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Form **990****Return of Organization Exempt From Income Tax****2012**Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20**B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

OHIO CAPITAL CORPORATION FOR HOUSING

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

88 EAST BROAD STREET, SUITE 1800

Room/suite

City, town or post office, state, and ZIP code

COLUMBUS, OH 43215

F Name and address of principal officerSUE ZIEGLER
88 EAST BORAD STREET, #1800 COLUMBUS, OH 43215**D** Employer identification number

31-1265570

E Telephone number

(614) 224-8446

G Gross receipts \$ 111,752,741.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☒ No

If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website ▶ WWW.OCCH.ORG**H(c)** Group exemption number ▶**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1989 **M** State of legal domicile OH**Part I Summary**

Activities & Governance		Prior Year	Current Year
1	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		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	9.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9.
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	58.
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	377,990.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	293,383.
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,063,860.	961,718.
9	Program service revenue (Part VIII, line 2g)	20,934,688.	110,704,949.
10	Investment income (Part VIII, column (A), lines 3-4, and 7d)	63,220.	86,074.
11	Other revenue (Part VIII, column (A), lines 5-6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,061,768.	111,752,741.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	649,071.	4,224,117.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,353,982.	11,138,439.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
16b	Total fundraising expenses (Part IX, column (D), line 25)	0	0
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,438,246.	88,715,247.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,441,299.	104,077,803.
19	Revenue less expenses Subtract line 18 from line 12	10,620,469.	7,674,938.
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	Beginning of Current Year 73,047,302.	End of Year 107,296,852.
21	Total liabilities (Part X, line 26)	36,913,148.	64,038,240.
22	Net assets or fund balances Subtract line 21 from line 20	36,134,154.	43,258,612.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	<input checked="" type="checkbox"/> Signature of officer	<input checked="" type="checkbox"/> Date 11/11/13
	Type or print name and title President Harold D. Keller	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	Firm's name ▶ COHNREZNICK LLP	Date 10/1/13
	Firm's address ▶ 7501 WISCONSIN AVENUE, SUITE 400E BETHESDA, MD 20814-6583	Check <input type="checkbox"/> if self-employed PTIN P00223815
	Firm's EIN ▶ 22-1478099	Phone no 301-652-9100

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)JSA
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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code _____) (Expenses \$ 102,290,663. including grants of \$ 4,224,117) (Revenue \$ 110,326,959)

ATTACHMENT 1

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 ► 102,290,663.

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 (see instructions)?	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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 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>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a 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 line 25.</i>		X
24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. 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>		X
25 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>		X
26 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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28 a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 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>		X
33 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>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35 b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	62
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	58
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	X
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 instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. 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 Sponsoring organizations maintaining donor advised funds.		
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 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders.	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c Enter the amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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 instructionsCheck if Schedule O contains a response to any question in this Part VI. ☒ X**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 9		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b Enter the number of voting members included in line 1a, above, who are independent 1b 9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9	X	

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

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

Section C. Disclosure

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► SUE ZIEGLER 88 EAST BROAD STREET, SUITE 1800 COLUMBUS, OH 43215 614-224-8446

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT J. WEILER, SR. DIRECTOR	3.00	X						0	11,900.	0
(2) DANIEL M. SLANE VICE-CHAIR	3.00	X						0	18,700.	0
(3) SUSAN E. WEAVER SECRETARY/TREASURER	3.00	X						0	14,600.	0
(4) GRADY APPLETON DIRECTOR	3.00	X						0	15,200.	0
(5) JERRY GRIER DIRECTOR	3.00	X						0	13,100.	0
(6) COLIN DYER TRUSTEE	3.00	X						0	1,300.	0
(7) JEANNE GOLLIHER TRUSTEE	3.00	X						0	13,300.	0
(8) THOMAS LOOS TREASURER	3.00	X						0	17,100.	0
(9) DENNIS GUEST DIRECTOR	3.00	X						0	13,100.	0
(10) JOHN LEE DIRECTOR	3.00	X						0	14,500.	0
(11) HAROLD D. KELLER PRESIDENT	40.00			X				587,802.	0	192,915.
(12) ISABEL TOTH PRESIDENT OF CPO	40.00			X				308,069.	0	132,529.
(13) SUSAN K. ZIEGLER COO	40.00			X				383,203.	0	138,546.
(14) JOHN F. KUKURA CHIEF OF ACQUISITIONS	40.00				X			450,066.	0	168,268.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ANTHONY DIBLASI CHIEF OF ASSET MANAGEMENT	40.00				X			327,908.	0	129,145.
(16) JONATHAN WELTY VICE PRESIDENT	40.00				X			358,849.	0	132,334.
(17) JOHN D. KIRCHER SENIOR VP, DEVELOPMENT	40.00					X		307,436.	0	21,962.
(18) DOUGLAS R. KLINGENSMITH VP, DEVELOPMENT	40.00					X		351,680.	0	85,926.
(19) BRIAN LANGMEYER VP, DEVELOPMENT	40.00					X		350,397.	0	85,926.
(20) SARAH MALONE DIRECTOR OF FUND MANAGEMENT	40.00					X		214,555.	0	36,844.
(21) TODD CROMWELL DIRECTOR OF ASSET MANAGEMENT	40.00					X		228,086.	0	55,570.
1b Sub-total								1,729,140.	132,800.	632,258.
c Total from continuation sheets to Part VII, Section A								2,138,911.	0	547,707.
d Total (add lines 1b and 1c)								3,868,051.	132,800.	1,179,965.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **11**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** ☐ Yes ☒ No
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** ☒ Yes ☐ No
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** ☐ Yes ☒ No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		
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 5		

