

PUBLIC DISCLOSURE COPY

(Rev. January 2020) 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 Open to Public Inspection

A F	or the	2019 calendar year, or tax year beginning	and	ending				
	heck if oplicable	C Name of organization			D Employer identific	cation number		
X	Addres	S OVER THE RHINE COMMUNIT	Y HOUSING					
	Name change				31-12724	34		
	Initial return	Number and street (or P.O. box if mail is not delive	vered to street address)	Room/suite				
	Final return/	114 W 14TH STREET			513-381-			
	termin- ated Ameno	City or town, state or province, country, and Zi	G Gross receipts \$	7,321,904.				
	return Application	CINCINNATI, OH 45202	H(a) Is this a group re					
	∫tion pendin	F Name and address of principal officer: MARY SAME AS C ABOVE	BORVE KIAFKS	for subordinates? Yes X No H(b) Are all subordinates included? Yes No				
	27-076		(insert no.) 4947(a)(1)	or 527	1 ` ′	list. (see instructions)		
		e: NWW.OTRCH.ORG	(πισοιττιο.) 4547 (α)(1)	01 021	H(c) Group exemptio			
			ociation Other ►	L Year		A State of legal domicile: OH		
	rt I	Summary		1 =				
	1	Briefly describe the organization's mission or most s	ignificant activities: ${f TO}$ ${f D}$	EVELOP	AND MANAGE			
Activities & Governance	:	RESIDENT-CENTERED AFFORDAB	LE HOUSING TO B	UILD A	N INCLUSIVE	COMMUNITY		
irna	2	Check this box 🕨 🔛 if the organization discont	tinued its operations or dispos	sed of more				
Š		Number of voting members of the governing body (F			3	11		
∞ ∞		Number of independent voting members of the gove				11 56		
ties		Total number of individuals employed in calendar year				11		
Ęį		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, colu				0.		
₹		Net unrelated business taxable income from Form 99				0.		
			55 1, mio 55 1		Prior Year	Current Year		
•	8	Contributions and grants (Part VIII, line 1h)			3,606,360.	2,562,409.		
ğ	9	Program service revenue (Part VIII, line 2g)			2,307,004.	4,090,519.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, a	and 7d)		235,446.	375,847.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9	9c, 10c, and 11e)		35,291.	264,820.		
\dashv		Total revenue - add lines 8 through 11 (must equal P			6,184,101.	7,293,595.		
		Grants and similar amounts paid (Part IX, column (A)			0.	0.		
		Benefits paid to or for members (Part IX, column (A),	1,787,216.	1,938,739.				
ses		Salaries, other compensation, employee benefits (Pa Professional fundraising fees (Part IX, column (A), lin			0.	0.		
Expenses		Total fundraising expenses (Part IX, column (D), line	4 4 4 4 4	28.	<u> </u>	Ŭ.		
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 1	-		3,982,419.	3,674,804.		
		Total expenses. Add lines 13-17 (must equal Part IX,			5,769,635.	5,613,543.		
	19	Revenue less expenses. Subtract line 18 from line 12			414,466.	1,680,052.		
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year		
ssets	20				16,930,050.	22,887,996.		
et A	21	, , , , , , , , , , , , , , , , , , , ,			2,403,186.	6,681,080. 16,206,916.		
Z∄ Pa	22 rt II	Net assets or fund balances. Subtract line 21 from line Signature Block	ne 20		14,526,864.	10,200,910.		
		Ities of perjury, I declare that I have examined this return, ir	ncluding accompanying schedules	s and stateme	ents, and to the hest of my	knowledge and helief it is		
		t, and complete. Declaration of preparer (other than officer)				intowiougo una sonoi, it io		
Sign Here		Signature of officer			Date			
		MARY BURKE RIVERS, EXEC	UTIVE DIRECTOR					
		Type or print name and title		1.5	Data I F	DTIN		
			Preparer's signature		Date Check	PTIN		
Paid			VANE E. PFEIFER	<u>j1</u>	1/10/20 self-employ			
Prep Use		Firm's name CLARK, SCHAEFER, Firm's address 1 EAST 4TH STREET	HACKETT & CO.		FIRM'S EIN	31-0800053		
U36 (Unity	CINCINNATI, OH 45			Phone no 51	3-241-3111		
—— Mav	the IF	RS discuss this return with the preparer shown above			T Holic Ho. 5 ±	X Yes No		

