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Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

**2009**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type See Specific Instructions</b>	<b>C Name of organization</b> OHIO CAPITAL CORPORATION FOR HOUSING		<b>D Employer identification number</b>
		Doing Business As		31-1265570
		Number and street (or P O box if mail is not delivered to street address) Room/suite		<b>E Telephone number</b>
		88 EAST BROAD STREET, SUITE 1800		(614) 224-8446
		City or town, state or country, and ZIP + 4		<b>G Gross receipts \$</b> 14,255,751.
		COLUMBUS, OH 43215		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>F Name and address of principal officer</b>		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				If "No," attach a list (see instructions)
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website</b> ▶ WWW.OCCH.ORG				
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
<b>L Year of formation</b> 1989 <b>M State of legal domicile</b> OH				

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities		
	TO CAUSE THE CONSTRUCTION, REHABILITATION AND PRESERVATION OF AFFORDABLE HOUSING IN OHIO BY PROVIDING RESOURCES AND TECHNICAL SUPPORT TO DEVELOPERS OF AFFORDABLE HOUSING		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	7
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	7
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	51
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
<b>Revenue</b>	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	
	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,597,654.	340,068.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,877,773.	13,759,692.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	360,257.	155,991.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,835,684.	14,255,751.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	1,189,690.	549,208.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
<b>Expenses</b>	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	7,944,201.	8,624,737.
	<b>b</b> Total fundraising expenses, Part IX, column (D), line 25 ▶	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,964,730.	4,078,915.
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	13,098,621.	13,252,860.
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	2,737,063.	1,002,891.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	29,581,990.	32,767,387.
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	11,308,592.	13,491,102.
		18,273,398.	19,276,285.

**Part II Signature Block**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	<input checked="" type="checkbox"/> Signature of officer Harold D Keller, President	<input checked="" type="checkbox"/> Date 11/11/10	
<b>Paid Preparer's Use Only</b>	Preparer's signature Edward S. Pagan	Date 11/10/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 REZNICK GROUP, P.C. 7700 OLD GEORGETOWN ROAD, SUITE 400 BETHESDA, MD 20814-6224	Preparer's identifying number (see instructions) P00223815	EIN 52-1088612
May the IRS discuss this return with the preparer shown above? (see instructions)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. \*

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**Part III** Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 12,100,501 including grants of \$ 549,208) (Revenue \$ 13,759,692)  
 ATTACHMENT 3

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

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

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

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

**4e** Total program service expenses ► 12,100,501.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	4	X
5 <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .	5	N/A
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	6	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 . . . . .	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	10	X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	11	X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• 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.		
• 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		
• 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		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• 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? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	12	X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .	16	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 . . . . .	17	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 . . . . .	18	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 . . . . .	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	20	X

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**Part IV Checklist of Required Schedules (continued)**

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

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .	1a	26
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	51
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	N/A
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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .	4b	
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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	5c	N/A
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? . . . . .	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	N/A
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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	N/A
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	N/A
e	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	N/A
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h	N/A
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8	X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	X
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	N/A
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	N/A
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders . . . . .	11a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b	N/A
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	N/A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	N/A

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**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.

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . . . .		
<b>1b</b> Enter the number of voting members that are independent . . . . .		
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		X
<b>6</b> Does the organization have members or stockholders? . . . . .		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> 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.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</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 those of the organization? . . . . .	N/A	
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	X	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .		X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>b</b> Other officers or key employees of the organization . . . . .	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.) . . . . .		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	X	
<b>b</b> If "Yes," has the organization adopted 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? . . . . .		N/A

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **OH**, \_\_\_\_\_

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

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **SUE ZIEGLER COLUMBUS, OHIO, 43215**  
**614-224-8446**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT J. WEILER, SR. DIRECTOR	3.00	X						0.	7,400.	0.
DANIEL M. SLANE VICE-CHAIR	3.00	X						0.	7,650.	0.
JOHN LEE DIRECTOR	3.00	X						0.	7,900.	0.
SUSAN E. WEAVER SECRETARY/TREASURER	3.00	X						0.	7,900.	0.
GRADY APPLETON DIRECTOR	3.00	X						0.	7,900.	0.
CAROL MOUNT PETERSON CHAIRMAN	3.00	X						0.	9,150.	0.
JERRY GRIER DIRECTOR	3.00	X						0.	7,400.	0.
HAROLD D. KELLER PRESIDENT	40.00			X				450,728.	0.	282,114.
ISABEL TOTH CHIEF OF STAFF	40.00			X				323,388.	0.	159,104.
SUSAN K. ZIEGLER CFO	40.00			X				244,558.	0.	128,021.
JOHN F. KUKURA CHIEF OF ACQUISITIONS	40.00				X			301,248.	0.	247,794.
ANTHONY DIBLASI CHIEF OF ASSET MANAGEMENT	40.00				X			167,152.	0.	115,124.
JAY L. PANNIER SENIOR VICE PRESIDENT	40.00					X		230,416.	0.	114,536.
JONATHAN WELTY VICE PRESIDENT	40.00					X		229,704.	0.	105,278.
JOHN D. KIRCHER DIRECTOR OF DEVELOPMENT	40.00					X		274,958.	0.	120,410.
DOUGLAS R. KLINGENSMITH VP, DEVELOPMENT	40.00					X		263,753.	0.	139,357.