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	381,301.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	580,417			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		961,718			
Program Service Revenue				Business Code			
	2a	HARDEST HIT FUND PROGRAM REVENUE	531390	82,201,348	82,201,348.		
	b	ACQUISITION FEE	531390	15,513,225.	15,513,225		
	c	FLOW-THROUGH GAIN FROM INVESTMENTS	531390	5,857,913	5,857,913.		
	d	MANAGEMENT FEE	531390	4,455,316	4,455,316		
	e	MISC INCOME	531390	845,917	845,917		
	f	All other program service revenue		1,831,230	1,453,240	377,990	
g	Total. Add lines 2a-2f		110,704,949				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3		86,074			86,074
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19 a					
b	Less direct expenses b						
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions		111,752,741	110,326,959.	377,990	86,074	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,224,117.	4,224,117.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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	3,309,634.	3,098,428.	211,206.	
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	5,542,408.	5,126,727.	415,681.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,014,043.	937,990.	76,053.	
9 Other employee benefits	744,678.	694,522.	50,156.	
10 Payroll taxes	527,676.	493,003.	34,673.	
11 Fees for services (non-employees)	0			
a Management	213,957.	17,261.	196,696.	
b Legal	196,057.		196,057.	
c Accounting	47,541.	47,541.		
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	74,397.	74,397.		
14 Information technology	210,976.	172,629.	38,347.	
15 Royalties	0			
16 Occupancy	0			
17 Travel	337,148.	337,148.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	536,741.	536,741.		
20 Interest	71,897.	71,897.		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	125,903.	72,720.	53,183.	
23 Insurance	78,299.	9,834.	68,465.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a HARDEST HIT FUND PROGRAM EXP	82,201,348.	82,201,348.		
b CONSULTANTS	852,080.	852,080.		
c BAD DEBT EXPENSE	820,220.	820,220.		
d PARKING LOT CONSTRUCTION	421,133.	421,133.		
e All other expenses	2,527,550.	2,080,927.	446,623.	
25 Total functional expenses Add lines 1 through 24e	104,077,803.	102,290,663.	1,787,140.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	62,123,438.	2	91,259,068.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	1,755,959.	4	1,560,638.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	1,141,855.	7	918,271.
	8 Inventories for sale or use	95,778.	8	114,525.
	9 Prepaid expenses and deferred charges	128,079.	9	100,343.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,534,469.		
	b Less accumulated depreciation	10b 1,678,539.	10c	1,855,930.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities See Part IV, line 11	0	12	0
	13 Investments - program-related See Part IV, line 11	5,854,383.	13	11,488,077.
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	73,047,302.	16	107,296,852.	
Liabilities	17 Accounts payable and accrued expenses	26,392,905.	17	5,595,600.
	18 Grants payable	575,089.	18	539,573.
	19 Deferred revenue	6,106,727.	19	54,255,787.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	1,293,912.	23	1,307,355.
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,544,515.	25	2,339,925.
	26 Total liabilities. Add lines 17 through 25	36,913,148.	26	64,038,240.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	35,798,430.	27	43,258,612.
	28 Temporarily restricted net assets	335,724.	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	36,134,154.	33	43,258,612.
34 Total liabilities and net assets/fund balances.	73,047,302.	34	107,296,852.	

Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	111,752,741.
2	Total expenses (must equal Part IX, column (A), line 25)	2	104,077,803.
3	Revenue less expenses Subtract line 2 from line 1	3	7,674,938.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,134,154.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-550,480.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	43,258,612.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? ☐ Yes ☒ No
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? ☐ Yes ☒ No
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ☐ Yes ☒ No
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ☐ Yes ☒ No
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2012)

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

2012

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-Non-functionally integrated
 - 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):

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
Total									2,604,997.

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

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐ ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS							ATTACHMENT 1
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	
OHIO CAPITAL FINANCE CORPORATION	01-0634942	09	X		X		2,264,857
COMMUNITY PROPERTIES IMPACT CORPORATION	31-1707264	09	X		X		340,140
TOTAL AMOUNT OF SUPPORT							<u>2,604,997</u>

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.**

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

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

If the organization answered "Yes," 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) or Form 990-EZ, Part V, line 35c (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 the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

Schedule C (Form 990 or 990-EZ) 2012

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<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														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		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		47,541.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i.			47,541.
2a 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 carry over lobbying and political expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental Information (continued)

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

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

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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$ _____

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

Schedule D (Form 990) 2012

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other _____

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

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

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

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

b If "Yes," explain the arrangement in Part XIII 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 XIII. Check here if the explanation has been provided in Part XIII. ☐ Yes ☐ No

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

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

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

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

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

	Yes	No
3a(i)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		494,487.		494,487.
b Buildings		1,698,584.	470,526.	1,228,058.
c Leasehold improvements		230,167.	229,734.	433.
d Equipment		1,057,709.	951,764.	105,945.
e Other		53,522.	26,515.	27,007.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				1,855,930.

Schedule D (Form 990) 2012

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total (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
(1) INVESTMENT IN OHIO EQUITY FUND	-1,013,451.	COST
(2) INVESTMENT IN OCFC	13,254,429.	COST
(3) INVESTMENT IN CPAH	-596,493.	COST
(4) INVESTMENT IN AHD	-2,868,359.	COST
(5) INVESTMENT IN CPIC	458,686.	COST
(6) INVESTMENT IN PENDLETON EAST	253,254.	COST
(7) INVESTMENT IN OCIC	2,000,011.	COST
(8) INVESTMENT IN HORIZON HOUSE		
(9) _____		
(10) _____		
Total (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► 11,488,077.		

Part IX Other Assets. See Form 990, Part X, line 15

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PARTNERSHIP PROJECT RESERVES	2,293,613.
(3) OBLIGATIONS UNDER CAPITAL LEASES	46,148.
(4) INVESTMENT IN HORIZON HOUSE	164.
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2,339,925.	