Pa	rt 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:
	AT OVER-THE-RHINE COMMUNITY HOUSING, WE DEVELOP AND MANAGE
	RESIDENT-CENTERED AFFORDABLE HOUSING TO BUILD INCLUSIVE COMMUNITY AND
	BENEFIT LOW-INCOME RESIDENTS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$ 3,094,028 • including grants of \$) (Revenue \$ 3,308,831 •)
·u	PROPERTY MANAGEMENT: OTRCH OWNS 236 PROPERTIES AND MANAGES 420 UNITS OF
	AFFORDABLE HOUSING IN OVER-THE-RHINE. WITHIN THIS PROGRAM, WE OFFER
	SEVERAL TYPES OF HOUSING: INCLUDING PERMANENT SUPPORTIVE HOUSING FOR
	THE HOMELESS, LOW-INCOME TAX-CREDIT HOUSING, SECTION 8 HOUSING,
	TRANSITIONAL HOUSING FOR THE HOMELESS, SENIOR HOUSING, AND CONVENTIONAL
	LOW-INCOME HOUSING.
	HOW INCOME HOODING.
	(Code:) (Expenses \$1,757,957. including grants of \$) (Revenue \$ 14,725.)
4b	(Code:) (Expenses \$1, /5/, 95/• including grants of \$) (Revenue \$14, /25•) RESIDENT DEVELOPMENT AND SUPPORT: OTRCH RESIDENT DEVELOPMENT AND
	SUPPORT PROGRAM OFFERS SUPPORTIVE HOUSING TO HOMELESS INDIVIDUALS AND
	FAMILIES. THIS IS DONE IN PARTNERSHIP WITH OTHER ORGANIZATIONS
	INCLUDING STRATEGIES TO END HOMELESSNESS, SHELTERHOUSE, GREATER
	CINCINNATI BEHAVIORAL HEALTH SERVICES, AND OTHERS. WE OPERATE THE
	FOLLOWING PROPERTIES IN THIS PROGRAM: RECOVERY HOTEL (20 UNITS),
	BUDDY'S PLACE (20 UNITS), CARRIE'S PLACE (43 UNITS), NANNIE HINKSTON
	HOUSE (12 UNITS), JIMMY HEATH HOUSE (25 UNITS), SPRING STREET (6
	UNITS), AND AN ADITIONAL 115 SCATTERED SITE RENTAL UNITS. RESIDENT
	SUPPORT INCLUDES ENGAGING RESIDENTS IN ACTIVITIES INCLUDING BLOCK
	PARTIES, CHILDREN'S SUMMER CAMPS, WEEKLY ART PROGRAMMING, COMMUNITY
	BUILDING, AND OTHER SPECIAL EVENTS.
4-	(Code:) (Expenses \$ 233,539 . including grants of \$) (Revenue \$ 1,044,782 .)
40	HOUSING DEVELOPMENT AND SUPPORT: CONSISTENT WITH THE MISSION STATEMENT,
	OTRCH'S HOUSING DEVELOPMENT AND SUPPORT PROGRAM WORKS TO ENSURE THAT
	EXISTING, LOW-WEALTH RESIDENTS BENEFIT FROM OUR NEIGHBORHOOD
	REVITALIZATION INITIATIVES. ITS DEVELOPMENTS CONTRIBUTE TO THE LOCAL
	ECONOMY THROUGH EMPLOYMENT OPPORTUNITIES, SUPPORTING COMMUNITY
	BUSINESSES BY PURCHASING MATERIALS AND SUPPLIES LOCALLY, AND BY
	INFUSING THE INCOME TAX BASE OF THE NEIGHBORHOOD DEVELOPER FEES
	RECEIVED FROM THIS PROGRAM AND PUTTING THEM BACK INTO FUNDING NEW
	PROJECTS IN ORDER TO PRESERVE AFFORDABILITY IN AND AROUND
	OVER-THE-RHINE. THE DEVELOPMENT TEAM IS CURRENTLY WORKING TO REDEVELOP
	120 UNITS OF EXISTING SUBSIDIZED HOUSING IN THE NEXT YEAR.
4 -1	Other are aware and item (Describe on Calcabile O.)
40	Other program services (Describe on Schedule O.)
	(Expenses \$\frac{1}{2}\text{ including grants of \$}\text{) (Revenue \$}\text{)}\text{Total program service expenses }\t
40	TOTAL DIDUCTALL SERVICE EXDENSES - J. UUJ. JAT.

Form **990** (2019)

Form 990 (2019) OVER THE RHINE COMMUNITY HOUSING 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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	3		Х
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	4		Х
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	5		Х
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	6		Х
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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,.
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	15		X
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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>,_</u>		. v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	t in the state of	20a		
b O4	, , , , , , , , , , , , , , , , , , , ,	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Δ

Form 990 (2019) OVER THE RHINE COMMUNITY HOUSING Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	 		v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		Х
31	contributions? If "Yes," complete Schedule M	30		X
32	Did the organization required the transfer more than 25% of its net assets? If "Yes," complete	31		
32	,	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	55		
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		-	
Par	Note: All Form 990 filers are required to complete Schedule O	38	X	
raf				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4 -	Enter the number reported in Pay 2 of Form 1006 Enter 0 if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Ia 7 Finter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
	(gambling) winnings to prize winners?	1c	Х	
932004	901-20-20	_	990	(2019)

Form 990 (2019) OVER THE RHINE COMMUNITY HOUSING Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	56			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร? .		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account, securities account, or other financial account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such account in a foreig	ccoui	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions and Financial Action (Control of Foreign Bank) and Financial (Control of Foreign	ccour	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and contribution	vices _l	provided to the payor?	7a	X	
b				7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?	l		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-				
				8		
9	Sponsoring organizations maintaining donor advised funds.					
a				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	ءمد ا	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	LIUD				
11		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1110				
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Bid the consideration and the consideration of the bad and the consideration of the bad and the consideration of the consideration of the bad and the consideration of the consid		•	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
				Farm	990	(2010)

OVER THE RHINE COMMUNITY HOUSING 31-1272434 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

Section C. Disclosure

exempt status with respect to such arrangements?

17	List the states with which a copy of this Form 990 is required to be filed	NONE

114 W 14TH STREET, CINCINNATI, OH 45202

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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

taxable entity during the year?

20 State the name, address, and telephone number of the person who possesses the organization's books and records LISA CECIL, CONTROLLER - 513-381-1171

Form **990** (2019)

Х

16a

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per	Position (do not check more than one box, unless person is both an						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director				Highest compensated transported employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ROGER AUER	1.00								_	
PRESIDENT		Х		Х				0.	0.	0
(2) GEORGIA KEITH	1.00									_
VICE PRESIDENT		Х		Х				0.	0.	0
(3) JONATHAN DISKIN	1.00	l		l						
TREASURER	1 00	Х	_	Х				0.	0.	0
(4) BONNIE NEUMEIER	1.00	.,		,,						
SECRETARY	1 00	Х		Х				0.	0.	0
(5) MIKE BOOTES	1.00	٠,,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0
(6) BRIDGETT BURBANKS BOARD MEMBER	1.00	х						0.	0.	^
(7) NICK DINARDO	1.00							· ·	0.	0
BOARD MEMBER	1.00	Х						0.	0.	0
(8) FANNI JOHNSON	1.00	^						0.	0.	0
BOARD MEMBER	1.00	x						0.	0.	0
(9) KELLY CLEMENTS	1.00							· · ·	•	
BOARD MEMBER		x						0.	0.	0
(10) ALLEN WOODS	1.00	<u> </u>							•	
BOARD MEMBER		Х						0.	0.	0
(11) ROBERT PICKFORD	1.00									
BOARD MEMBER		Х						0.	0.	0
(12) MARY BURKE RIVERS	40.00									
EXECUTIVE DIRECTOR				Х				82,660.	0.	19,088
		$ldsymbol{f eta}$								
		igspace				_				
		<u> </u>				_				
		-								
		<u> </u>								

