAINTENANCE STAFF.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):</p>	<p>OCCH FORMED THE OHIO CAPITAL IMPACT CORPORATION (OCIC) IN DECEMBER OF 2012 AS THE NON-PROFIT, PHILANTHROPIC ARM OF OHIO CAPITAL CORPORATION FOR HOUSING (OCCH). OCIC CONTRIBUTES FUNDING TO SUPPORT THE EDUCATIONAL, ECONOMIC, HEALTH, AND SOCIAL BETTERMENT OF THE RESIDENTS OF AFFORDABLE HOUSING, TO THE AREAS IN WHICH THEY LIVE AND TO THE ORGANIZATIONS THAT SERVE THEM. OCCH HAS CAPITALIZED OCIC WITH APPROXIMATELY \$29 MILLION DOLLARS THROUGH THE END OF 2019. IN 2019, \$2.5M WAS AWARDED ACROSS FIVE DEDICATED PROGRAMS TO BENEFIT THE RESIDENTS OF OHIO EQUITY FUND PROJECTS. THROUGH THE RESIDENT DEVELOPMENT FUND, PARTNERS CAN APPLY FOR AWARDS TO SUPPORT INITIATIVES THAT EDUCATE AND EMPOWER YOUTH, PROVIDE SUMMER CAMPS AND ENRICHMENT, HELP SENIORS AGE-IN-PLACE, ENHANCE SITE SAFETY AND SECURITY, AND ASSIST ADULTS SEEKING TO FURTHER THEIR EDUCATION OR WORKFORCE TRAINING. IN 2019, OHIO CAPITAL CORPORATION AND OCIC AWARDED OVER \$400K IN THESE GRANTS. IN 2014, THE OCCH/OCIC BOARD DIRECTED UP TO \$1 MILLION FOR A MULTI-YEAR COLLEGE AND GED SCHOLARSHIP PROGRAM FOR RESIDENTS OF OCCH PROPERTIES. THE PROGRAM WAS IMPLEMENTED AS A PILOT PROGRAM AND IN 2019 PAID OUT \$219K IN SCHOLARSHIPS. IN ADDITION, FUNDS WERE EARMARKED FOR PERFORMANCE-BASED AWARDS BASED ON ACHIEVING GOOD GRADES. TO MOVE THE PROGRAM TO A MORE PERMANENT STATE THE BOARD DIRECTED ANOTHER \$1 MILLION IN 2019 TO EXTEND THE PROGRAM. OCIC IS PROUD TO SUPPORT THE WORK OF CPO IMPACT, AN AFFILIATE OF COMMUNITY PROPERTIES OF OHIO CREATED IN 2007. IN 2019, NEARLY \$125K IN FUNDS WERE AWARDED FOR SELECTED PROGRAMS THAT INTERVENTIONS DESIGNED TO INCREASE HOUSING STABILITY, ENHANCE NEIGHBORHOOD SAFETY, AND BUILD ON THE CAPABILITIES OF RESIDENTS STRIVING TO CULTIVATE THEIR WELL-BEING, FAMILY STABILITY, AND THEIR CHILDREN'S SUCCESS. OCCH AND OCIC ARE MISSION-DRIVEN ORGANIZATIONS THAT ADVOCATE FOR AFFORDABLE HOUSING AND ITS RESIDENTS THROUGH DONATIONS TO SERVICE-ENRICHED PROGRAMS THAT HELP CREATE AND MAINTAIN STRONG, STABLE COMMUNITIES. OCCH AND OCIC HAVE CREATED PARTNERSHIPS WITH MANY ORGANIZATIONS, INCLUDING BUT NOT LIMITED TO THE UNITED WAY, HABITAT FOR HUMANITY, THE COALITION FOR HOMELESSNESS AND HOUSING IN OHIO, LUTHERAN SOCIAL SERVICES, THE COLUMBUS METROPOLITAN HOUSING AUTHORITY, COMMUNITY SHELTER BOARD, DISABILITY HOUSING NETWORK, GREATER COLUMBUS COMMUNITY HELPING HANDS, HABITAT FOR HUMANITY, AND THE YMCA OF CENTRAL OHIO FOR PROGRAMS THAT ADVOCATE FOR NEIGHBORHOOD REVITALIZATION AND BETTER COMMUNITIES. IN 2019, OCIC DONATED OVER \$1.7 MILLION FOR SUCH INITIATIVES AND PROGRAMS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS REVIEWED INTERNALLY BY STAFF (PRESIDENT AND COO/CFO). IT IS THEN REVIEWED BY THE FINANCE/AUDIT COMMITTEE AND LEGAL COUNSEL. THE AUDIT COMMITTEE RECOMMENDS APPROVAL TO THE FULL BOARD. THE 990 IS ALSO MADE AVAILABLE TO THE FULL BOARD PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY AND COMPLETE AN INTEREST DISCLOSURE STATEMENT. AN INTEREST DISCLOSURE STATEMENT MUST ALSO BE COMPLETED AND FILED WHEN SITUATIONS ARISE THAT CAUSE AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST. OHIO CAPITAL CORPORATION IS A FAIRLY SMALL COMPANY (APPROX. 58 EMPLOYEES). ANY KNOWN CONFLICT OF INTEREST IS BROUGHT TO THE ATTENTION OF THE PRESIDENT FOR REVIEW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AN INDUSTRY PEER SURVEY WAS COMPLETED IN 2018 FOR THE PRESIDENT AND COO. SURVEYS WERE ALSO COMPLETED IN 2017 BY INDUSTRY PEERS FOR OTHER POSITIONS. THE PRESIDENT DETERMINES THE SALARIES OF OFFICERS AND KEY EMPLOYEES. WE ALSO REVIEW 990S OF OUR INDUSTRY PEERS. THE PRESIDENT'S SALARY IS DETERMINED BY THE BOARD OF DIRECTORS. A SEPARATE COMPENSATION COMMITTEE WAS FORMED IN 2012.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS OF THE ORGANIZATION ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1B:	THE MEMBERS ARE PAID COMPENSATION FROM RELATED ORGANIZATIONS, HOWEVER THERE WAS NO COMPENSATION OVER \$10,000 IN CONNECTION WITH SERVICES PROVIDED TO EACH OF THE RELATED ORGANIZATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	FLOW THROUGH LOSS 1,741.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	ALTHOUGH THERE IS NO SEPARATE AUDITED FINANCIAL STATEMENT FOR THE ENTITY, THE ORGANIZATION DOES RECEIVE A CONSOLIDATED AUDIT PERFORMED BY AN INDEPENDENT ACCOUNTANT. THE ORGANIZATION DOES HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
OHIO CAPITAL CORPORATION FOR HOUSING