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

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

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 XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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

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

Part XIII Supplemental Information

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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

FIN 48

OHIO CAPITAL (OCCH) HAS APPLIED FOR AND RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE (IRS) TO BE TREATED AS A TAX EXEMPT ENTITY PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. OCCH IS SUBJECT TO INCOME TAXES ON REVENUE GENERATED FROM OTHER SOURCES UNRELATED TO ITS EXEMPT PURPOSE. DURING THE YEAR ENDED DECEMBER 31, 2012, OCCH GENERATED UNRELATED BUSINESS INCOME AS A RESULT OF INCOME THAT PASSED THROUGH FROM COMMUNITY PROPERTIES . DUE TO THE CORPORATION'S TAX EXEMPT STATUS, OCCH IS NOT SUBJECT TO INCOME TAXES ON REVENUES THAT ARE GENERATED RELATED TO ITS EXEMPT PURPOSE. OCCH IS REQUIRED TO FILE AND DOES FILE A TAX RETURN WITH THE IRS AND OTHER TAXING AUTHORITIES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2012

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	COMMUNITY HOUSING NETWORK 1680 WATERMARK DRIVE COLUMBUS, OH 43215	31-1222236	501(C)(3)	24,995				EMPLOYMENT PROGRAMS,
(2)	DAYBREAK 605 SOUTH PATTERSON BLVD DAYTON, OH 45402	31-0864474	501(C)(3)	30,000				ROOFTOP GARDEN
(3)	COLUMBUS HOUSING PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215	31-1208260	501(C)(3)	11,943				SUMMER PROGRAMS AND
(4)	COMMUNITY PROPERTIES IMPACT CORPORATION 910 EAST BROAD STREET COLUMBUS, OH 43205	31-1707264	501(C)(3)	340,140				SUMMER CAMP / COMPUT
(5)	BUCKEYE COMMUNITY HOPE FOUNDATION 3021 E. DUBLIN-GRANVILLE ROAD	31-1333992	501(C)(3)	105,293				SUMMER CAMP, ADULT I
(6)	OAC OF FAYETTE COUNTY 1360 FOREST STREET	31-0723686	501(C)(3)	10,000				SUMMER CAMP
(7)	COLUMBUS METROPOLITAN HOUSING AUTHORITY 880 EAST 11TH AVENUE COLUMBUS, OH 43211	31-6401164		31,450				AFTER SCHOOL PROGRAM
(8)	COMMUNITY ACTION PARTNERSHIP OF DAYTON 719 SOUTH MAIN STREET DAYTON, OH 45402	31-0709198	501(C)(3)	15,313				SUMMER CAMP AND ENRI
(9)	CAMBRIDGE MANAGEMENT CORPORATION P O BOX 1388 CAMBRIDGE, OH 43725	31-1446695	501(C)(3)	7,500				YMCA SCHOLARSHIPS
(10)	FAMILY SCHOLAR HOUSE 53 REG SMITH CIRCLE LOUISVILLE, KY 40208	61-1285124	501(C)(3)	15,000				CAREER DEVELOPMENT P
(11)	ST. CLAIR SUPERIOR DEVELOPMENT CORPORATION 4205 ST. CLAIR AVENUE CLEVELAND, OH 44103	34-1238020	501(C)(3)	9,996				COMPUTER EQUIPMENT
(12)	YMCA OF CENTRAL OHIO 40 WEST LONG STREET COLUMBUS, OH 43215	31-4379594	501(C)(3)	30,000				SUPPORTIVE SERVICE S

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

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

Schedule I (Form 990) (2012)

JSA

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

31-1265570

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	AUDUBON AREA COMMUNITY SERVICES 800 WEST 5TH STREET OHNSBORO, KY 42301	23-7364935	501(C)(3)	8,479				COMPUTER LAB
(2)	BRIGHTON PROPERTIES, INC. P O BOX 325 NEWPORT, KY 41072-0325	31-1535241	501(C)(3)	11,439				SUMMER CAMP AND COMM
(3)	CUYAHOGA METROPOLITAN HOUSING AUTHORITY 8120 KINSMAN ROAD CLEVELAND, OH 44104	34-6000703	501(C)(3)	13,344				WORKFORCE DEVELOPMENT
(4)	FRONTIER COMMUNITY SERVICES 12127 PLEASANT VALLEY ROAD	31-0950828	501(C)(3)	10,890				POOL PASSES AND RAIS
(5)	JENNINGS CENTER FOR OLDER ADULTS 10204 GRANGER ROAD	34-0714679	501(C)(3)	13,800				FITNESS PROGRAMS
(6)	NATIONAL CHURCH RESIDENCES 2335 NORTH BANK DRIVE COLUMBUS, OH 43220	31-0651750	501(C)(3)	8,717				SECURITY CAMERAS AND
(7)	NEIGHBORHOOD DEVELOPMENT SERVICES OF AARON 662 WOLF LEDGES PARKWAY AARON, OH 44311	34-1060125	501(C)(3)	30,434				SUMMER CAMP AND COMP
(8)	NEW DIRECTIONS HOUSING CORPORATION 1000 EAST LIBERTY STREET	61-0715630	501(C)(3)	6,000				RESIDENT HEALTH AND
(9)	UNITED NORTH CORPORATION 3106 LAGRANGE STREET TOLEDO, OH 43608	20-8567856	501(C)(3)	17,991				YOUTH EMPLOYMENT PRO
(10)	YMCA OF CANTON 231 6TH STREET NORTHEAST	34-0714799	501(C)(3)	6,747				TENANT SUPPLIES FOR
(11)	YMCA OF GREATER CLEVELAND 4019 PROSPECT AVENUE CLEVELAND, OH 44103	34-0714800	501(C)(3)	8,199				JOB TRAINING
(12)	OHIO CAPITAL FINANCE CORPORATION 88 EAST BROAD STREET COLUMBUS, OH 43215	01-0634942	501(C)(3)	1,453,806				CDFI MATCHING

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

JSA

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SCHEDULE I
(Form 990)

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

OHIO CAPITAL CORPORATION FOR HOUSING

31-1265570

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	OHIO CAPITAL IMPACT CORPORATION 88 EAST BROAD STREET COLUMBUS, OH 43215	46-1632889	501(C)(3)	2,000,000				TO SUPPORT PHILANTH
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 24
- 3 Enter total number of other organizations listed in the line 1 table 1

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

Schedule I (Form 990) (2012)

JSA

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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. Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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.

MANY OF OUR GRANTS ARE REIMBURSABLE GRANTS, SO INVOICES MUST BE SUBMITTED FOR REIMBURSEMENT. INVOICES ARE REVIEWED TO ENSURE THE GRANT IS USED FOR ITS INTENDED PURPOSE.

