

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014
Open to Public Inspection

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.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 2014, and ending	
B Check if applicable:	C Name of organization: OVER THE RHINE COMMUNITY HOUSING
☐ Address change	D Employer identification number: 31-1272434
☐ Name change	E Telephone number: 513-381-1171
☐ Initial return	F Name and address of principal officer: Mary Rivers 114 W 14th Street Cincinnati Ohio 45202
☐ Amended return	G Gross receipts: 3,919,215
☐ Application pending	H(a) Is this a group return for subsidiaries? ☒ Yes ☐ No
	H(b) Are all subsidiaries included? ☐ Yes ☐ No
	H(c) Group exemption number: NA
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)(4) ☐ 501(c)(6) ☐ 4947(a)(1) OR 527	J Website: www.orch.org
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other	L Year of formation: 1988
	M State of legal domicile: Oh

1 Briefly describe the organization's mission or most significant activities:
 OTR Community Housing works to build and sustain a diverse neighborhood We focus on developing and managing resident centered affordable housing

Part I Summary	
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.	3 Number of voting members of the governing body (Part VI, line 1a) 14
4 Number of independent voting members of the governing body (Part VI, line 1b) 14	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 43
6 Total number of volunteers (estimate if necessary) 200	7a Total unrelated business revenue from Part VIII, column (C), line 12
7b Net unrelated business taxable income from Form 990-T, line 34	8 Contributions and grants (Part VIII, line 1h) 1,435,146
	9 Program service revenue (Part VIII, line 2g) 1,672,179
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 248,731
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 232,751
	12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,588,807
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16a Professional fundraising fees (Part IX, column (A), line 11e)
16b Total fundraising expenses (Part IX, column (D), line 25) 54,796	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,330,316
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,627,862	19 Revenue less expenses. Subtract line 18 from line 12 -39,055
20 Total assets (Part X, line 16) 10,779,042	21 Total liabilities (Part X, line 26) 3,465,792
22 Net assets or fund balances. Subtract line 21 from line 20 7,313,250	End of Year 8,144,980
	Beginning of Current Year 4,490,046

Sign Here	Paid Preparer	Use Only
Signature of officer: <i>Mary Rivers</i>	Print/type preparer's name: _____	Firm's name: _____
Date: 9-25-15	Preparer's signature: _____	Firm's address: _____
	Date: 09-25-2015	Phone no.: _____
	Check if ☐ self-employed	
	PTIN: _____	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on

the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program

services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,022,196. including grants of \$) (Revenue \$ 157,450.)
PROPERTY MANAGEMENT

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

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

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

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

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

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

(Expenses \$ 351,832. including grants of \$) (Revenue \$ 181,520.)

4e Total program service expenses \$ 3,618,121.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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	X	
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	X	
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	X	
6 Did the organization maintain any donor advised 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	X	
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	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
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	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	X	
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	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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		
12a Did the organization obtain separate, independent audited financial statements for the tax year?		
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 complete Schedule D, Parts XI and XII	X	
12b Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E	X	
13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	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 fundraising, business, investment, and program service revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		
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 any foreign organization? If "Yes," complete Schedule F, Parts II and IV	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	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	21	Yes
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 II	X	22	
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	X	23	
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 Schedule K. If "No," go to line 25a	X	24a	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b	
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c	
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	X	25a	
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	X	25b	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	X	26	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	X	27	
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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M e Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	28a	
30	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	X	28b	
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	X	31	
32	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	32	
33	Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	X	33	
34	Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	34	
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	X	35a	
35b	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	X	35b	
36	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	X	36	
37	Did the organization complete Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	37	
38	Did the organization complete Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	38	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a		Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	43	1a	0
b		Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1b	
c		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	
2a		Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	43	2a	
b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X
Note.		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2c	
3a		Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X
b		If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b	
4a		At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X
b		If "Yes," enter the name of the foreign country: ▶		4b	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				4c	
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?		5b	X
c		If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a		Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	X
b		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7		Organizations that may receive deductible contributions under section 170(c).		7a	
a		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X
b		If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8828?		7c	X
d		If "Yes," indicate the number of Forms 8828 filed during the year		7d	
e		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	X
f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	X
g		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h		If the organization received a contribution of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C?		7h	
8		Sponsoring organizations maintaining donor advised funds.		8	X
a		Sponsoring organization, have excess business holdings at any time during the year?		8	
a		Did the sponsoring organization make any taxable distributions under section 4966?		9a	X
b		Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	X
10		Section 501(c)(7) organizations. Enter:		10a	
a		Initiation fees and capital contributions included on Part VIII, line 12		10a	
b		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b	
11		Section 501(c)(12) organizations. Enter:		11a	
a		Gross income from members or shareholders		11a	
b		Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b	
12a		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	X
b		If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b	
13		Section 501(c)(29) qualified nonprofit health insurance issuers.		13a	
a		Is the organization licensed to issue qualified health plans in more than one state?		13a	X
b		Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b	
c		Enter the amount of reserves on hand		13c	
14a		Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
b		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	X