Employer identification number
31-1265570

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) COMMUNITY PROPERTIES OF OH MGMT SERVICES 910 EAST BROAD STREET COLUMBUS, OH 43205 56-2281157	PROPERTY MGMT	OH	294,405	4,612,676	OCCH
(2) COMMUNITY PROPERTIES OF OHIO DEVELOPMENT 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 55-0806457	LOW INC HSING	OH	10,851	1,412,092	OCCH
(3) OHIO HOMEOWNER ASSISTANCE LLC 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 27-3046206	FISCAL AGENT	OH	0	31,562,774	OCCH
(4) CAPITAL CITY HOLDINGS 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 31-1265570	REAL ESTATE	OH	-86,816	-212,712	OCCH
(5) OEF AFFORDABLE HOUSING DC LLC 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 31-1265570	LOW INC HSING	OH	0	0	OCCH
(6) OAKWOOD TOWNHOMES LLC 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 81-4322582	REAL ESTATE	OH	-81,194	1,405,043	OCCH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) OHIO CAPITAL FINANCE CORPORATION 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 01-0634942	AFFORDABLE HOUSING	OH	501(C)(3)	LINE 10	OCCH	Yes	
(2) COMMUNITY PROPERTIES IMPACT CORPORATION 910 EAST BROAD STREET COLUMBUS, OH 43205 31-1707264	SOCIAL SERVICES	OH	501(C)(3)	LINE 10	OCCH	Yes	
(3) OHIO CAPITAL IMPACT CORPORATION 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 46-1632889	SOCIAL SERVICES	OH	501(C)(3)	LINE 12A, I	OCCH	Yes	