**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

2012

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? **4a** ☐ Yes ☒ No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** ☒ Yes ☐ No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** ☐ Yes ☒ No

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:

- a** The organization? **5a** ☐ Yes ☒ No
- b** Any related organization? **5b** ☐ Yes ☒ No

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:

- a** The organization? **6a** ☐ Yes ☒ No
- b** Any related organization? **6b** ☐ Yes ☒ No

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** ☐ Yes ☒ No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. **8** ☐ Yes ☒ No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** ☐ Yes ☒ No

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Page 2

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	HAROLD D. KELLER PRESIDENT	(i) 249,300. (ii) 0	180,000. 0	158,502. 0	145,600.	47,315.	780,717.	134,431.
2	ISABEL TOTH PRESIDENT OF CPO	(i) 196,833. (ii) 0	9,842. 0	101,394. 0	82,557.	49,972.	440,598.	90,918.
3	JOHN F. KUKURA CHIEF OF ACQUISITIONS	(i) 200,850. (ii) 0	120,043. 0	129,173. 0	116,988.	51,280.	618,334.	114,974.
4	SUSAN K. ZIEGLER COO	(i) 180,250. (ii) 0	109,013. 0	93,940. 0	93,888.	44,659.	521,749.	70,753.
5	ANTHONY DIBLASI CHIEF OF ASSET MANAGEMENT	(i) 169,950. (ii) 0	83,498. 0	74,460. 0	78,751.	50,394.	457,053.	58,371.
6	JONATHAN WELTY VICE PRESIDENT	(i) 169,950. (ii) 0	98,498. 0	90,401. 0	87,676.	44,658.	491,183.	70,753.
7	JOHN D. KIRCHER SENIOR VP, DEVELOPMENT	(i) 166,383. (ii) 0	58,319. 0	82,734. 0	21,962.	51,320.	380,718.	68,869.
8	DOUGLAS R. KLINGENSMITH VP, DEVELOPMENT	(i) 169,950. (ii) 0	88,498. 0	93,232. 0	85,926.	49,972.	487,578.	76,060.
9	BRIAN LANGMEYER VP, DEVELOPMENT	(i) 169,950. (ii) 0	88,498. 0	91,949. 0	85,926.	47,315.	483,638.	76,060.
10	SARAH MALONE DIRECTOR OF FUND MANAGEMENT	(i) 135,000. (ii) 0	81,750. 0	-2,195. 0	36,844.	46,820.	298,219.	0
11	TODD CROMWELL DIRECTOR OF ASSET MANAGEMENT	(i) 124,373. (ii) 0	46,219. 0	57,494. 0	55,570.	44,110.	327,766.	46,078.
12		(i) --- (ii) ---	---	---	---	---	---	---
13		(i) --- (ii) ---	---	---	---	---	---	---
14		(i) --- (ii) ---	---	---	---	---	---	---
15		(i) --- (ii) ---	---	---	---	---	---	---
16		(i) --- (ii) ---	---	---	---	---	---	---

Schedule J (Form 990) 2012

Part III Supplemental Information

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

NONQUALIFIED RETIREMENT PLAN

PART I, QUESTION 4B

AMOUNTS RECEIVED FROM NONQUALIFIED PLAN IN 2012:

HAROLD KELLER - \$134,431

ISABEL TOTH - \$90,918

JOHN F. KUKURA - \$114,974

SUSAN K. ZIEGLER - \$70,753

ANTHONY DIBLASI - \$58,371

JONATHAN WELTY - \$70,753

JOHN D. KIRCHER - \$68,869

DOUGLAS R. KLINGENSMITH - \$76,060

Part III Supplemental Information

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

BRIAN LANGMEYER - \$76,060

TODD CROMWELL - \$46,078

BONUSES

PART I, QUESTION 6

BONUSES WERE ACCRUED BASED ON COMPANY PERFORMANCE AND PAID IN 2012.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

OHIO CAPITAL CORPORATION FOR HOUSING

Employer identification number

31-1265570

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. 58 EMPLOYEES). ANY KNOWN CONFLICT OF INTEREST IS BROUGHT TO THE ATTENTION OF THE PRESIDENT FOR REVIEW.

GOVERNANCE

PART VI, SECTION B, QUESTION 15

AN INDUSTRY PEER SURVEY WAS COMPLETED IN 2012 FOR THE PRESIDENT AND COO. SURVEYS WERE ALSO COMPLETED IN 2011 BY INDUSTRY PEERS. THE PRESIDENT DETERMINES THE SALARIES OF OFFICERS AND KEY EMPLOYEES. THE PRESIDENT'S SALARY IS DETERMINED BY THE BOARD OF DIRECTORS. A SEPARATE COMPENSATION COMMITTEE WAS FORMED IN 2012.

GOVERNANCE

PART VI, SECTION C, QUESTION 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS OF THE ORGANIZATION ARE AVAIABLE TO THE PUBLIC UPON REQUEST. THE 990 IS ALSO MADE AVAILABLE ON A PUBLIC WEBSITE.

Name of the organization

OHIO CAPITAL CORPORATION FOR HOUSING

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BALANCE SHEET

PART XII, 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. THE 990 IS ALSO MADE AVAILABLE TO THE FULL BOARD.

RECONCILIATION OF NET ASSETS

FORM 990 PAGE 12 PART XI LINE 9

FLOW THROUGH INCOME	(377,990) CY
IMPAIRMENT EXPENSE PER GAAP	(172,570) OTHER CY
DIFFERENCES	80

(550,480)

GOVERNANCE

PART VI, SECTION A, QUESTION 4

WHEN OHIO CAPITAL WAS ESTABLISHED IN 1989 ONE OF ITS FUNCTIONS WAS TO

Name of the organization

OHIO CAPITAL CORPORATION FOR HOUSING

Employer identification number

31-1265570

SERVE AS AN INSTRUMENTALITY OF THE OHIO HOUSING FINANCE AGENCY (OHFA) FOR THE PURPOSES OF ISSUING MULTIFAMILY REVENUE BONDS. TO MEET CERTAIN REQUIREMENTS, OHIO CAPITAL'S ORGANIZATIONAL DOCUMENTS REQUIRED THAT OHFA APPROVE THE APPOINTMENT OF NEW BOARD MEMBERS. A SUBSEQUENT CONSTITUTIONAL AMENDMENT IN THE 1990S ELIMINATED THE NEED FOR OHIO CAPITAL TO ISSUE BONDS ON BEHALF OF OHFA. ON SEPTEMBER 19, 2012 THE OHIO HOUSING FINANCE AGENCY (OHFA BOARD) APPROVED AN AMENDMENT TO ELIMINATE THE REQUIREMENT FOR OHFA APPROVAL OF THE OHIO CAPITAL BOARD OF DIRECTORS.