Part VI Governance, Management, and Disclosure

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

Check if schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

1a	Enter the number of voting members of the governing body at the end of the tax year	14
1b	Enter the number of voting members included in line 1a, above, who are independent	14

2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	X
6	Did the organization have members or stockholders?	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	
a	The governing body?	X
b	Each committee with authority to act on behalf of the governing body?	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	X

Section B. Policies

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	Ohio
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	OTRCH 114 W 14th Street, Cincinnati OH 45202 513-381-1171

(A)	Name and Title	(B)	(C)					(D)	(E)	(F)
			Position (do not check more than one box, unless persons both an officer and a director/trustee)	Former Highest compensated employee	Key employee	Officer	Institutional trustee			
	Mike Bootes	X								
	(2) Ken Bordwell		X							
	(3) Nick DiNardo		X							
	(4) Bridgett Burbanks		X							
	(5) Brian Fagan		X							
	(6) Sandra Ivery		X							
	(7) Fanni Johnson		X							
	(8) Robert Pickford		X							
	(9) Roger Auer									
	(10) Georgia Keith		X							
	(11) Vice President		X							
	(12) Jonathan Diskin									
	(13) Treasurer		X							
	(14) Bonnie Neumeier		X							
	(15) Secretary			X						
	(16) Mary Rivers									
	(17) Executive Director									
	(18) Andrew Hutzel									
	(19) Director of Res Svcs									

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-Total								106,625.		27,000.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								106,625.		27,000.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		5		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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

Total Revenue		Contributions, gifts, grants and other similar amounts		Program Service Revenue		Other Revenue				
(A)	Total revenue	159,754.5	Business Code	1a	Federated campaigns					
				1b	Membership dues					
				1c	Fundraising events	37,157.				
				1d	Related organizations	127,622.6				
				1e	Government grants (contributions)					
				1f	All other contributions, gifts, grants, and similar amounts not included above	284,162.				
				9	Noncash contributions included in lines 1a-1f:	\$				
				h	Total. Add lines 1a-1f					
				(B)	Related or exempt function revenue	Business Code	2a	Developers Fee	329,200.	329,200.
							b	Rents-Low Income Housing	115,745.0	115,745.0
							c	Management Fees	181,520.	181,520.
							d			
e										
f	All other program service revenue	277,781.	277,781.							
g	Total. Add lines 2a-2f	945,951.	945,951.							
3	Investment income (including dividends, interest, and other similar amounts)	375,719.	375,719.							
4	Income from investment of tax-exempt bond proceeds									
5	Royalties									
(C)	Unrelated business revenue	Business Code	6a				Gross rents			
			b				Less: rental expenses			
			c	Rental income or (loss)						
			d	Net rental income or (loss)						
			7a	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)						
			8a	Gross income from fundraising events (not including \$ 37,157. of contributions reported on line 1c):						
			a	See Part IV, line 18						
			b	Less: direct expenses						
			c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities.									
a	See Part IV, line 19									
b	Less: direct expenses									
c	Net income or (loss) from gaming activities									
10a	Gross sales of inventory, less returns and allowances									
a										
b	Less: cost of goods sold									
c	Net income or (loss) from sales of inventory									
(D)	Revenue excluded from tax under sections 512-514	Business Code	11a	Miscellaneous Revenue						
			b							
			c							
			d	All other revenue						
			e	Total. Add lines 11a-11d						
			12	Total Revenue. See instructions	391,921.5	232,167.0				