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN LANGMEYER VP, DEVELOPMENT	40.00					X		261,271.	0.	146,382.
<b>1b Total</b>								2,747,176.	55,300.	1,558,120.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **10**

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

	Yes	No
3		X
4	X	
5		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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

**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.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**

**Part VIII Statement of Revenue**

31-1265570

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>	277,601			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	62,467			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ . . . . .					
<b>h</b>	<b>Total. Add lines 1a-1f . . . . .</b>			340,068			
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b>	ACQUISITION FEE . . . . .	531390	9,937,666	9,937,666		
	<b>b</b>	MANAGEMENT FEE . . . . .	531390	2,242,338	2,242,338		
	<b>c</b>	MISC INCOME . . . . .	531390	1,286,733	1,286,733		
	<b>d</b>	DISPOSITION FEES . . . . .	531390	229,350	229,350		
	<b>e</b>	DEVELOPMENT FEES . . . . .	531390	45,365	45,365		
	<b>f</b>	All other program service revenue . . . . .	531390	18,240	18,240		
<b>g</b>	<b>Total. Add lines 2a-2f . . . . .</b>			13,759,692			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ATTACHMENT 5		155,991			155,991
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		0			
		(i) Real	(ii) Personal				
	<b>6a</b>	Gross Rents . . . . .					
	<b>b</b>	Less rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .		0			
		(i) Securities	(ii) Other				
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .					
	<b>b</b>	Less cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .					
	<b>d</b>	Net gain or (loss) . . . . .		0			
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
	<b>b</b>	Less direct expenses . . . . .	b				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		0			
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	a				
<b>b</b>	Less direct expenses . . . . .	b					
<b>c</b>	Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	a					
<b>b</b>	Less cost of goods sold . . . . .	b					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total. Add lines 11a-11d . . . . .</b>			0			
<b>12</b>	<b>Total Revenue. See instructions . . . . .</b>			14,255,751	13,759,692		155,991

Form **990** (2009)

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . .	549,208.	549,208.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,419,231.	2,419,231.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages . . . . .	4,594,234.	4,594,234.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	629,457.	629,457.		
9 Other employee benefits . . . . .	582,109.	582,109.		
10 Payroll taxes . . . . .	399,706.	399,706.		
11 Fees for services (non-employees)	0.			
a Management . . . . .	116,838.	16,934.	99,904.	
b Legal . . . . .	162,385.		162,385.	
c Accounting . . . . .	13,497.	13,497.		
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	0.			
12 Advertising and promotion . . . . .	180,477.	180,477.		
13 Office expenses . . . . .	0.			
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	288,483.	288,483.		
17 Travel . . . . .	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . .	450,767.	81,468.	369,299.	
20 Interest . . . . .	68,491.	68,491.		
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . .	242,379.	139,927.	102,452.	
23 Insurance . . . . .	25,761.	7,860.	17,901.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a SUPPLIES -----	41,055.		41,055.	
b TELEPHONE -----	67,861.	67,861.		
c POSTAGE -----	15,128.	15,128.		
d UTILITIES -----	35,439.	35,439.		
e STORAGE -----	5,237.		5,237.	
f All other expenses -----	2,365,117.	2,010,991.	354,126.	
25 Total functional expenses. Add lines 1 through 24f	13,252,860.	12,100,501.	1,152,359.	
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	21,951,364.	<b>2</b>	25,245,807.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	3,374,546.	<b>4</b>	3,658,346.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	1,011,484.	<b>7</b>	961,999.
	<b>8</b> Inventories for sale or use . . . . .	74,115.	<b>8</b>	81,736.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	219,372.	<b>9</b>	58,300.
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	10a 3,082,673.		
	<b>b</b> Less: accumulated depreciation . . . . .	10b 1,362,560.	1,948,979.	<b>10c</b> 1,720,113.
	<b>11</b> Investments - publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	1,002,130.	<b>13</b>	1,041,086.
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	29,581,990.	<b>16</b>	32,767,387.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	945,792.	<b>17</b>	1,684,237.
	<b>18</b> Grants payable . . . . .	843,662.	<b>18</b>	585,916.
	<b>19</b> Deferred revenue . . . . .	6,750,350.	<b>19</b>	8,204,685.
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties. ATCH. 8 . . . . .	1,002,320.	<b>23</b>	874,177.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	1,766,468.	<b>25</b>	2,142,087.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	11,308,592.	<b>26</b>	13,491,102.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	17,918,941.	<b>27</b>	18,919,237.
	<b>28</b> Temporarily restricted net assets . . . . .	354,457.	<b>28</b>	357,048.
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	18,273,398.	<b>33</b>	19,276,285.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	29,581,990.	<b>34</b>	32,767,387.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<b>2a</b>	X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	X
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	<b>2c</b>	X
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	<b>3a</b>	X
<b>b</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	<b>3b</b>	X

Form **990** (2009)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ

▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

OHIO CAPITAL CORPORATION FOR HOUSING

Employer identification number

31-1265570

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

The organization is not a private foundation because it is: (For lines 1 through 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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a ☒ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
  - e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☒
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
    - (ii) A family member of a person described in (i) above? ☐
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
  - h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
ATTACHMENT 1									
<b>Total</b>									10,245.