Form **990** (2019)

	990 (2019) OVER THE	RHINE C	OM	IMU	ΝI	ΤY	H	OU	JSING	31-12	724	134	Pag	ge 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	box	not c , unle	Pos heck i ss per nd a di	ition more rson is irecto	than o	tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatior from related organizations (W-2/1099-MIS	3	Esti amo comp fro orga	(F) mated bunt of ther ensati m the nization	if ion on
		below line)	Individua	Institution	Officer	Key employee	Highest c employee	Former				orgar	nizatio	ns
С	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A						> > >	82,660. 0. 82,660.		0.		,08	0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				0
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>	uch individual									[3		No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? <i>If</i> "Yes, accrue compen	" co sati	<i>mple</i> on fi	ete S	Sche any	edule unre	e <i>J f</i> elate	for such individual ed organization or individ	dual for services		4		X
Sec	rendered to the organization? If "Yes." comtion B. Independent Contractors	plete Schedule	∋ J fo	or st	ıch r	oers:	on .					5		Х
1	Complete this table for your five highest conthe organization. Report compensation for to (A)										ensati	ion fror (C)		
	Name and business	address	NC	INC	€				Description of s	ervices	Co	ompen:		
2	Total number of independent contractors (ir \$100,000 of compensation from the organization from the organizati	ŭ	ot lin	nited	d to t	thos		ted	above) who received me	ore than		Form 9	90 (20	019)

932008 01-20-20

09511110 758050 4000025-294

Form 990 (2019) OVER TH

### Trans tax mode services and services are serviced business revenue from tax mode services 512 - 1			Check if Schedule O contains a response or	r note to any lin	e in this Part VIII			
Total revenue Related or exempt Unrelated Unre			Officer if Scriedule O contains a response of	Thole to any iin		(B)	(C)	(D)
Sections 512-5					` '	Related or exempt	Unrelated	Revenuè excluded
1 a Federated campaigns 1a b b b b b b b b b						function revenue	business revenue	
b Membership dues c Fundraising events 1c 47,500. c Fundraising events 1d 47,500. d Related organizations 1d 2,001,850. f All other contributions, gifts, grants, and similar amounts not included above 1 ft 513,059. b ACQ. OF OTR REVITALIZA 531390 933,532. c DeVELOPER FEES 236000 902,841. 902,841. d DARKING LOT RENTAL 531390 933,532. 933,532. d PARKING LOT RENTAL 531390 45,628. 45,628. f All other program service revenue 53110 14,725. 14,725. g Total. Add lines 2a-21	(0.40	4	- Fodovstod compojeno					000110110 0 12 0 1 1
Business Code	ants	' '						
Business Code	Sign of	'	1	47 500				
Business Code	ts, An	۱ '	• • • • • • • • • • • • • • • • • • • •	47,300.				
Business Code	ilar Ilar	۱ '		001 950				
Business Code	ns, Sirr	l '		01,050.				
Business Code	utio	1		13 050				
Business Code	ä₽			713,037.				
Business Code	no n	!			2 562 409			
2 a RENTAL REVENUE	O a	'	ì		2,302,403.			
B ACQ. OF OTR REVITALIZA 531390 933,532. 933,532.			<u> </u>		1 035 /21	1 035 /21		
Total. Add lines 2a:2f	ice	2 3						
Total. Add lines 2a:2f	er.	'						
Total. Add lines 2a:2f	m S	'			258 372			
Total. Add lines 2a:2f	gra Re	'						
Total. Add lines 2a:2f	ار مر	'	·		14 725	14 725		
153,104. 153,104.	_					14,725		
other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses (bb	-				1,000,010			
A Income from investment of tax-exempt bond proceeds Royalties 1					153.104.			153,104.
10 10 10 10 10 10 10 10		4			,			
(i) Real (ii) Personal 6a Gross rents 6b GB C Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) 7 a Gross income from fundraising events 8 a Gross income from fundraising events (not including \$ 47,500. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses C Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold (i) Personal (ii) Personal (ii) Personal (ii) Personal (ii) Personal (ii) Personal (ii) Personal (iii) Chter (iii) Other 2222,743. 222,								
b Less: rental expenses 6b 6c c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 0. c Gain or (loss) d Net gain or (loss) 7 a Gross amount from fundraising events (not including \$ 47,500. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8b 28,309. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold			(i) Real					
b Less: rental expenses 6b 6c		6 :	a Gross rents 6a					
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7 b 0 c 222,743 c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 47,500 c) of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold 10a 10b								
To a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses								
To a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses		,	d Net rental income or (loss)	>				
b Less: cost or other basis and sales expenses 7b 0. c Gain or (loss) 7c 222,743. d Net gain or (loss) \$\infty\$ 222,743. 8 a Gross income from fundraising events (not including \$\frac{47,500.}{500.}\$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8b 28,309. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10a 10b		7 :						
and sales expenses 7b 0. Gain or (loss) 7c 222,743. d Net gain or (loss) 222,743. 8 a Gross income from fundraising events (not including \$ 47,500. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses			assets other than inventory 7a	222,743.				
C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 47,500. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events c Net income or (loss) from gaming activities 9 a Gross income from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10a 1222,743. 2222,743. 222,743. 2222,743. 222,743. 222,743. 222,743. 222,743. 222,743.			b Less: cost or other basis					
C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 47,500. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b	ne		and sales expenses 7b					
8 a Gross income from fundraising events (not including \$ 47,500. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10a	/en	,		222,743.				
8 a Gross income from fundraising events (not including \$ 47,500. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10a	Re	(d Net gain or (loss)		222,743.			222,743.
contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 8a 11,405. 8b 28,309. -16,904. -16,904. -16,904.		8 :	a Gross income from fundraising events (not					
Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 8a 11,405. 8b 28,309. -16,904. -16,904. -16,904.	₹		including \$ 47 ,500 . of					
c Net income or (loss) from fundraising events								
c Net income or (loss) from fundraising events			Part IV, line 18	11,405.				
9 a Gross income from gaming activities. See Part IV, line 19 9a 9b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10a				28,309.	1.5.004			1.5.004
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 9a 9b 10a)	-16,904.			-16,904.
b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10a 10b		9 :						
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10a 10b								
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10a 10b								
and allowances 10a b Less: cost of goods sold 10b								
b Less: cost of goods sold10b		10 :	7.					
		l .						
I C Net income or inost from sales of inventory								
Business Code	_	<u> </u>	c Net income or (loss) from sales of inventory	Rusiness Code				
11 a MISCELLANEOUS 900099 269,022. 269,022.	sn	44 .	<u> </u>		269 022	269 022		
Ped b LATE FEES 900099 8,797. 8,797.	neo	' '			8.797.			
C LAUNDRY & VENDING 531110 3,905. 3,905.	əllar				3,905.	5,757.		3,905.
11 a MISCELLANEOUS b LATE FEES c LAUNDRY & VENDING d All other revenue 900099 269,022. 269,022. 900099 8,797. 8,797. 531110 3,905. 3,905	isc			- •	-,,,,,,,,,			
e Total. Add lines 11a-11d 281,724.	Σ			>	281,724.			
12 Total revenue. See instructions ► 7, 293, 595. 4, 368, 338. 0. 362, 848				>		4,368,338.	0.	362,848.