Part IX Statement of Functional Expenses

Form 990 (2014)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.							
				Total expenses			
				(A)			
				(B) Program service expenses			
				(C) Management and general expenses			
				(D) Fundraising expenses			
1	Grants and other assistance to governments and individuals in the U.S. See Part IV, line 21						
2	Grants and other assistance to domestic individuals. See Part IV, line 22						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees						
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	717,892.	658,744.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,104.	16,584.				
9	Other employee benefits	201,267.	159,503.				
10	Payroll taxes	99,246.	85,181.				
11	Fees for services (non-employees):						
a	Management						
b	Legal	14,085.	10,685.				
c	Accounting	31,619.					
d	Lobbying						
e	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	13,608.	350.				
12	Advertising and promotion	81,865.	54,375.				
13	Office expenses						
14	Information technology						
15	Royalties						
16	Occupancy	428,951.	428,951.				
17	Travel	2,868.	1,150.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest	93,488.	87,607.				
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	459,162.	459,162.				
23	Insurance	70,974.	70,413.				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
a	Rent-Program Expenses	730,831.	729,110.				
b	Repairs and Maintenance	275,671.	275,574.				
c	Real Estate Taxes	102,476.	102,476.				
d	Truck expenses	21,008.	21,008.				
e	All other expenses	27,089.	-25,699.				
25	Total functional expenses. Add lines 1 through 24e	3,618,121.	3,287,651.				
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)						

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☒

		(A) Beginning of year	(B) End of year
1	Cash- non-interest-bearing	375,618.	790,708.
2	Savings and temporary cash investments	240,350.	151,974.
3	Pledges and grants receivable, net		
4	Accounts receivable, net	140,033.	176,030.
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		
7	Notes and loans receivable, net		
8	Inventories for sale or use		
9	Prepaid expenses and deferred charges	30,602.	44,843.
10a	Land, buildings, and equipment: cost or other basis	12,088,412.	
b	Less: accumulated depreciation	5,544,318.	
10b			
11	Investments- publicly traded securities		
12	Investments- other securities. See Part IV, line 11		
13	Investments- program-related. See Part IV, line 11		
14	Intangible assets		
15	Other assets. See Part IV, line 11		
16	Total assets. Add lines 1 through 15 (must equal line 34)	10,779,042.	12,635,026.
17	Accounts payable and accrued expenses	420,733.	257,204.
18	Grants payable		
19	Deferred revenue		
20	Tax-exempt bond liabilities		
21	Escrow or custodial account liability. Complete Part IV of Schedule D		
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
23	Secured mortgages and notes payable to unrelated third parties	1,442,662.	2,799,700.
24	Unsecured notes and loans payable to unrelated third parties	1,554,113.	1,354,046.
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		
26	Total liabilities. Add lines 17 through 25	48,284.	68,682.
27	Unrestricted net assets	7,361,534.	8,144,980.
28	Temporarily restricted net assets		
29	Permanently restricted net assets		
Organizations that follow SFAS 117 (ASC 958), check here ☒ and ☐ Organizations that do not follow SFAS 117 (ASC 958), check here ☐			
30	Capital stock or trust principal, or current funds		
31	Paid-in or capital surplus, or land, building, or equipment fund		
32	Retained earnings, endowment, accumulated income, or other funds		
33	Total net assets or fund balances	7,361,534.	8,144,980.
34	Total liabilities and net assets/fund balances	10,827,326.	12,635,026.

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

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

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

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

2b Were the organization's financial statements audited by an independent accountant? ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

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:

c If "Yes" to lines 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? ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ☐ Yes ☒ No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b ☐ Yes ☒ No

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number
31-1272434

Name of the organization
OVER THE RHINE COMMUNITY HOUSING

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 1a through 1d that describes the type of supporting organization and complete lines 1e, 1f, and 1g.
- a ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- c ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(iii) EIN	(iiii) Type of organization (described on lines 1–9 listed in your governing document? (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶					
(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
3,311,432	1,508,148	1,491,600	1,383,006	1,662,859	9,357,045
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					
3 The value of services or facilities furnished by a governmental unit to the organization without charge					
4 Total. Add lines 1 through 3.					
3,311,432	1,508,148	1,491,600	1,383,006	1,662,859	9,357,045
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).					
6 Public support. Subtract line 5 from line 4.					

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶					
(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
3,311,432	1,508,148	1,491,600	1,383,006	1,662,859	9,357,045
7 Amounts from line 4					
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					
200,069	177,918	236,910	456,554	383,142	1,454,593
9 Net income from unrelated business activities, whether or not the business is regularly carried on					
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					
1,040,989	518,007	533,147	582,192	510,720	3,185,055
11 Total support. Add lines 7 through 10					
12 Gross receipts from related activities, etc. (see instructions)					
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here					
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))					
66.85 %					
15 Public support percentage from 2013 Schedule A, Part II, line 14					
40.12 %					
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization					
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization					
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization					
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization					
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions					

Section C. Computation of Public Support Percentage

14	66.85 %
15	40.12 %

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3 % support tests-2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3 % support tests-2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supplemental information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and

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

Part II Section B Other Income

The other income consists of laundry income, parking rentals, loan interest.
It also includes forgiveness of HUD Home Investment Loans.