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

Schedule A (Form 990 or 990-EZ) 2009

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a</b> <b>33 1/3 % support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</b> <b>33 1/3 % support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 <b>Total.</b> 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 <b>Public support</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
14 <b>First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	%

19 a **33 1/3 % support tests - 2009.** 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 - 2008.** 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.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
OHIO HOUSING FINANCE AGENCY	52-1527664	07		X			X		10,245
TOTAL AMOUNT OF SUPPORT									<u>10,245</u>

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

**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), then**

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 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 payments were made 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-

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

Schedule C (Form 990 or 990-EZ) 2009

JSA  
9E1264 2 000

**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.  
**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												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount 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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount 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														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b>	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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

**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)).

	(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?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		13,497.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total Add lines 1c through 1i			13,497.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

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

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

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## Part IV Supplemental Information (continued)

[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization

OHIO CAPITAL CORPORATION FOR HOUSING

Employer identification number

31-1265570

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if  
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes 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, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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 relating to these items

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

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**(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 d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

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

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 XI V and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

**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 year end balance held as

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

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

	Yes	No
(i) unrelated organizations . . . . .	3a(i)	
(ii) related organizations . . . . .	3a(ii)	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . ☐ Yes ☐ No

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		6,200.		6,200.
b Buildings . . . . .		1,656,889.	286,341.	1,370,548.
c Leasehold improvements . . . . .		230,167.	179,742.	50,425.
d Equipment . . . . .		669,910.	566,306.	103,604.
e Other . . . . .		519,507.	330,171.	189,336.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . .				1,720,113.

Schedule D (Form 990) 2009

**Part VII** Investments - Other Securities. 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
Financial derivatives . . . . .		
Closely-held equity interests . . . . .		
Other _____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		

**Part VIII Investments - Program Related.** 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
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**Part IX** **Other Assets.** See Form 990, Part X, line 15.[illegible]

**Part X** **Other Liabilities.** See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	PARTNERSHIP PROJECT RESERVES	2,121,709.
	OBLIGATION UNDER CAPITAL LEASE	20,378.
	<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25)	2,142,087.

2. FIN 48 Footnote In Part XIV, 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.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XIV** Supplemental Information (continued)



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART 1

QUESTION 1

REPORTING BY THE GRANT RECIPIENT IS REQUIRED. THE INFORMATION RECEIVED IS

REVIEWED TO ENSURE THE GRANT IS SPENT FOR THE PURPOSE IT WAS INTENDED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

► Attach to Form 990 ► See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

OHIO CAPITAL CORPORATION FOR HOUSING

Employer identification number

31-1265570

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐  
☐  
☐  
☐

First-class or charter travel  
Travel for companions  
Tax indemnification and gross-up payments  
Discretionary spending account

☐  
☐  
☐  
☐

Housing allowance or residence for personal use  
Payments for business use of personal residence  
Health or social club dues or initiation fees  
Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**1b**

N/A

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**2**

N/A

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

☐  
☒  
☐

Compensation committee  
Independent compensation consultant  
Form 990 of other organizations

☐  
☒  
☒

Written employment contract  
Compensation survey or study  
Approval by the board or compensation committee

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

**4a**

X

**a** Receive a severance payment or change-of-control payment?

**4b**

X

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4c**

X

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** 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

**5a**

X

**a** The organization?

**5b**

X

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**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

**6a**

X

**a** The organization?

**6b**

X

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

**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

**7**

X

**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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**8**

X

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**9**

N/A

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

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(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 in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
HAROLD D. KELLER	(i) 238,846.	0.	211,882.	236,738.	45,376.	732,842.	87,500.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ISABEL TOTH	(i) 189,000.	9,100.	125,288.	118,531.	40,573.	482,492.	49,569.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JOHN F. KUKURA	(i) 181,731.	8,750.	110,767.	198,650.	49,144.	549,042.	43,269.
	(ii) 0.	0.	0.	0.	0.	0.	0.
SUSAN K. ZIEGLER	(i) 145,385.	7,000.	92,173.	91,719.	36,302.	372,579.	33,381.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ANTHONY DIBLASI	(i) 119,423.	5,750.	41,979.	73,956.	41,168.	282,276.	16,770.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JAY L. PANNIER	(i) 127,816.	6,218.	96,382.	61,215.	53,321.	344,952.	36,874.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JONATHAN WELTY	(i) 155,769.	7,500.	66,435.	70,126.	35,152.	334,982.	22,563.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JOHN D. KIRCHER	(i) 162,864.	7,842.	104,252.	72,765.	47,645.	395,368.	40,784.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DOUGLAS R. KLINGENSMITH	(i) 160,962.	7,750.	95,041.	93,769.	45,588.	403,110.	37,888.
	(ii) 0.	0.	0.	0.	0.	0.	0.
BRIAN LANGMEYER	(i) 160,962.	7,750.	92,559.	93,769.	52,613.	407,653.	37,888.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2009