Form 990 (2019) OVER THE RHINE COMMUNITY HOUSING Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	101,748.	87,086.	9,215.	5,447.
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	1,431,396.	1,215,991.	130,640.	84,765.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	31,845.	28,244.	2,469. 18,550.	1,132.
9	Other employee benefits	239,265.	212,207.	18,550.	8,508.
10	Payroll taxes	134,485.	115,260.	15,075.	1,132. 8,508. 4,150.
11	Fees for services (nonemployees):				
а	Management	22,913.	22,913.		
b	Legal				
С	Accounting				
d	Lobbying				
е	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 Sch O.)	50,457.	8,550.	41,907.	
12	Advertising and promotion				
13	Office expenses	164,001.	132,891.	16,521.	14,589.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	161,740.	22,577.	139,163.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	699,795.	699,795.		
23	Insurance	108,016.	108,016.		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	SHELTER PLUS CARE PROGR	1,012,969.	1,012,969.		
b	REPAIRS AND MAINTENANCE	604,038.	598,602.	5,436.	
С	UTILITIES	468,923.	467,076.	1,536.	311.
d	REAL ESTATE TAXES	258,601.	258,601.		
е	All other expenses	123,351.	94,746.	3,079.	25,526.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	5,613,543.	5,085,524.	383,591.	144,428.
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 if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Form 990 (2019)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,283,519.	1	2,621,988.		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	409,595.	3	538,641.		
	4	Accounts receivable, net	21,129.	4	38,240.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described		6			
Ŋ	7	Notes and loans receivable, net	6,500.	7	6,500.		
Assets	8	Inventories for sale or use			8		
¥	9	Door and a company of the formand of the company			24,553.	9	50,979.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	33,042,188.			
	b	Less: accumulated depreciation	10b	18,639,397.	10,130,398.	10c	14,402,791.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1	3,939,190.	13	4,272,691.		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	115,166.	15	956,166.		
	16	Total assets. Add lines 1 through 15 (must equa			16,930,050.	16	22,887,996.
	17	Accounts payable and accrued expenses			586,683.	17	833,333.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
<u>ia</u>		controlled entity or family member of any of thes	-	F	1 (00 004	22	F 700 072
_	23	Secured mortgages and notes payable to unrela		Г	1,682,284.	23	5,700,073.
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines			134,219.	٥-	147,674.
		of Schedule D			2,403,186.	25	6,681,080.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che		_ Y	2,403,100.	26	0,001,000.
S		and complete lines 27, 28, 32, and 33.	ck ner				
SE SE	27				13,556,223.	27	15,372,108.
ala	28				970,641.	28	834,808.
B	20	Organizations that do not follow FASB ASC 9		ack here	37070121	20	031/0001
튎		and complete lines 29 through 33.	o, cire	eck liefe			
5	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq			30		
Ass	31	Retained earnings, endowment, accumulated inc		Г		31	
Net Assets or Fund Balances	32				14,526,864.	32	16,206,916.
Z	33				16,930,050.	33	22,887,996.
						_ 50	Form 990 (2019)

Form **990** (2019)

Pa	rt 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	7	<u>,29:</u>	3,5	<u>95.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,61				
3	Revenue less expenses. Subtract line 2 from line 1	3	1	<u>,68</u>	0,0	<u>52.</u>		
4								
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	<u> 16</u>	,20	6,9	<u> 16.</u>		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	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?			2b	X			
	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 X Consolidated basis Both consolidated and separate basis							
С	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?			2c	Х			
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?			За	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	İ		
				Form	990	(2019)		

932012 01-20-20

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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