GOVERNANCE

PART VI, SECTION A, QUESTION 9

ROBERT WEILER

10 N. HIGH STREET, SUITE 401

COLUMBUS, OHIO 43215

DANIEL SLANE

261 WEST JOHNSTOWN ROAD

COLUMBUS, OHIO 43230

SUSAN WEAVER

1680 WATERMARK DRIVE

COLUMBUS, OHIO 43215

GRADY APPLETON

550 ARLINGTON STREET

AKRON, OHIO 44306

Name of the organization

Employer identification number

OHIO CAPITAL CORPORATION FOR HOUSING

31-1265570

JERRY GRIER

5311 WOODGLEN ROAD

COLUMBUS, OHIO 43214

COLIN DYER (RETIRED FROM BOARD IN 2012)

1138 CLUBVIEW BLVD. SOUTH

COLUMBUS, OHIO 43235

JEANNE GOLLIHER

1100 WALNUT STREET

CINCINNATI, OHIO 45202

THOMAS LOOS

9414 GRIST MILL DRIVE

NORTH RIDGEVILLE, OHIO 44039

DENNIS GUEST

485 INDIAN MOUND ROAD

COLUMBUS, OHIO 43213

JOHN LEE

648 MOHAWK STREET

COLUMBUS, OHIO 43206

Name of the organization

OHIO CAPITAL CORPORATION FOR HOUSING

Employer identification number

31-1265570

ATTACHMENT 1FORM 990, PART III - PROGRAM SERVICE, LINE 4A

OHIO CAPITAL CORPORATION FOR HOUSING (OCCH) IS A FINANCIAL INTERMEDIARY THAT PROVIDES DEVELOPERS OF AFFORDABLE RENTAL HOUSING WITH ACCESS TO CAPITAL. THROUGH OUR OHIO EQUITY FUNDS, OCCH RAISES TAX CREDIT EQUITY FOR INVESTMENT IN AFFORDABLE HOUSING PROJECTS THROUGHOUT OHIO AND PARTS OF KENTUCKY, INDIANA AND PENNSYLVANIA. IN 2012 OCCH ASSISTED DEVELOPERS AND NON-PROFIT SPONSORS OF 44 LOW-INCOME HOUSING TAX CREDIT PROJECTS, WHICH STARTED CONSTRUCTION, REPRESENTING 2,166 UNITS OF HOUSING. IN 2012, OHIO EQUITY FUND RAISED \$180 MILLION FOR OHIO EQUITY FUND XXII AND \$106 MILLION IN PROPRIETARY INVESTMENTS, WHICH WILL BE INVESTED IN PROPERTIES THROUGHOUT OHIO, KENTUCKY AND INDIANA. 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 OHIO CAPITAL CORPORATION ACQUIRED THE 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. OCCH CREATED COMMUNITY PROPERTIES OF OHIO MANAGEMENT SERVICES (CPO) FOR THE SPECIFIC PURPOSE OF TURNING AROUND THIS TROUBLED PORTFOLIO OF HOUSING UNITS. OCCH BROUGHT RESOURCES AND EXPERTISE TO THE DEVELOPMENT EFFORT, RAISING OVER \$100 MILLION FOR THE RENOVATION. WITH THE REHABILITATION COMPLETED IN 2009, CPOMS CONTINUES TO MAINTAIN THE UNITS. IN ADDITION TO MANAGING THE CPO

Name of the organization

OHIO CAPITAL CORPORATION FOR HOUSING

Employer identification number

31-1265570

ATTACHMENT 1 (CONT'D)

UNITS, THE MANAGEMENT COMPANY ALSO MANAGES UNITS IN COLUMBUS, PORTSMOUTH, KETTERING, DAYTON, TOLEDO AND YOUNGSTOWN, MANY OF WHICH ARE PART OF OCCH'S OVERALL PORTFOLIO.

CPO THROUGH COMMUNITY PROPERTIES IMPACT CORPORATION, A 501(C)(3) HAS A THREE-FOLD MISSION TO PROVIDE QUALITY, AFFORDABLE HOUSING, LINK RESIDENTS WITH RESOURCES THAT STABILIZE THEIR HOUSING AND ASSIST RESIDENTS TO MOVE BEYOND POVERTY WHERE POSSIBLE.

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

IN 2012, OCCH CONTINUED TO PROVIDE TECHNICAL ASSISTANCE TO BOTH NON-PROFIT AND FOR-PROFIT DEVELOPERS OF AFFORDABLE HOUSING. UNDER A GRANT FROM HUD, OHIO CAPITAL CORPORATION PROVIDED 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). THE OHIO AFFORDABLE HOUSING LOAN FUND ("OAHLF"), FORMED BY OCCH IN 2004 AND THE OCFC PARTICIPATION I, LLC ("PARTICIPATION"), FORMED IN 2006 HAVE \$12.5 MILLION DOLLARS OF FUNDING TO DEPLOY. OAHLF AND PARTICIPATION WERE ESTABLISHED TO PROVIDE A FLEXIBLE SOURCE OF

Name of the organization

OHIO CAPITAL CORPORATION FOR HOUSING

Employer identification number

31-1265570

ATTACHMENT 1 (CONT'D)

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 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 PROVIDES FINANCING TO DEVELOPERS TO
ENSURE THAT EXISTING AFFORDABLE HOUSING STOCK IS MAINTAINED. THE
PRESERVATION COMPACT BECAME FULLY OPERATIONAL IN THE 3RD QUARTER
OF 2010. THE FUND CURRENTLY HAS \$18 MILLION OF CAPITAL TO DEPLOY.