**Part III Supplemental Information**

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

PART I

QUESTION 4B

AMOUNTS RECEIVED FROM NONQUALIFIED PLAN:

HAROLD KELLER - 189,295

ISABEL TOTH - 107,235

JOHN F. KUKURA - 93,606

SUSAN K. ZIEGLER - 72,216

JOHN D. KIRCHER - 88,230

DOUGLAS R. KLINGENSMITH - 81,965

BRAIN LANGMEYER - 81,965

JAY L. PANNIER - 79,772

JONATHAN WELTY - 48,811

ANTHONY DIBLASI - 36,279

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

OHIO CAPITAL CORPORATION FOR HOUSING

31-1265570

ATTACHMENT 2

GOVERNANCE

PART VI, SECTION B, QUESTION 12

OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO REVIEW THE CONFLICT OF  
INTEREST POLICY ANNUALLY AND COMPLETE AN INTEREST DISCLOSURE STATEMENT.  
AN INTEREST DISCLOSURE STATEMENT MUST ALSO BE COMPLETED AND FILED WHEN  
SITUATIONS ARISE THAT CAUSE AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF  
INTEREST.

OHIO CAPITAL CORPORATION IS A FAIRLY SMALL COMPANY (APPROX. 50  
EMPLOYEES). ANY KNOWN CONFLICT OF INTEREST IS BROUGHT TO THE ATTENTION OF  
THE PRESIDENT FOR REVIEW.

GOVERNANCE

PART VI, SECTION B, QUESTION 15

AN INDEPENDENT COMPANY WAS ENGAGED TO PERFORM A SALARY SURVEY OF SIMILAR  
ENTITIES IN 2008. THE PRESIDENT RECOMMENDS AND SEEKS APPROVAL OF KEY  
EMPLOYEE SALARIES TO THE BOARD OF DIRECTORS. THE PRESIDENT'S SALARY IS  
DETERMINED BY THE BOARD OF DIRECTORS. BASE SALARIES DID NOT INCREASE IN  
2009.

OHIO CAPITAL CORPORATION IS A SUPPORTING ORGANIZATION OF THE OHIO HOUSING  
FINANCE AGENCY ("OHFA"). BOARD MEMBERS ARE ELECTED BY THE BOARD OF  
DIRECTORS AND MUST BE APPROVED BY OHFA.



Name of the organization

Employer identification number

OHIO CAPITAL CORPORATION FOR HOUSING

31-1265570

ATTACHMENT 2 (CONT'D)

## GOVERNANCE

## PART VI, SECTION C, QUESTION 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS OF THE ORGANIZATION ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

THE 990 IS ALSO MADE AVAILABLE ON A PUBLIC WEBSITE.

## BALANCE SHEET

## PART XI, QUESTION 2

ALTHOUGH THERE IS NO SEPARATE AUDITED FINANCIAL STATEMENT FOR THE ENTITY,

THE ORGANIZATION DOES RECEIVE A CONSOLIDATED AUDIT PERFORMED BY AN

INDEPENDENT ACCOUNTANT. THE ORGANIZATION DOES HAVE A COMMITTEE THAT

ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL

STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

## GOVERNANCE

## PART VI, SECTION B, QUESTION 11

THE 990 IS REVIEWED INTERNALLY BY STAFF (PRESIDENT AND COO/CFO). IT IS

THEN REVIEWED BY THE FINANCE/AUDIT COMMITTEE AND LEGAL COUNSEL. THE AUDIT

COMMITTEE RECOMMENDS APPROVAL TO THE FULL BOARD PRIOR TO FILING.

## GOVERNANCE

## PART VI, SECTION B, QUESTION 14

THE ORGANIZATION HAS A DRAFT DOCUMENT RETENTION/DESTRUCTION POLICY IN

PLACE WHICH IS FOLLOWED IN PRACTICE AND IS EXPECTED TO RECEIVE BOARD OF

DIRECTORS APPROVAL PRIOR TO DECEMBER 31, 2010.