Open to Public Inspection

Name of the organization

OVER THE RHINE COMMUNITY HOUSING

Employer identification number 31-1272434

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	e instructions.		
Γhe	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chi)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	一	A hospital or a cooperative		•			i).		
4	Ħ	A medical research organization						the hospital's name	
•		city, and state:	anon operated in co.	, a o a o a a a a a a a a a a a a a a	4000,11004	55546		ine neophane manne,	
5		An organization operated for	or the benefit of a col	lege or university owner	l or operati	ed by a go	vernmental unit describe		
J		section 170(b)(1)(A)(iv). (C		lege of differently owner	or operati	ca by a go	verninental unit describe	5 4 III	
_						70/L\/4\/A\			
6		A federal, state, or local gov	ū				• •	1.0 1 9 1	
′	X	An organization that norma	•	ntial part of its support fi	om a gove	ernmentai i	unit or from the general p	oublic described in	
_		section 170(b)(1)(A)(vi). (C							
8	Щ	A community trust describe			•				
9		An agricultural research org				-	-	-	
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city,	, and state of the college	or	
		university:							
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	oort from c	ontribution	ns, membership fees, an	d gross receipts from	
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to carry out the	purposes of one or	
		more publicly supported org	ganizations described	d in section 509(a)(1) d	r section :	509(a)(2).	See section 509(a)(3). (Check the box in	
		lines 12a through 12d that	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and 12g.		
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting	
		organization. You must o	omplete Part IV, Se	ctions A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	ving	
		control or management o						-	
		organization(s). You mus							
С		Type III functionally inte			in connect	ion with. a	and functionally integrate	ed with.	
		its supported organization					• •	,	
d		Type III non-functionally						zation(s)	
_		that is not functionally int					· · · · · · · · · · · · · · · · · · ·	• •	
		requirement (see instructi	-		-				
е		Check this box if the orga	·						
_		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
f	Fnte	er the number of supported o	* *)9					
a		ride the following information		d organization(s).					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
[ota									

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

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

Sec	ction A. Public Support	,, p	- Compiete i airi	,			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(-,	(3) = 2 · 2	(-)	(-,	(=) == :=	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	2214075.	283,134.	936,063.	3606360.	2562409.	9602041.
2	Tax revenues levied for the organ-						
	ization'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	2214075.	283,134.	936,063.	3606360.	2562409.	9602041.
	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.						9602041.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2214075.	283,134.	936,063.	3606360.	2562409.	9602041.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			528,070.	135,802.	153,104.	816,976.
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.)		424,212.		5,326.	3,905.	433,443.
11	Total support. Add lines 7 through 10						10852460.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 16	<u>,221,034.</u>
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I					14	88.48 %
	Public support percentage from 2018					15	85 . 46 %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	check a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac				· · · · · · · · · · · · · · · · · · ·	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the				-		e
	organization meets the "facts-and-circ						.
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2019

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 per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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					1	
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	_	T -	T -	Τ.	T -	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						<u> </u>
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.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
check this box and stop here			······			>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	▶

Т..

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **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? If "Yes," provide detail in **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
	2		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	Eh		
\vdash	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9c		
	10a		
	10b		
	IUD OU	O E7	

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion 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? 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.	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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
000	tion of Type in Supporting Organizations		Yes	No
4	Mars a majority of the averagination's divertous by twisters duving the tay year also a majority of the divertous		162	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
366	tion B. All Type in Supporting Organizations		V	N
	Did the constant of the control of the		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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)	I-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions,)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
5	of its supported organizations? If #Vos # describe in Part VI the release to the policies, programs, and activities of each	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functiona	lly integrated	d Type III supporting orga	nization (see
	instructions).	. •		·

Schedule A (Form 990 or 990-EZ) 2019

Par	TV │ Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
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	ne 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			
Secti	on 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	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)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	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. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2019

OMB No. 1545-0047

Name of the organization

Employer identification number

OVER THE RHINE COMMUNITY HOUSING

31-1272434

Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	s covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	i filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter h purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

OVER THE RHINE COMMUNITY HOUSING

31-1272434

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,886,659</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$239,822.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$69,816.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

OVER THE RHINE COMMUNITY HOUSING

31-1272434

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization **Employer identification number** OVER THE RHINE COMMUNITY HOUSING 31-1272434 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

OVER THE RHINE COMMUNITY HOUSING

Employer identification number 31-1272434

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b) Fund	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	•
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	.
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				> 5	.
	Assets included in Form 990, Part X					> 9	

932051 10-02-19

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

Schedule D (Form 990) 2019

40000251

		E RHINE CO						1272434		age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, o	r Other S	Similar Ass	sets (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check a	any of the 1	following that	make sigr	ificant use of	its	ĺ	
	collection items (check all that apply):									
а	Public exhibition	(d 🔲 L	oan or exc	hange progra	am				
b	Scholarly research	•								
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	y further th	ne organizatio	n's exemp	t purpose in F	Part XIII.		
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma	aintained as part of t	he organiz	zation's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arran							IV, line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for co	ntribution	s or other ass	sets not inc	luded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amount		
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F						?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	provided on	Part XIII .]
Par										
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back (d) Three years b	ack (e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g,	column (a)) held as:			•		
а	Board designated or quasi-endowment	•	%		•					
b	Permanent endowment	%								
С		 %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administer	ed for the	organization			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Sch	nedule R?				3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV,	line 11a. S	See Form 990	, Part X, lin	e 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	umulated	(d) Book	valu	е
	<u> </u>	basis (investi	ment)	basis	(other)	depre	eciation			
1a	Land			54	2,290.					90.
	Buildings	I		31,84	5,138.	18,23	30,005.	13,615	7,1	33.
	Leasehold improvements									
	Equipment			34	2,130.	16	54,756.	177	7,3	74.
	Othor			21	2 630		1/ 636		7 9	

Schedule D (Form 990) 2019

14,402,791.