IN 2012 THE COLLECTIVE LOAN FUNDS EXTENDED THIRTY-SEVEN LOANS OF
OVER \$35.2 MILLION IN PREDEVELOPMENT/ACQUISITION FINANCING TO OCCH
PARTNERS, AIDING IN THE CREATION OR PRESERVATION OF 14,729 UNITS
OF AFFORDABLE HOUSING SINCE OCFC'S INCEPTION.

OCFC WAS CHOSEN TO RECEIVE A CAPITAL MAGNET FUND AWARD FROM THE
CDFI FUND IN 2010. THIS \$5 MILLION DOLLAR GRANT IS BEING UTILIZED
TO LEVERAGE INVESTOR EQUITY IN AFFORDABLE HOUSING TRANSACTIONS
FROM 2011 TO 2016 IN AN EFFORT TO DECREASE OVERALL CONSTRUCTION

Name of the organization

OHIO CAPITAL CORPORATION FOR HOUSING

Employer identification number

31-1265570

ATTACHMENT 1 (CONT'D)

FINANCING COSTS.

IN ADDITION, IN 2012 OCFC BECAME A MEMBER OF THE FEDERAL HOME LOAN BANK OF CINCINNATI (FHLB). OCFC INTENDS TO UTILIZE ITS MEMBERSHIP WITH THE FHLB TO LEVERAGE ADDITIONAL FUNDING FOR ITS BORROWERS THROUGH PROGRAMS THAT SERVE LOW TO MODERATE INCOME HOUSEHOLDS.

IN FEBRUARY, 2010, PRESIDENT OBAMA ESTABLISHED THE HARDEST HIT FUND (HHF) TO PROVIDE AID TO FAMILIES IN STATES HARDEST HIT BY THE ECONOMIC AND HOUSING MARKET DOWNTURN. THE STATE OF OHIO RECEIVED \$570 MILLION IN TARP FUNDS TO HELP ADDRESS THE FORECLOSURE CRISIS IN OUR STATE. THE OHIO HOUSING FINANCE AGENCY IS ADMINISTERING THE FORECLOSURE MITIGATION PROGRAM, BUT TREASURY GUIDELINES STIPULATED THAT TO RECEIVE FUNDS, EACH RECIPIENT MUST BE A FINANCIAL INSTITUTION. TO FULFILL THIS REQUIREMENT, OHFA ASKED OHIO CAPITAL CORPORATION TO ADMINISTER THE FUNDS. OCCH FORMED OHIO HOMEOWNER ASSISTANCE LLC (OHA), A WHOLLY OWNED SUBSIDIARY, WHICH SERVES AS FISCAL AGENT FOR OHFA. OHA DISBURSES ALL HHF PAYMENTS INCLUDING THOSE TO LENDERS/SERVICERS AND FOR ALL ADMINISTRATIVE EXPENSES. THROUGH 2012, OHA HAD DISBURSED \$105 MILLION ON BEHALF OF 8,845 HOMEOWNERS.

THROUGH A FORMAL RFP PROCESS THAT TOOK PLACE IN 2009, OCCH WAS SELECTED BY OHFA TO SERVE AS CONSTRUCTION AND ASSET MANAGER ON OHFA NEIGHBORHOOD STABILIZATION PROGRAM (NSP) AND TAX CREDIT

Name of the organization

OHIO CAPITAL CORPORATION FOR HOUSING

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31-1265570

ATTACHMENT 1 (CONT'D)

EXCHANGE (TCE) ONLY DEALS. DURING 2012, OCCH WAS ENGAGED IN THE MANAGEMENT OF THE ASSET MANAGEMENT CONTRACT WHICH CONSISTED OF TWELVE PROJECTS.

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, PREVENTATIVE MAINTENANCE AND LANDLORD-TENANT LAW. IN 2012, 27 DAYS OF TRAINING WITH NEARLY 700 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 2012, APPROXIMATELY 33 GRANTS TOTALING \$528,458 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 \$5.4 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,

Name of the organization

OHIO CAPITAL CORPORATION FOR HOUSING

Employer identification number

31-1265570

ATTACHMENT 1 (CONT'D)

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 \$695,000 FOR SUCH INITIATIVES AND PROGRAMS.

OCCH FORMED THE OHIO CAPITAL IMPACT CORPORATION (OCIC) IN DECEMBER OF 2012 AS THE NON-PROFIT, PHILANTHROPIC ARM OF OCCH. OCIC WILL CONTRIBUTE FUNDING TO SUPPORT THE EDUCATIONAL, ECONOMIC, HEALTH, AND SOCIAL BETTERMENT OF THE RESIDENTS OF AFFORDABLE HOUSING, TO THE AREAS IN WHICH THEY LIVE AND TO THE ORGANIZATIONS THAT SERVE THEM. OCCH CAPITALIZED OCIC WITH A \$2 MILLION DOLLAR CONTRIBUTION.

ATTACHMENT 2990, 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 COLUMBUS, OH 43215	LEGAL SERVICES	731,666.
COHNREZNICK LLP 7501 WISCONSIN AVE., SUITE 400 BETHESDA, MD 20814	ACCOUNTING SERVICES	367,652.
COMPASS SECURITIES CORPORATION 50 BRAINTREE HILL PARK, SUITE 105 BRAINTREE, MA 02184	BROKER	250,000.
PRECISION GRADING 25836 STATE ROUTE 159	PARKING LOT DEMOLITI	216,877.

Name of the organization

OHIO CAPITAL CORPORATION FOR HOUSING

Employer identification number

31-1265570

ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CIRCLEVILLE, OH 43113		
CROWE HORWATH LLP P.O. BOX 145415 CINCINNATI, OH 45250-9791	CONSULTING SERVICES	122,283.

ATTACHMENT 3FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST ON SAVINGS & INVESTMENTS	86,074.			86,074.
TOTALS	86,074.			86,074.

ATTACHMENT 4FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER: VARIOUS PROJECTS

BEGINNING BALANCE DUE	646,955.
ENDING BALANCE DUE	368,271.

BORROWER: HORIZON HOUSE APARTMENTS, LLC

BEGINNING BALANCE DUE	494,900.
ENDING BALANCE DUE	550,000.
TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	1,141,855.
TOTAL ENDING NOTES AND LOANS RECEIVABLES	918,271.