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

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 34A PROGRAM SERVICE

OHIO CAPITAL CORPORATION FOR HOUSING (OCCH) IS A FINANCIAL INTERMEDIARY THAT PROVIDES DEVELOPERS OF AFFORDABLE RENTAL HOUSING WITH ACCESS TO CAPITAL. THROUGH OUR OHIO EQUITY FUNDS, OCCH RAISES TAX CREDIT EQUITY FOR INVESTMENT IN AFFORDABLE HOUSING PROJECTS THROUGHOUT OHIO AND PARTS OF KENTUCKY. IN 2009 OCCH ASSISTED DEVELOPERS AND NON-PROFIT SPONSORS OF 41 LOW-INCOME HOUSING TAX CREDIT PROJECTS, WHICH HAVE REACHED OR ARE REACHING COMPLETION, REPRESENTING 2,770 UNITS OF HOUSING. IN 2009, OHIO EQUITY FUND RAISED \$68 MILLION FOR OHIO EQUITY FUND XIX AND \$105 MILLION IN SIDE-BY-SIDE INVESTMENTS AND SINGLE INVESTOR FUNDS, WHICH WILL BE INVESTED IN APPROXIMATELY 27 PROPERTIES THROUGHOUT OHIO AND KENTUCKY. AS PART OF OUR FIDUCIARY RESPONSIBILITY TO OUR INVESTORS, OCCH PROVIDES ASSET MANAGEMENT SERVICES TO THE PROJECTS INCLUDING TENANT APPLICATION REVIEW, COMPLIANCE TRAINING, PHYSICAL INSPECTIONS AND QUARTERLY REVIEW OF OCCUPANCY AND CASH FLOW.

IN 2003 COMMUNITY PARTNERS FOR AFFORDABLE HOUSING CORPORATION, AN AFFILIATE OWNED 75% BY OHIO CAPITAL CORPORATION, ACQUIRED AN INTEREST IN 1,385 RENTAL UNITS IN COLUMBUS, OHIO. THE ACQUISITION WAS MADE IN AN EFFORT TO PRESERVE AND REVITALIZE AFFORDABLE HOUSING IN THE AREA. AT THE TIME OF THE ACQUISITION OF THE 1,385 UNITS, COMMUNITY PROPERTIES OF OHIO MANAGEMENT SERVICES ("CPOMS"), A SINGLE MEMBER LLC FORMED BY OHIO CAPITAL CORPORATION IN 2002, PURCHASED THE STOCK OF BROAD STREET MANAGEMENT. THE PURCHASE OF

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

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

THE MANAGEMENT COMPANY WAS SEEN AS AN INTEGRAL PART TO THE OVERALL REPOSITIONING OF THE PORTFOLIO THAT WAS ACQUIRED. IN ADDITION TO MANAGING THE CPO UNITS, THE MANAGEMENT COMPANY ALSO MANAGES UNITS IN COLUMBUS, KETTERING AND ZANESVILLE THAT ARE PART OF OCCH'S OVERALL PORTFOLIO.

THE ONGOING DEVELOPMENT OF THE COMMUNITY PROPERTIES PORTFOLIO CONTINUES TO BE A FOCUS OF OHIO CAPITAL CORPORATION AND CPOMS.

IN 2009, OCCH ALSO PROVIDED TECHNICAL ASSISTANCE TO BOTH NON-PROFIT AND FOR-PROFIT DEVELOPERS OF AFFORDABLE HOUSING. UNDER A GRANT FROM HUD, OHIO CAPITAL CORPORATION CONTINUED TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO NON-PROFIT COMMUNITY BASED DEVELOPMENT CORPORATIONS TO BUILD THEIR CAPACITY TO DEVELOP AND MANAGE AFFORDABLE HOUSING.

OHIO CAPITAL FINANCE CORPORATION (OCFC) IS THE LENDING ARM OF OCCH AND A CERTIFIED DEVELOPMENT FINANCIAL INSTITUTION (CDFI). THROUGH THE OHIO AFFORDABLE HOUSING LOAN FUND, FORMED BY OCCH IN 2004 AND THE OCFC PARTICIPATION I, LLC, FORMED IN 2006 THERE IS \$17 MILLION DOLLARS OF FUNDING TO DEPLOY. THE FUND WAS ESTABLISHED TO PROVIDE A FLEXIBLE SOURCE OF CAPITAL TO BE USED BY DEVELOPMENT PARTNERS OF OCCH FOR USE AS: PREDEVELOPMENT FUNDING, ACQUISITION FINANCING AND BRIDGE FINANCING FOR PROJECTS NEARING THE END OF THEIR COMPLIANCE PERIOD. IN 2009 THE LOAN FUND EXTENDED TWENTY-FIVE LOANS OF OVER

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

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

\$7.9 MILLION IN PREDEVELOPMENT/ACQUISITION FINANCING TO OCCH PARTNERS, AIDING IN THE CREATION OR PRESERVATION OF 1,388 UNITS OF AFFORDABLE HOUSING.