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

Schedule D	(Form 990) 2019
Part VII	Investments

Complete If the organization answered "Yes" on Form 990, Part IV, line 110. See Form 990, Part X, line 12. (g) Description of invastratives (g) Closely held equity interests (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of year market value (g) Method of valuation. Cost or end of valuation. (g) Method of valuation. Cost or end of valuat	Part	VII Investments - Other Securities.			V
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
	(a) De	scription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(3) Other (A) (B) (B) (C) (C) (D) (E) (E) (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(1) Fin	ancial derivatives			
A		• • •			
G G G G G G G G	(3) Oth	ner			
C C C C C C C C	(A)				
(b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c					
(E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(F) (G) (H) (F)					
(G) (H) (H) (Fibal, (Out, (b) must equal Form 990, Part X, col. (B) line 12) ▶ Part VIII] Investments - Program Related. Compete if the organization answered "ves" 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 LIMITED (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) INVESTMENT IN LIMITED (a) Part Nethod of valuation: Cost or end-of-year market value (1) INVESTMENT IN LIMITED (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) INVESTMENT IN LIMITED (a) Part Nethod of valuation: Cost or end-of-year market value (1) Cost (a) Part Nethod of valuation: Cost or end-of-year market value (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (e) (f)					
(c)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.		2-1 (h)			
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 LIMITED (2) PARTNERSHIPS (4, 272, 691. COST (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (10) must equal Form 990, Part X, col. (B) line 13.)	rait		F 000 D+ IV I' 4	4 - O - Farm 000 Bart V Fa - 40	
(1) INVESTMENT IN LIMITED (2) PARTNERSHIPS (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (β) line 15.) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (6) (6) (7) (8) (9)					f-vear market value
29 PARTNERSHIPS	/4\		(b) Book value	(c) Welfied of Valuation. Cost of Cha o	year market value
(3) (4) (5) (6) (7) (8) (9) Total. (Col., (b) must equal Form 990, Part X, col. (B) line 13.)			1 272 691	COGT	
(4) (5) (6) (7) (8) (9) Total. (Col. (t) must equal Form 990, Part X, col. (B) line 13.)		TAKINEKBIIII B	±,2/2,051•	COD1	
(5) (6) (7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 4 , 272 , 691 . 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					
(6) (77 (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 4 , 272 , 691 . 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) (77 (8) (9) Total. (Column (b) must equal Form 990, Part X col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SECURITY DEPOSIT (143, 841. (3) PREPAID RENTS (3, 833. (4) (5) (6) (7) (8) (9)					
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 4 , 272 , 691. Part IX					
(8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 4 , 272 , 691 . 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					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 4 , 272 , 691 . 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) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SECURITY DEPOSIT 143 , 841 . (3) PREPAID RENTS 3 , 833 . (4) (5) (6) (7) (8) (9)					
Part IX		Col. (b) must equal Form 990. Part X. col. (B) line 13.)	4,272,691.		
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (2) SECURITY DEPOSIT (143,841. (3) PREPAID RENTS (3,833. (4) (5) (6) (7) (8) (9)			, , , , , , , ,		
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (2) SECURITY DEPOSIT (143,841. (3) PREPAID RENTS (3,833. (4) (5) (6) (7) (8) (9)		Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SECURITY DEPOSIT (143,841. (3) PREPAID RENTS (3) PREPAID RENTS (5) (6) (7) (8) (9)					(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SECURITY DEPOSIT 143,841. (3) PREPAID RENTS 3,833. (4) (5) (6) (7) (8) (9)	(1)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SECURITY DEPOSIT 143,841. (3) PREPAID RENTS 3,833. (4) (5) (6) (7) (8) (9)	(2)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SECURITY DEPOSIT 143,841. (3) PREPAID RENTS 3,833. (4) (5) (6) (7) (8) (9)	(3)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SECURITY DEPOSIT 143,841. (3) PREPAID RENTS 3,833. (4) (5) (6) (7) (8) (9)	(4)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SECURITY DEPOSIT 143,841. (3) PREPAID RENTS 3,833. (4) (5) (6) (7) (8) (9)	(5)				
(8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SECURITY DEPOSIT 143,841. (3) PREPAID RENTS 3,833. (4) (5) (6) (7) (8) (9)	(6)				
(9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SECURITY DEPOSIT 143,841. (3) PREPAID RENTS 3,833. (4) (5) (6) (7) (8) (9)	(7)				
Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SECURITY DEPOSIT 143,841. (3) PREPAID RENTS 3,833. (4) (5) (6) (7) (8) (9)	(8)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 25. Complete if the organization answer	(9)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) SECURITY DEPOSIT 143,841. (3) PREPAID RENTS 3,833. (4) (5) (6) (7) (8) (9)			e 15.)	>	
1. (a) Description of liability (b) Book value (1) Federal income taxes 143,841. (2) SECURITY DEPOSIT 143,841. (3) PREPAID RENTS 3,833. (4) (5) (6) (7) (8) (9)	Part				
(1) Federal income taxes (2) SECURITY DEPOSIT (3) PREPAID RENTS (4) (5) (6) (7) (8) (9)			on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
(2) SECURITY DEPOSIT (3) PREPAID RENTS (4) (5) (6) (7) (8) (9)	<u>1</u>	(a) Description of liability			(b) Book value
(3) PREPAID RENTS (4) (5) (6) (7) (8) (9)	(1)				1.12.011
(4) (5) (6) (7) (8) (9)					
(5) (6) (7) (8) (9)		PREPAID RENTS			3,833.
(6) (7) (8) (9)					
(7) (8) (9)					
(8) (9)					
(9)					
147 674					
I Otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					117 671
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			•	the organization's financial statements that	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2019

Sched Part	t XI Reconciliation of Revenue per Audited Financial State				1272434 Page 4
Part			ievenue per Re	turn.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total revenue, gains, and other support per audited financial statements			1	7,320,128
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	7,520,120
	Net unrealized gains (losses) on investments	2a			
	Donated services and use of facilities				
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)		26,533.		
	Add lines 2a through 2d			2e	26,533
	Subtract line 2e from line 1			3	7,293,595
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				-
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b	·		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,293,595
Part	t XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Returr	١.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	5,640,076
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses		26 522		
	Other (Describe in Part XIII.)	2d	26,533.		26 522
	Add lines 2a through 2d			2e	26,533. 5,613,543.
	Subtract line 2e from line 1			3	5,613,543
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	·		4.	0
	Add lines 4a and 4b			4c	5,613,543
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.	.)		5	3,013,343
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV lines 1h a	nd 2h: Part V line 4	· Dart V	(line 2: Part YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			, rait /	x, IIIIe 2, Fait XI,
111163 2	tu and 40, and 1 art An, inless 2d and 40. Also complete this part to provide an	y additional illionni	ation.		
PAR'	T XI, LINE 2D - OTHER ADJUSTMENTS:				
DIR:	ECT EXPENSES OF FUNDRAISING EVENTS NETT	ED AGAINS	T		
REV.	ENUE				28,309.
					1 556
<u>BAD</u>	DEBT EXPENSE NETTED AGAINST REVENUE				-1,776.
шОш	AI MO COMEDINE D. DADM VI. IING OD				26 522
101	AL TO SCHEDULE D, PART XI, LINE 2D				26,533.
PAR'	T XII, LINE 2D - OTHER ADJUSTMENTS:				
DIR	ECT EXPENSES OF FUNDRAISING EVENTS NETT	ED AGAINS	T		