Name of the organization

Employer identification number

OHIO CAPITAL CORPORATION FOR HOUSING

31-1265570

ATTACHMENT 5

FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED INCOME	54,255,787.
TOTALS	<u>54,255,787.</u>

ATTACHMENT 6

FORM 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	771,413.
ENDING BALANCE DUE	<u>731,056.</u>

LENDER: OEF, INC.

ORIGINAL AMOUNT: 50,000.

DATE OF NOTE: 06/01/1990

BEGINNING BALANCE DUE	27,499.
ENDING BALANCE DUE	<u>26,299.</u>

Name of the organization

OHIO CAPITAL CORPORATION FOR HOUSING

Employer identification number

31-1265570

ATTACHMENT 6 (CONT'D)

LENDER: OHIO HOUSING FINANCE AGENCY (CPO DEV)

BEGINNING BALANCE DUE 495,000.

ENDING BALANCE DUE 550,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 1,293,912.TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 1,307,355.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

OHIO CAPITAL CORPORATION FOR HOUSING

31-1265570

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

► 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.

Open to Public
Inspection

Name of the organization

OHIO CAPITAL CORPORATION FOR HOUSING

Employer identification number

31-1265570

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) COMMUNITY PROPERTIES OF OH MGMT SERVICES 56-2281157 910 EAST BROAD STREET COLUMBUS, OH 43205	PROPERTY MGMT	OH	28,078.	2,556,309.	OCCH
(2) COMMUNITY PROPERTIES OF OHIO DEVELOPMENT 55-0806457 88 EAST BROAD STREET COLUMBUS, OH 43215	LOW INC HSGING	OH	47,158.	8,061,617.	OCCH
(3) OHIO HOMEOWNER ASSISTANCE LLC 27-3046206 88 EAST BROAD STREET COLUMBUS, OH 43215	FISCAL AGENT	OH	0	47,869,633.	OCCH
(4) CAPITAL CITY HOLDINGS 31-1265570 88 EAST BROAD STREET COLUMBUS, OH 43215	REAL ESTATE	OH	-172,570.	48,100.	OCCH
(5) OEF AFFORDABLE HOUSING D.C., LLC 31-1265570 88 EAST BROAD STREET COLUMBUS, OH 43215	LOW INC HSGING	OH	253,254.	253,264.	OCCH
(6) COMMUNITY PROPERTIES OF OHIO DC, LLC 01-0736196 88 EAST BROAD STREET COLUMBUS, OH 43215	LOW INC HSGING	OH	0	0	OCCH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) OHIO CAPITAL FINANCE CORPORATION 01-0634942 88 EAST BROAD STREET COLUMBUS, OH 43215	AFF HOUSING	OH	501(C)(3)	509(A)(2)	OCCH	X
(2) COMMUNITY PROPERTIES IMPACT CORPORATION 31-1707264 910 EAST BROAD ST COLUMBUS, OH 43205	SOCIAL SRVCS	OH	501(C)(3)	509(A)(2)	OCCH	X
(3) OHIO CAPITAL IMPACT CORPORATION 46-1632889 88 EAST BROAD STREET COLUMBUS, OH 43215	SOCIAL SRVCS	OH	501(C)(3)	509(A)(2)	OCCH	X
(4) -----						
(5) -----						
(6) -----						
(7) -----						

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

Schedule R (Form 990) 2012

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1) HORIZON HOUSE APARTMENTS, LLC 88 EAST BROAD STREET	RENT REAL EST	OH	HH APART, INC	RELATED	4,176	60,462		X		X	7500
(2) CINCINNATI HOUSING LTD 31-157 88 EAST BROAD STREET	RENT REAL EST	OH	AHD, INC	RELATED	717	1,423		X		Y	1 0000
(3) CINCINNATI HOUSING LP II 31-16 88 EAST BROAD STREET	RENT REAL EST	OH	AHD, INC	RELATED	44	59		X		X	1000
(4) COMMUNITY WORKS I, L P 31-148 88 EAST BROAD STREET	RENT REAL EST	OH	AHD, INC	RELATED	1,663	7,570		X		X	4900
(5) KERPER DEVELOPMENT LIMITED PAR 2170 GILBERT AVE	RENT REAL EST	OH	AHD, INC	RELATED	611	2,535		X		Y	4900
(6) MAUSFIELD HOMES I LIMITED PART 88 EAST BROAD STREET	RENT REAL EST	OH	AHD, INC	RELATED	2,158	22,443		X		Y	1 0000
(7) MAUSFIELD HOMES II LIMITED PAR 88 EAST BROAD STREET	RENT REAL EST	OH	AHD, INC	RELATED	16	183		X		X	0100

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) OHIO EQUITY FUND, INC 88 EAST BROAD STREET COLUMBUS, OH 43215	REAL ESTATE	OH	OCCH	C CORP	117,136	73,284	100 0000	X	
(2) AHD, INC 88 EAST BROAD STREET COLUMBUS, OH 43215	REAL ESTATE	OH	OCCH	C CORP	8,346		0 100 0000	X	
(3) COMMUNITY PARTNERS FOR AFFORDABLE HOUSIN 88 EAST BROAD STREET COLUMBUS, OH 43215	REAL ESTATE	OH	OCCH	S CORP	694,556	37,769	75 0000	X	
(4) HORIZON HOUSE APARTMENTS, INC 88 EAST BROAD STREET COLUMBUS, OH 43215	REAL ESTATE	OH	CPO DEVELOPMENT C CORP		0		0 100 0000	X	
(5) -----	-----	-----	-----	-----	-----	-----	-----	-----	-----
(6) -----	-----	-----	-----	-----	-----	-----	-----	-----	-----
(7) -----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Schedule R (Form 990) 2012