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) OHIO EQUITY FUND INC 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 31-1285738	REAL ESTATE	OH	OCCH	C			100.000 %		No
(2) AHD INC 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 31-1379710	REAL ESTATE	OH	OCCH	C			100.000 %		No
(3) COMMUNITY PARTNERS FOR AFFORDABLE HOUSING 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 54-2096826	REAL ESTATE	OH	OCCH	S			75.000 %		No
(4) HORIZON HOUSE APARTMENTS INC 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 27-2589025	REAL ESTATE	OH	CPO DEVELOPMENT	C	9,895	8,953	100.000 %		No
(5) COLUMBUS SCHOLAR HOUSE INC 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 46-0741462	REAL ESTATE	OH	CPO DEVELOPMENT	C			100.000 %		No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Yes	
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY PROPERTIES OF OHIO MANAGEMENT SERVICES	A	55,665	COST
(2) COMMUNITY PROPERTIES OF OHIO MANAGEMENT SERVICES	B	847,711	COST

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 31-1265570

Name: OHIO CAPITAL CORPORATION FOR HOUSING

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
COMMUNITY PROPERTIES OF OH MGMT SERVICES 910 EAST BROAD STREET COLUMBUS, OH 43205 56-2281157	PROPERTY MGMT	OH	294,405	4,612,676	OCCH
COMMUNITY PROPERTIES OF OHIO DEVELOPMENT 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 55-0806457	LOW INC HSING	OH	10,851	1,412,092	OCCH
OHIO HOMEOWNER ASSISTANCE LLC 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 27-3046206	FISCAL AGENT	OH	0	31,562,774	OCCH
CAPITAL CITY HOLDINGS 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 31-1265570	REAL ESTATE	OH	-86,816	-212,712	OCCH
OEF AFFORDABLE HOUSING DC LLC 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 31-1265570	LOW INC HSING	OH	0	0	OCCH
OAKWOOD TOWNHOMES LLC 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 81-4322582	REAL ESTATE	OH	-81,194	1,405,043	OCCH

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HORIZON HOUSE APARTMENTS LLC 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 27-0701412	RENT REAL ESTATE	OH	HH APART INC	RELATED	-140,113	6,410,180		No			No	0.100 %
CINCINNATI HOUSING LP II 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43205 31-1602343	RENT REAL ESTATE	OH	AHD INC	RELATED				No			No	0.050 %
KERPER DEVELOPMENT LIMITED PARTNERSHIP 2170 GILBERT AVE CINCINNATI, OH 45206 31-1469356	RENT REAL ESTATE	OH	AHD INC	RELATED				No			No	0.490 %
PILGRIM LIMITED PARTNERSHIP 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 31-1636328	RENT REAL ESTATE	OH	AHD INC	RELATED				No			No	0.050 %
CPO III LLC 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 65-1170938	RENT REAL ESTATE	OH	CPAH	RELATED				No			No	13.000 %
NETWORK RESTORATION II LLC 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 20-0414793	RENT REAL ESTATE	OH	CPAH	RELATED				No			No	0.030 %
NETWORK RESTORATION III LLC 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 20-2459957	RENT REAL ESTATE	OH	CPAH	RELATED				No			No	0.030 %
CPR II LLC 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 20-0468503	RENT REAL ESTATE	OH	CPAH	RELATED				No			No	0.100 %
COLUMBUS SCHOLAR HOUSE I LLC 88 EAST BROAD STREET SUITE 1800 COLUMBUS, OH 43215 35-2451989	RENT REAL ESTATE	OH	CPO DEVELOPMENT	RELATED				No			No	0.050 %
TCCN HOMES IV LIMITED PARTNERSHIP 1611 NORTH DETROIT AVE TOLEDO, OH 43607 33-1043140	RENT REAL ESTATE	OH	AHD INC	RELATED				No			No	0.100 %