28,309. REVENUE

-1,776. BAD DEBT EXPENSE NETTED AGAINST REVENUE

26,533. TOTAL TO SCHEDULE D, PART XII, LINE 2D

Schedule D (Form 990) 2019

Schedule D) (Form 990) 2019	OVER	\mathtt{THE}	RHINE	COMMUNITY	HOUSING	31-1272434	Page 5
Part XIII	(Form 990) 2019 Supplemental Infor	mation	/aantinus	- dl				
	- Cappionioniai iiioi	mation	<u>(CONTINUE</u>	<u>ea) </u>				
			<u></u>					
							<u> </u>	

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organizatio

OVER THE RHINE COMMUNITY HOUSING

Employer identification number

31-1272434 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2019

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through COBC col. (c)) (event type) (event type) (total number) 58,905. 58,905. Gross receipts 47,500. 47,500. 2 Less: Contributions 11,405. Gross income (line 1 minus line 2) 11,405. 4 Cash prizes 5 Noncash prizes Direct Expenses 5,668. 5,668. Rent/facility costs 12,720. 12,720. 7 Food and beverages 5,585. 5,585. 8 Entertainment 4,336. 4,336. Other direct expenses 28,309. **10** Direct expense summary. Add lines 4 through 9 in column (d) -16,904.11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Sch	edule G (Form 990 or 990-EZ) 2019 OVER THE RHINE COMMUNITY HOUSING 31-	L272434	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
		13a	%
	The organization's facility		
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
,	: If "Yes," enter name and address of the third party:		
`	on 165, entername and address of the time party.		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	· · · · · · · · · · · · · · · · · · ·		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
ı			
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \(\) \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa		101
Г		rt III, lines 9, 9	96, 106,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	OVER TH	HE RHINE	COMMUNITY	HOUSING	31-1272434 Page	4
Part IV	(Form 990 or 990-EZ) Supplemental Info	mation _{(cont}	tinued)				
-							
							_
							—
							—
							—
							_
							_
							_
-							—
							—
							—
							_
-							_
							_

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

OVER THE RHINE COMMUNITY HOUSING

Employer identification number 31-1272434

0,111 1111 1111111 001111111 110001110
FORM 990, PART VI, SECTION B, LINE 11B:
FOLLOWING THE REVIEW AND APPROVAL BY THE FINANCE COMMITTEE, A COPY OF THE
FORM 990 IS PROVIDED TO THE MEMBERS OF THE BOARD OF TRUSTEES FOR COMMENTS
AND QUESTIONS BEFORE SUBMISSION TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
OTRCH HAS A CONFLICT OF INTEREST POLICY. THE MEMBERS OF THE BOARD OF
TRUSTEES MUST SIGN THE POLICY ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES COMPLETES AN ANNUAL REVIEW
OF THE EXECUTIVE DIRECTOR. COMPARABILITY DATA IS UTILIZED IN THIS PROCESS.
FORM 990, PART VI, SECTION C, LINE 19:
OTRCH MAKES ITS FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND
GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.
PART XII, LINE 2C EXPLANATION
THE PROCESS HAS NOT CHANGED.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

OVER THE RHINE COMMUNITY HOUSING

Employer identification number
31-1272434

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
NORTH RHINE I LIMITED PARTNERSHIP -					
31-1283788, 114 W 14TH ST, CINCINNATI, OH					
45202	LOW-INCOME HOUSING	оніо	25,887.	164,071.	
NORTH RHINE II LIMITED PARTNERSHIP -					
31-1311909, 114 W 14TH ST, CINCINNATI, OH					
45202	LOW-INCOME HOUSING	оніо	7,796.	626,273.	
COMMUNITY VIEWS, LLC - 04-3612176					
114 W 14TH ST					OTRHN ENTERPRISE IV
CINCINNATI, OH 45202	LOW-INCOME HOUSING	оніо	0.	0.	INC.
ST. ANTHONY VILLAGE, LLC - 31-1654680					
114 W 14TH ST					
CINCINNATI, OH 45202	LOW-INCOME HOUSING	оніо	0.	0.	OTRHN/SAV, INC.

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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2019

Part I Continuation of Identification of Disregarded Entities

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
PEOPLE'S CO-OP, LLC - 31-1740605					
114 W 14TH ST	1				PEOPLE'S CO-OP
CINCINNATI, OH 45202	LOW-INCOME HOUSING	оніо	0.	0.	DEVELOPMENT CORP
OTRHN ENTERPRISE IV, INC 31-1272432					
114 W 14TH ST	1				
CINCINNATI, OH 45202	LOW-INCOME HOUSING	оніо	11,260.	1,092,528.	
OTRHN/SAV, INC 20-2497256					
114 W 14TH ST	1				
CINCINNATI, OH 45202	LOW-INCOME HOUSING	оніо	48,425.	1,389,012.	
PEOPLE'S CO-OP DEVELOPMENT CORP - 31-1808019					
114 W 14TH ST	1				
CINCINNATI, OH 45202	LOW-INCOME HOUSING	оніо	88,052.	1,763,610.	
NORTH RHINE LTD PARTNERSHIP - 31-1283788					
114 W 14TH ST	1				
CINCINNATI, OH 45202	LOW-INCOME HOUSING	оніо	0.	0.	OTRCH ENTERPRISE INC.
OTRCH ENTERPRISE INC 31-1272434					
114 W 14TH ST					
CINCINNATI, OH 45202	LOW-INCOME HOUSING	оніо	77,376.	215,302.	
OTR REVITALIZATION - 30-0042085					
114 W 14TH ST					
CINCINNATI, OH 45202	LOW-INCOME HOUSING	оніо	-482,947.	5,517,435.	
	-				
	-				
	_				
	-				
-	1				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(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	Disprop alloca	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