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1) MANSFIELD HOMES III L.P. 34-18 88 EAST BROAD STREET	RENT REAL EST	OH	AHD, INC	RELATED	17	230		X		X	0100
(2) MANSFIELD HOMES IV L.P. 34-194 88 EAST BROAD STREET	RENT REAL EST	OH	AHD, INC	RELATED	9	124		X		X	0051
(3) MANSFIELD HOMES V LLC 01-06080 88 EAST BROAD STREET	RENT REAL EST	OH	AHD, INC	RELATED	189	2,791		X		X	1000
(4) MANSFIELD HOMES VI LLC 14-1872 88 EAST BROAD STREET	RENT REAL EST	OH	AHD, INC	RELATED	233	4,737		X		X	0990
(5) PENULTON EAST LIMITED PARTNER 88 EAST BROAD STREET	RENT REAL EST	OH	AHD, INC	RELATED	853,600	96,421		X		X	99 0000
(6) PILGRIM LIMITED PARTNERSHIP 31 88 EAST BROAD STREET	RENT REAL EST	OH	AHD, INC	RELATED	109	198		X		X	0480
(7) CPO III, LLC 65-1170938 88 EAST BROAD STREET	RENT REAL EST	OH	CPAH	RELATED	701,131	49,379		X		X	13 0000

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----	-----	-----	-----	-----	-----	-----	-----	-----	-----
(2) -----	-----	-----	-----	-----	-----	-----	-----	-----	-----
(3) -----	-----	-----	-----	-----	-----	-----	-----	-----	-----
(4) -----	-----	-----	-----	-----	-----	-----	-----	-----	-----
(5) -----	-----	-----	-----	-----	-----	-----	-----	-----	-----
(6) -----	-----	-----	-----	-----	-----	-----	-----	-----	-----
(7) -----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Schedule R (Form 990) 2012

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NETWORK RESTORATION II, LLC 20 88 EAST BROAD STREET	RENT REAL EST	OH	CPAH	RELATED	270	2,834		X			X	0250
(2) NETWORK RESTORATION III, LLC 2 88 EAST BROAD STREET	RENT REAL EST	OH	CPAH	RELATED	330	4,061					Y	0250
(3) CPR II, LLC 20-0468503 88 EAST BROAD STREET	RENT REAL EST	OH	CPAH	RELATED	3,566	27,735		X			X	1000
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity **1a** ☐ **1b** ☒ **1c** ☐ **1d** ☐ **1e** ☐

b Gift, grant, or capital contribution to related organization(s) **1f** ☐ **1g** ☐ **1h** ☐ **1i** ☐ **1j** ☐

c Gift, grant, or capital contribution from related organization(s) **1k** ☐ **1l** ☒ **1m** ☐ **1n** ☐ **1o** ☐

d Loans or loan guarantees to or for related organization(s) **1p** ☐ **1q** ☒ **1r** ☐ **1s** ☐

e Loans or loan guarantees by related organization(s) **1t** ☐ **1u** ☐ **1v** ☐ **1w** ☐ **1x** ☐

f Dividends from related organization(s) **1y** ☐ **1z** ☐ **2a** ☐ **2b** ☐ **2c** ☐

g Sale of assets to related organization(s) **2d** ☐ **2e** ☐ **2f** ☐ **2g** ☐ **2h** ☐

h Purchase of assets from related organization(s) **2i** ☐ **2j** ☐ **2k** ☐ **2l** ☐ **2m** ☐

i Exchange of assets with related organization(s) **2n** ☐ **2o** ☐ **2p** ☐ **2q** ☐ **2r** ☐

j Lease of facilities, equipment, or other assets to related organization(s) **2s** ☐ **2t** ☐ **2u** ☐ **2v** ☐ **2w** ☐

k Lease of facilities, equipment, or other assets from related organization(s) **2x** ☐ **2y** ☐ **2z** ☐ **3a** ☐ **3b** ☐

l Performance of services or membership or fundraising solicitations for related organization(s) **3c** ☐ **3d** ☐ **3e** ☐ **3f** ☐ **3g** ☐

m Performance of services or membership or fundraising solicitations by related organization(s) **3h** ☐ **3i** ☐ **3j** ☐ **3k** ☐ **3l** ☐

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) **3m** ☐ **3n** ☐ **3o** ☐ **3p** ☐ **3q** ☐

o Sharing of paid employees with related organization(s) **3r** ☐ **3s** ☐ **3t** ☐ **3u** ☐ **3v** ☐

p Reimbursement paid to related organization(s) for expenses **3w** ☐ **3x** ☐ **3y** ☐ **3z** ☐ **4a** ☐

q Reimbursement paid by related organization(s) for expenses **4b** ☐ **4c** ☐ **4d** ☐ **4e** ☐ **4f** ☐

r Other transfer of cash or property to related organization(s) **4g** ☐ **4h** ☐ **4i** ☐ **4j** ☐ **4k** ☐

s Other transfer of cash or property from related organization(s) **4l** ☐ **4m** ☐ **4n** ☐ **4o** ☐ **4p** ☐

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OHIO CAPITAL FINANCE CORPORATION	B	1,453,806.	COST
(2) OHIO CAPITAL FINANCE CORPORATION	L	185,000.	COST
(3) OHIO CAPITAL FINANCE CORPORATION	S	626,051.	COST
(4) OHIO CAPITAL IMPACT CORPORATION	B	2,000,000.	COST
(5) OHIO HOMEOWNER ASSISTANCE	Q	419,420.	COST
(6) COMMUNITY PROPERTIES IMPACT CORPORATION	B	340,140.	COST

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**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
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	COMMUNITY PROPERTIES OF OHIO DEVELOPMENT, LLC	S	925,000.	COST
(2)	HORIZON HOUSE APARTMENTS, LLC	L	80,000.	COST
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Schedule R (Form 990) 2012

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Form **8868**

(Rev. January 2013)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ **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 ☒ **X**
- 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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions		Employer identification number (EIN) or
	OHIO CAPITAL CORPORATION FOR HOUSING		31-1265570
	Number, street, and room or suite no. If a P.O. box, see instructions		Social security number (SSN)
	88 EAST BROAD STREET, SUITE 1800		
City, town or post office, state, and ZIP code. For a foreign address, see instructions			
COLUMBUS, OH 43215			

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- 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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year 2012 or
- ▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, 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. 1-2013)

JSA

Certified # 7196 9008 9111 7285 1836

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