OMB No. 1545-0047	Schedule B (Form 990, 990-EZ, or 990-PF)	Department of the Treasury Internal Revenue Service
		Name of the organization OVER THE RHINE COMMUNITY HOUSING
2014	Employer identification number 31-1272434	Organization type (check one):

Filers of:

Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

\$

Name of organization
OVER THE RHINE COMMUNITY HOUSING

Employer identification number
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	Ohio Capital Corporation 88 E. Broad Columbus, OH 43215	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
2	PNC Bank 201 E. 5th St Cincinnati, OH 45202	\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
3	Thomas and Eileen Kuechly 3570 Horncastle Cincinnati, OH 45241	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
4	Marge and Charles Schott Foundation 5084 Wooster Rd Cincinnati, OH 45226	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
5	Annetee Wick and Mark Manley 1419 Race St Cincinnati, OH 45202	\$ 12,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
6	Episcopal Society Church 318 E 4th St Cincinnati, OH 45202	\$ 11,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

SCHEDULE C (Form 990 or 990-EZ)	
Department of the Treasury Internal Revenue Service	
Instructions are at www.irs.gov/form990 .	
OMB No. 1545-0047	
2014	
Open to Public Inspection	

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

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures \$

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
Yes ☐ No ☐

4a Was a correction made?
Yes ☐ No ☐

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$

4 Did the filing organization file Form 1120-POL for this year?
Yes ☐ No ☐

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501 (h)).**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's

name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.**Limits on Lobbying Expenditures****(The term "expenditures" means amounts paid or incurred.)**

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	
c Total lobbying expenditures (add lines 1a and 1b)	
d Other exempt purpose expenditures	
e Total exempt purpose expenditures (add lines 1c and 1d)	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	

If the amount on line 1e, column (a) or (b) is:

Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)	
h Subtract line 1g from line 1a. If zero or less, enter -0-	
i Subtract line 1f from line 1c. If zero or less, enter -0-	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column(e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)	(b)
Yes	No	Amount	

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

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

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

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

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

Part IV Supplemental Information

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

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

Name of the organization

OVER THE RHINE COMMUNITY HOUSING

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

► Attach to Form 990.

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

Supplemental Financial Statements

OMB No. 1545-0047

2014**Open to Public Inspection**

Employer identification number

31-1272434

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

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

1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☐ Yes ☐ No

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

a	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
2d	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	

- 3 Number of states where property subject to conservation easement is located
 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
 8 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1	\$	
(ii) Assets included in Form 990, Part X	\$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	\$	
a Revenues included in Form 990, Part VIII, line 1	\$	
b Assets included in Form 990, Part X	\$	

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

Schedule D (Form 990) 2014

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

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

1 Total revenue, gains, and other support per audited financial statements		3,919,215.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d	2e		
3 Subtract line 2e from line 1	3		3,919,215.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b	4c		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		3,919,215.

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

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

1 Total expenses and losses per audited financial statements		3,618,121.	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d	2e		
3 Subtract line 2e from line 1	3		3,618,121.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b	4c		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		3,618,121.

Part XIII Supplemental Information

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

SCHEDULE E (Form 990 or 990-EZ)		Schools	
Department of the Treasury Internal Revenue Service		www.irs.gov/form990.	
► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.		► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at	
Open to Public Inspection		2014	
OMB No. 1545-0047			

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

1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	3	

4	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?	4a		4b		4c		4d	
---	--	----	--	----	--	----	--	----	--

5	Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities?	5a		5b		5c		5d		5e		5f		5g		5h	
---	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--	----	--

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

Amount	1c	1d	1e	1f

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

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

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %
 The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations ☐
 (ii) related organizations ☐
 b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐
 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	498,787.			498,787.
b Buildings	11,570,969.		5,544,318.	6,026,651.
c Leasehold improvements				
d Equipment				
e Other	18,656.			18,656.
Total. Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				6,544,094.

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

registration or licensing.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from

Total

[illegible]

to be compensated at least \$5,000 by the organization.

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

☒ In-person solicitations

Phone solicitations

Internet and email solicitations

Mail solicitations

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

Form 990-EZ filers are not required to complete this part.