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	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(h) Percentage ownership	512(b	ti) etion b)(13) rolled ity?
		country)		or truoty		400010		Yes	No
OTRHN ENTERPRISE IV, INC 31-1272432									ĺ
114 W 14TH ST									1
CINCINNATI, OH 45202	LOW-INCOME HOUSING	OH		C CORP	11,260.	1,092,528.	100%		X
OTRHN/SAV, INC 20-2497256									
114 W 14TH ST									ĺ
CINCINNATI, OH 45202	LOW-INCOME HOUSING	OH		C CORP	48,425.	1,389,012.	100%		Х
OTRCH ENTERPRISE INC 31-1272434									
114 W 14TH ST									ĺ
CINCINNATI, OH 45202	LOW-INCOME HOUSING	OH		C CORP	77,376.	215,302.	100%		X
									ĺ

1a

Page 3

Yes No

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

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

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

1	b	Gift, grant, or capital contribution to related organization(s)				1b		
to Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) t Dividends seets from related organization(s) t Dividends seets from related organization(s) t Dividency t Dividends from related organization(s) t Dividency t	С	Gift, grant, or capital contribution from related organization(s)				1c	X	
f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets to melated organization(s) 1 Exchange of assets with related organization(s) 1 Exchange of assets with related organization(s) 1 Exchange of assets with related organization(s) 2 Lease of facilities, equipment, or other assets from related organization(s) 3 Lease of facilities, equipment, or other assets from related organization(s) 4 Representation of the second organization or related organization(s) 5 Performance of services or membership or fundriasing solicitations for related organization(s) 7 Performance of services or membership or fundriasing solicitations by related organization(s) 8 Performance of services or membership or fundriasing solicitations by related organization(s) 9 Reimbursement paid to related organization(s) 10 Lease of facilities, equipment, or other assets from related organization(s) 11 Lease of facilities, equipment, or other assets from related organization(s) 12 Lease of facilities, equipment, or other assets from related organization(s) 13 Lease of facilities, equipment, or other assets from related organization(s) 14 Lease of facilities, equipment, or other assets from related organization(s) 15 Performance of services or membership or fundriasing solicitations by related organization(s) 16 Lease of facilities, equipment, or other assets from related organization(s) 17 Lease of facilities, equipment, or other assets from related organization(s) 18 Lease of facilities, equipment, or other assets from related organization(s) 19 Lease of facilities, equipment, or other assets from related organization(s) 10 Lease of facilities, equipment, or other assets from related organization(s) 11 Lease of facilities, equipment, or other assets from related organization(s) 12 Lease of facilities, equipment, or other assets from related organization(s) 13 Lease of facilities, equipment, or other assets from related organization(s) 14 Lease of facilities, equipment								
g Sale of assets to related organization(s) h Purchase of assets from related organization(s) 11	е	Loans or loan guarantees by related organization(s)				1e	X	
g Sale of assets to related organization(s) h Purchase of assets from related organization(s) 11								
h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) reformance of services or membership or fundraising solicitations for related organization(s) reformance of services or membership or fundraising solicitations by related organization(s) reformance of services or membership or fundraising solicitations by related organization(s) reformance of services or membership or fundraising solicitations by related organization(s) reformance of services or membership or fundraising solicitations by related organization(s) fin X x Him X x Him X x Him X x Performance of services or membership or fundraising solicitations by related organization(s) fin X x Him X	f	Dividends from related organization(s)				1f		
h Purchase of assets from related organization(s) Exchange or assets with related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Time	g	Sale of assets to related organization(s)				1g		
i Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Sharing of paid employees with related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of paid employees with related organization(s) Sharing of paid employees with related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of paid employees with related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of paid employees with related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of paid employees with related organization(s) Performance of services or membership sand transaction t								
Lease of facilities, equipment, or other assets to related organization(s)	i	Exchange of assets with related organization(s)				1i		
Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) In	j						X	
Performance of services or membership or fundraising solicitations for related organization(s) 1m								
Performance of services or membership or fundraising solicitations for related organization(s) 1m	k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses p Reimbursement paid to prelated organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) 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. 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. (c) Amount involved Method of determining amount involved whethor of determining amount involved type (as) (d) Name of related organization (a) Name of related organization (b) Transaction type (as) Amount involved Method of determining amount involved whethor of the property						l I		
o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organ	m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		
P Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses T Other transfer of cash or property to related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related organization(s) Tr Other transfer of cash or property from related or	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 1	o Sharing of paid employees with related organization(s)							
q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 1								
Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 1	p Reimbursement paid to related organization(s) for expenses							
r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 1	q	Reimbursement paid by related organization(s) for expenses				1q	X	
s Other transfer of cash or property from related organization(s) 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 Name of related organization (b) (c) Amount involved Method of determining amount involved Method of determining amount involved (b) Namount involved Method of determining amount involved (c) Amount involved (d) Namount involved (e) Output (f) Namount involved (g)								
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) (b) (c) (d) Method of determining amount involved type (a-s) (b) (c) Amount involved Method of determining amount involved type (a-s) (d) (e) (f) (f) (h) (f) (h) (g) (h) (h) (h) (h) (h) (h	r	Other transfer of cash or property to related organization(s)				1r		
(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of determining amount involved (d) Method of determining amount involved (e) (f) Amount involved Method of determining amount involved (g) Method of determining amount involved (g) Method of determining amount involved (g) Method of determining amount involved	s	Other transfer of cash or property from related organization(s)				1s	X	
Name of related organization type (a-s) Amount involved Method of determining amount involved Method of determining amount involved Method of determining amount involved	2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered relat	ionships and transaction thresholds.			
		(a) Name of related organization	Transaction		(d) Method of determining amount involved			
	/4\							
	(1)							
	(O)							
	(2)							
	(2)							
5)	(3)							
5)	(4)							
	(+)							
	(5)							
	(3)							
	(6)							
2163 09-10-19 Schedule R (Form 990) 2019	<u>,~,</u>		1	ı l				

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0040