IN 2008, OCFC WAS AWARDED A \$4 MILLION PROGRAM RELATED INVESTMENT AND A \$1 MILLION DOLLAR GRANT FROM THE JOHN D. AND CATHERINE T. MACARTHUR FOUNDATION. OCFC, IN PARTNERSHIP WITH OCCH, THE OHIO HOUSING FINANCE AGENCY AND THE COALITION ON HOMELESSNESS IN OHIO FORMED THE OHIO PRESERVATION COMPACT. THE COMPACT WAS FORMED TO PROVIDE A RANGE OF SERVICES AND PRODUCTS TO THE OHIO PRESERVATION COMMUNITY. ONE OF THE MAJOR INITIATIVES OF THE COMPACT IS THE OHIO PRESERVATION LOAN FUND WHICH WILL PROVIDE FINANCING TO DEVELOPERS TO ENSURE THAT EXISTING AFFORDABLE HOUSING STOCK IS MAINTAINED. THE PRESERVATION COMPACT BECAME FULLY OPERATIONAL IN THE 3RD QUARTER OF 2010.

OCFC ALSO RECEIVED A \$1 MILLION FINANCIAL ASSISTANCE GRANT IN 2009 FROM THE CDFI FUND. THIS AWARD WILL BE USED TO FURTHER THE EFFORTS OF THE OHIO PRESERVATION COMPACT BY PROVIDING BORROWERS WITH LOW INTEREST LOANS.

THROUGH THE OCCH TRAINING ACADEMY AND IN CONJUNCTION WITH OTHER TRADE ASSOCIATIONS, OCCH CONTINUED TO OFFER AN ARRAY OF NO COST/LOW COST TRAINING COURSES FOR PROPERTY MANAGERS. TOPICS INCLUDE FAIR HOUSING, TAX CREDIT COMPLIANCE, BUDGETING, MARKETING,

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

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

PREVENTATIVE MAINTENANCE AND LANDLORD-TENANT LAW. IN 2009, 29 COURSES WITH OVER 920 ATTENDEES WERE OFFERED TO OUR AFFORDABLE HOUSING PARTNERS.

AS PART OF OCCH'S MISSION TO SUPPORT THE DEVELOPMENT OF AFFORDABLE HOUSING COMMUNITIES, OCCH ALSO SUPPORTS RESIDENT DEVELOPMENT THROUGH ITS CAROL MOUNT PETERSON RESIDENT DEVELOPMENT FUND. IN 2009, APPROXIMATELY \$389,000 IN GRANTS WERE AWARDED TO BENEFIT THE RESIDENTS OF OHIO EQUITY FUND PROJECTS. PROJECTS CAN APPLY FOR FUNDING FOR AWARDS THAT INCLUDE COMPUTER LABS, TUTORING, SUMMER CAMP, TRANSPORTATION, JOB READINESS AND EXERCISE EQUIPMENT FOR SENIORS. SINCE ITS INCEPTION, OHIO CAPITAL CORPORATION HAS AWARDED NEARLY \$4 MILLION IN THESE GRANTS.

OCCH IS A MISSION-DRIVEN ORGANIZATION THAT ADVOCATES FOR AFFORDABLE HOUSING AND ITS RESIDENTS THROUGH DONATIONS TO SERVICE-ENRICHED PROGRAMS THAT HELP CREATE AND MAINTAIN STRONG, STABLE COMMUNITIES. OCCH HAS CREATED PARTNERSHIPS WITH MANY ORGANIZATIONS, INCLUDING THE UNITED WAY, HABITAT FOR HUMANITY, THE COALITION FOR HOMELESSNESS AND HOUSING IN OHIO, THE YWCA OF COLUMBUS AND THE YMCA OF CENTRAL OHIO FOR PROGRAMS THAT ADVOCATE FOR NEIGHBORHOOD REVITALIZATION AND BETTER COMMUNITIES. OCCH DONATED \$304,000 FOR SUCH INITIATIVES AND PROGRAMS.

OCCH IS ALSO INVOLVED IN THE OHIO GREEN COMMUNITIES INITIATIVE; A

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

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

COLLABORATIVE OF THE OHIO CAPITAL CORPORATION, PNC BANK AND THE ENTERPRISE FOUNDATION. OCCH'S FUNDING IS DESIGNATED SPECIFICALLY TO SUPPORT GRANTS TO DEVELOPERS THAT MEET THE GREEN COMMUNITIES CRITERIA. THE FUNDING IS DESIGNATED FOR USE BY DEVELOPERS TO PERFORM UP-FRONT ENERGY SERVICES WORK, INCLUDING ENERGY AUDITS, ENERGY MODELING, AND/OR COST-BENEFIT ANALYSIS OF ENERGY PERFORMANCE ASPECTS OF A PROJECT. OCCH FUNDS ARE BEING MATCHED BY EQUAL FUNDING FROM PNC (FORMERLY NATIONAL CITY) AND ENTERPRISE COMMUNITY PARTNERS. IN 2009, OCCH AWARDED \$164,000 IN GREEN PLANNING AND PREDEVELOPMENT GRANTS TO FIVE PROJECTS.