Part I

Fundraising Activities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

OVER THE RHINE COMMUNITY HOUSING

Name of the organization

Internal Revenue Service

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

the organization entered more than \$15,000 on Form 990-EZ, line 6a.

the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if

Supplemental Information Regarding Fundraising or Gaming Activities

Open to Public Inspection

2014

OMB No. 1545-0047

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

Revenue		Direct Expenses			
	(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))	
1	Gross receipts	23,511		23,511	
2	Less: contributions				
3	Gross income (line 1 minus line 2)	23,511		23,511	
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	1,721		1,721	
7	Food and beverages	1,260		1,260	
8	Entertainment	885		885	
9	Other direct expenses	2,310		2,310	
10	Direct expense summary. Add lines 4 through 9 in column (d)			6,176	
11	Net income summary. Subtract line 10 from line 3, column (d)			17,335	

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

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

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

Yes ☐ No ☐

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes ☐ No ☐

b If "Yes," explain:

SCHEDULE J

(Form 990)

Department of the Treasury
Internal Revenue ServiceName of the organization
OVER THE RHINE COMMUNITY HOUSING**Part I Questions Regarding Compensation****Compensation Information**
For certain Officers, Directors, Trustees, Key Employees, and Highest

- Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
Compensated Employees

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

- Attach to Form 990.

Open to Public Inspection**2014**

OMB No. 1545-0047

Employer identification number
31-1272434

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

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|--|
| ☐ Compensation committee | ☐ Form 990 of other organizations |
| ☐ Independent compensation consultant | ☐ Approval by the board or compensation committee |
| ☐ Written employment contract | ☐ Compensation survey or study |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ☐
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ☐
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ☐

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

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

- a** The organization? ☐
- b** Any related organization? ☐
- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III ☐

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III ☐
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? ☐

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

Schedule J (Form 990) 2014

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 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	13b
a The organization's facility	%	%
b An outside facility	%	%

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

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Gaming manager compensation \$

Description of services provided

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990.
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1		(i)						
		(ii)						
2		(i)						
		(ii)						
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						
17		(i)						
		(ii)						

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
OVER THE RHINE COMMUNITY HOUSING

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

2014

OMB No. 1545-0047

Employer identification number
31-1272434

Part I Excess Benefit Transactions

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.
(section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year

under section 4958 \$ ▶
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ ▶

Part II Loans to and/or From Interested Persons.

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

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

Total \$ ▶

Part III Grants or Assistance Benefitting Interested Persons.

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

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

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

Part V
Supplemental Information[illegible]

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Part IV Business Transactions Involving Interested Persons.

SCHEDULE M

(Form 990)

Department of the Treasury
Internal Revenue Service

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**
► **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

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2014

OMB No. 1545-0047

Name of the organization
OVER THE RHINE COMMUNITY HOUSING

Employer identification number
31-1272434

Part I Types of Property

(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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1	Art-Works of art		
2	Art-Historical treasures		
3	Art-Fractional interests		
4	Books and publications		
5	Clothing and household goods		
6	Cars and other vehicles		
7	Boats and planes		
8	Intellectual property		
9	Securities-Publicly traded		
10	Securities-Closely held stock		
11	Securities-Partnership, LLC,		
	or trust interests		
12	Securities-Miscellaneous		
13	Qualified conservation structures		
	contribution-Historic		
14	Qualified conservation contribution - Other		
15	Real estate-Residential		
16	Real estate-Commercial		
17	Real estate-Other		
18	Collectibles		
19	Food inventory		
20	Drugs and medical supplies		
21	Taxidermy		
22	Historical artifacts		
23	Scientific specimens		
24	Archaeological artifacts		
25	Other		
26	Other		
27	Other		
28	Other		
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		
b	If "Yes," describe in Part II.		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2014

SCHEDULE O (Form 990 or 990-EZ)	
Department of the Treasury Internal Revenue Service	
Name of the organization OVER THE RHINE COMMUNITY HOUSING	
PART III D-	
Expenses of \$351,832 include \$286,762 for Administration and \$65,070 for the Fund Raising department.	
PART VI Section B Line 11B-	
The finance committee of the Board of Trustees reviews the Form 990.	
Following the review, any changes are provided to all members of the Board of Trustees.	
PART VI Section B Line 12A	
The organization has a conflict of interest policy. Members of the Board sign the policy annually.	
PART VI Section B Line 13	
The organization has a whistleblower policy that has been approved by the Board of Trustees.	
PART VI Section B Line 15A	
The Executive Committee of the Board of Trustees completes an annual review of the Executive Director and determines her salary. The Executive Director reviews the performance and sets the salary of key employees.	
Part XII Financial Statements and Reporting	
The organization has an annual A-133 and financial audit. A copy of the audit report is submitted to HUD. The auditors review the audit with the Finance Committee of the Board of Trustees.	

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Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .
Employer identification number 31-1272434