OHIO HAS SEEN DRAMATIC INCREASES IN WATER AND ELECTRIC BILLS AND VOLATILITY IN NATURAL GAS PRICING. IN RESPONSE TO THIS PROBLEM, OHIO CAPITAL CORPORATION APPLIED FOR AND WAS AWARDED A \$920,000 GRANT FROM THE OHIO HOUSING FINANCE AGENCY TO LAUNCH OHIO'S AFFORDABLE HOUSING ENERGY CONSERVATION INITIATIVE. THIS MULTI-PURPOSE INITIATIVE INVOLVES AN ENERGY SELF-ASSESSMENT, RESIDENT TRAINING AND THE INSTALLATION OF ENERGY SAVING PRODUCTS THAT WILL HELP REDUCE CONSUMPTION OF WATER, GAS AND ELECTRICITY.

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SQUIRE, SANDERS & DEMPSEY 2000 HUNTINGTON CENTER, 41 S HIGH STREET	LEGAL SERVICES	108,888.

Name of the organization

Employer identification number

OHIO CAPITAL CORPORATION FOR HOUSING

31-1265570

ATTACHMENT 4 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COLUMBUS, OH 43215		
THE ALBERT M. HIGLEY/BAKER HENNING CO. 353 W. NATIONWIDE BLVD. COLUMBUS, OH 43215	CONSTRUCTION	338,561.
REZNICK GROUP 7700 OLD GEORGETOWN RD, SUITE 400 BETHESDA, MD 20814	ACCOUNTING SERVICES	169,617.
TOTAL COMPENSATION		<u>617,066.</u>

ATTACHMENT 5

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST ON SAVINGS & INVESTMENTS	155,991			155,991
TOTALS	<u>155,991.</u>			<u>155,991.</u>

ATTACHMENT 6

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER:	VARIOUS PROJECTS
BEGINNING BALANCE DUE .....	1,011,484.
ENDING BALANCE DUE .....	<u>961,999.</u>
TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	<u>1,011,484.</u>
TOTAL ENDING NOTES AND LOANS RECEIVABLES	<u>961,999.</u>

Name of the organization

Employer identification number

OHIO CAPITAL CORPORATION FOR HOUSING

31-1265570

ATTACHMENT 7FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED INCOME	8,204,685.
TOTALS	<u>8,204,685.</u>

ATTACHMENT 8FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: HUNTINGTON (CPOMS)

ORIGINAL AMOUNT: 1,500,000.

DATE OF NOTE: 05/20/2004

BEGINNING BALANCE DUE .....	971,021.
ENDING BALANCE DUE .....	<u>844,278.</u>

LENDER: OEF, INC.

ORIGINAL AMOUNT: 200,000.

DATE OF NOTE: 06/01/1990

BEGINNING BALANCE DUE .....	31,299.
ENDING BALANCE DUE .....	<u>29,899.</u>

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>1,002,320.</u>
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>874,177.</u>
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2009**

Open to Public  
Inspection

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.  
► Attach to Form 990. ► See separate instructions.

Name of the organization

OHIO CAPITAL CORPORATION FOR HOUSING

Employer identification number  
31-1265570

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
COMMUNITY PROPERTIES OF OH MGMT SERVICES 56-2281157 910 EAST BROAD STREET COLUMBUS, OH 43205	PROPERTY MGMT	OH	70,227.	3,144,801.	OCCH
COMMUNITY PROPERTIES OF OHIO DEVELOPMENT 55-0806457 88 EAST BROAD STREET COLUMBUS, OH 43215	LOW INC HSG	OH	0.	91,297.	OCCH
COMMUNITY PROPERTIES OF OHIO DC, LLC 01-0736196 88 EAST BROAD STREET COLUMBUS, OH 43215	LOW INC HSG	OH	0.	0.	OCCH
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
OHIO CAPITAL FINANCE CORPORATION 01-0634942 88 EAST BROAD STREET COLUMBUS, OH 43215	AFF HOUSING	OH	501(C) (3)	509 (A) (2)	OCCH
COMMUNITY PROPERTIES IMPACT CORPORATION 31-1707264 88 EAST BROAD STREET COLUMBUS, OH 43215	SOCIAL SRVCS	OH	501(C) (3)	509 (A) (2)	OCCH
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule R (Form 990) 2009

## Part III

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

[illegible]

## Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
OHIO EQUITY FUND, INC. 31-1285738							
88 EAST BROAD STREET COLUMBUS, OH 43215	REAL ESTATE	OH	OCCH	C CORP	55,004	75,568	100.0000
AHD, INC. 31-1379710							
88 EAST BROAD STREET COLUMBUS, OH 43215	REAL ESTATE	OH	OCCH	C CORP	0	0.	100.0000
COMMUNITY PARTNERS FOR AFFORDABLE HOUSIN 54-2096826							
88 EAST BROAD STREET COLUMBUS, OH 43215	REAL ESTATE	OH	OCCH	S CORP	89,094	293,993	75.0000

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to other organization(s)	<input checked="" type="checkbox"/>	
<b>c</b> Gift, grant, or capital contribution from other organization(s)	<input checked="" type="checkbox"/>	
<b>d</b> Loans or loan guarantees to or for other organization(s)	<input checked="" type="checkbox"/>	
<b>e</b> Loans or loan guarantees by other organization(s)	<input checked="" type="checkbox"/>	
<b>f</b> Sale of assets to other organization(s)		<input checked="" type="checkbox"/>
<b>g</b> Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
<b>h</b> Exchange of assets		<input checked="" type="checkbox"/>
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)	<input checked="" type="checkbox"/>	
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)	<input checked="" type="checkbox"/>	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		<input checked="" type="checkbox"/>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		<input checked="" type="checkbox"/>
<b>n</b> Sharing of paid employees		<input checked="" type="checkbox"/>
<b>o</b> Reimbursement paid to other organization for expenses	<input checked="" type="checkbox"/>	
<b>p</b> Reimbursement paid by other organization for expenses	<input checked="" type="checkbox"/>	
<b>q</b> Other transfer of cash or property to other organization(s)		<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property from other organization(s)		<input checked="" type="checkbox"/>

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

	(a) Name of other organization	(b) Transaction type (a-i)	(c) Amount involved
<b>(1)</b>	OHIO CAPITAL FINANCE CORPORATION	R	34,876.
<b>(2)</b>	OHIO CAPITAL FINANCE CORPORATION	P	72,908.
<b>(3)</b>	COMMUNITY PROPERTIES IMPACT CORPORATION	B	356,044.
<b>(4)</b>	COMMUNITY PROPERTIES OF OHIO MANAGEMENT SERVI	J	12,950.
<b>(5)</b>	COMMUNITY PROPERTIES OF OHIO MANAGEMENT SERVI	Q	77,779.
<b>(6)</b>	COMMUNITY PROPERTIES OF OHIO MANAGEMENT SERVI	R	49,133.

Schedule R (Form 990) 2009













**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A)	(B)	(C)
Name of other organization	Transaction type (a-r)	Amount involved
(7) COMMUNITY PROPERTIES OF OHIO MANAGEMENT SERVI	P	50,000.
(8) COMMUNITY PROPERTIES OF OHIO MANAGEMENT SERVI	O	3,582.
(9) HORIZON HOUSE APARTMENTS, LLC	D	49,025.
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Schedule R-1 (Form 990) 2009



**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2009**Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment  
Sequence No **67**

Name(s) shown on return

Identifying number

OHIO CAPITAL CORPORATION FOR HOUSING

31-1265570

Business or activity to which this form relates

**GENERAL DEPRECIATION****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	242,379.

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	242,379.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		Yes	<input checked="" type="checkbox"/>	No	24b If "Yes," is the evidence written?		Yes	<input checked="" type="checkbox"/>	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 . . . . .							28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 . . . . .							29		

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles) . . . . .						
31 Total commuting miles driven during the year . . . . .						
32 Total other personal (noncommuting) miles driven . . . . .						
33 Total miles driven during the year Add lines 30 through 32 . . . . .						
34 Was the vehicle available for personal use during off-duty hours? . . . . .	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .						
36 Is another vehicle available for personal use? . . . . .						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
39 Do you treat all use of vehicles by employees as personal use? . . . . .		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year . . . . .					43
44 Total. Add amounts in column (f). See the instructions for where to report . . . . .					44

**Application for Extension of Time To File an Exempt Organization Return**

OMB No. 1545-17

Department of the Treasury  
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box . . . . . ►
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, or returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>OHIO CAPITAL CORPORATION FOR HOUSING</b>	Employer identification number <b>31-1265570</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>88 EAST BROAD STREET, SUITE 1800</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>COLUMBUS, OH 43215</b>	

**Check type of return to be filed (file a separate application for each return).**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **SUE ZIEGLER**

Telephone No. ► **614 224-8446**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . . . If it is for part of the group, check this box . . . . . and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of until **08/15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year **2009** or  
 ► ☐ tax year beginning . . . . . and ending . . . . .

2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting per

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-)

7160 3901 9845 2956 5480

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**  
**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>OHIO CAPITAL CORPORATION FOR HOUSING</b>	Employer identification number <b>31-1265570</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>88 EAST BROAD STREET, SUITE 1800</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>COLUMBUS, OH 43215</b>	

**Check type of return to be filed (File a separate application for each return)**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **SUE ZIEGLER**  
 Telephone No. **614 224-8446** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **11/15/2010**
- 5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **INFORMATION FROM A THIRD PARTY HAS NOT BEEN RECEIVED. THIS INFORMATION IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **8/9/10**

Form 8868 (Rev 4-2009)

REZNICK GROUP, P.C.  
 7700 OLD GEORGETOWN ROAD, SUITE 400  
 BETHESDA, MD 20814-6224

7160 3901 9845 2956 9280