See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318033202

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
COLUMBUS HOUSING PARTNERSHIP INC

Doing Business As
HOMEPORT

Number and street (or P O box if mail is not delivered to street address) | Room/suite
562 EAST MAIN STREET

City or town, state or country, and ZIP + 4
COLUMBUS, OH 43215

D Employer identification number
31-1208260

E Telephone number
(614) 221-8889

G Gross receipts $ 7,920,789

F Name and address of principal officer
AMY KLABEN
562 EAST MAIN STREET
COLUMBUS, OH 43215

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)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW HOMEPORTOHIO ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1987 | **M** State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO CREATE AND PRESERVE HEALTHY, STABLE, AND AFFORDABLE COMMUNITIES - ONE NEIGHBORHOOD, ONE PERSON AT A TIME WE DO THIS BY - DEVELOPING QUALITY AND ENERGY EFFICIENT HOMES- PROVIDING CONSISTENT AND TRANSFORMATIVE EDUCATION AND SERVICES TO ADDRESS EACH RESIDENT'S UNIQUE BARRIERS TO, AND OPPORTUNITIES FOR, SUCCESS- INVOLVING AND EMPOWERING RESIDENTS- FOCUSING ON COMMUNITY REVITALIZATION- CREATING STRONG AND FRUITFUL COLLABORATIONS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	121
6	Total number of volunteers (estimate if necessary)	**6**	369
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,440
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-7,506

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,812,055	5,074,621
9	Program service revenue (Part VIII, line 2g)	3,998,042	2,436,887
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-704,654	-679,414
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-189,505	-789,061
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,915,938	6,043,033
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	222,697	45,245
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)	3,368,542	3,668,038
16a	Professional fundraising fees (Part IX, column (A), line 11e)	11,000	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶117,432		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,300,007	1,450,843
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,902,246	5,164,126
19	Revenue less expenses Subtract line 18 from line 12	3,013,692	878,907

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	29,569,370	35,576,252
21	Total liabilities (Part X, line 26)	18,348,711	23,476,686
22	Net assets or fund balances Subtract line 21 from line 20	11,220,659	12,099,566

Net Assets or Fund Balances

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

****** | 2012-11-12
Signature of officer | Date

AMY KLABEN PRESIDENT / CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (see instructions)
DARRIN SPITZER	2012-11-09	☐	P01399907

Firm's name (or yours if self-employed), address, and ZIP + 4
CLARK SCHAEFER HACKETT & CO
2525 N LIMESTONE STREET
SPRINGFIELD, OH 45503

EIN ▶ 31-0800053

Phone no ▶ (937) 399-2000

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO CREATE AND PRESERVE HEALTHY, STABLE, AND AFFORDABLE COMMUNITIES - ONE NEIGHBORHOOD, ONE PERSON AT A TIME WE DO THIS BY - DEVELOPING QUALITY AND ENERGY EFFICIENT HOMES- PROVIDING CONSISTENT AND TRANSFORMATIVE EDUCATION AND SERVICES TO ADDRESS EACH RESIDENT'S UNIQUE BARRIERS TO, AND OPPORTUNITIES FOR, SUCCESS- INVOLVING AND EMPOWERING RESIDENTS- FOCUSING ON COMMUNITY REVITALIZATION- CREATING STRONG AND FRUITFUL COLLABORATIONS

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,195,550 including grants of $ 45,245) (Revenue $ 6,691)

HOUSING COUNSELING SERVICES GIVE PEOPLE THE INFORMATION THEY NEED TO IMPROVE THEIR FINANCIAL LIVES AND PREPARE TO PURCHASE THEIR OWN HOMES HOMEBUYER AND HOUSING COUNSELING PROGRAMS ALSO WORK TO ADDRESS THE UNDERLYING SOCIAL AND ECONOMIC NEEDS FACING FAMILIES WITHIN COLUMBUS NEIGHBORHOODS HOMEPORT PROGRAMS HELP PEOPLE UNDERSTAND THAT PURCHASING A HOME COMES WITH MANY OBLIGATIONS HOMEPORT TEACHES ITS CLIENTS HOW TO BE RESPONSIBLE HOMEOWNERS AND GOOD NEIGHBORS HOMEPORT HOUSING ADVISORY CENTER PROVIDES SERVICES, INCLUDING FORECLOSURE PREVENTION, TO 3,400 CLIENTS

4b (Code) (Expenses $ 836,219 including grants of $) (Revenue $ -206,312)

HOMEPORT HOME OWNERSHIP PROVIDES QUALITY, ENERGY EFFICIENT, AFFORDABLE, HOME OWNERSHIP OPPORTUNITIES TO HOUSEHOLDS OF VARYING INCOMES AND FACILITATES NEIGHBORHOOD REVITALIZATION HOMEPORT HOME OWNERSHIP UTILIZES SINGLE FAMILY HOME AND CONDOMINIUM DEVELOPMENT AS A MECHANISM TO ACHIEVE THESE GOALS AND COUPLES IT WITH CONCERTED AND TARGETED EFFORTS TO FOSTER COMMUNITY AND ECONOMIC DEVELOPMENT IN ITS FOCUS AREAS THESE EFFORTS COMBINED CREATE STABLE FAMILIES LIVING IN SUSTAINABLE, MIXED INCOME, VIBRANT COMMUNITIES IN 2011, 13 UNITS WERE CONSTRUCTED AND 10 UNITS WERE SOLD SINCE 2004, HOMEPORT HOME OWNERSHIP HAS COMPLETED CONSTRUCTION ON 123 UNITS AND SOLD 101 (AS OF DECEMBER 31, 2011)

4c (Code) (Expenses $ 808,457 including grants of $) (Revenue $ 79,027)

HOMEPORT PROVIDES PROGRAMS THAT OFFER RESIDENTS SUPPORT AND THE OPPORTUNITY TO KEEP THEIR HOMES AND FAMILIES STABLE, SAFE AND SECURE HOMEPORT COMMUNITY LIFE PROGRAMS PROVIDE OUT OF SCHOOL PROGRAMMING OFFERED AT 6 SITES FOR CHILDREN IN GRADES K-5, PROVIDES 5 AFTERNOONS A WEEK OF HOMEWORK ASSISTANCE, TUTORING FROM LOCAL COLLEGE STUDENTS AT LEAST 2 AFTERNOONS A WEEK, COMPUTER LAB AND SPECIAL PROGRAMS THROUGHOUT THE YEAR TO ASSIST FAMILIES WITH WORKING PARENTS WHEN SCHOOL IS OUT INCLUDING 5 DAY A WEEK PROGRAMMING IN THE SUMMER STUDENTS FOOD PROGRAMS OFFERED AT 6 SITES PROVIDES SUMMER BREAKFAST AND LUNCH TO SCHOOL AGE CHILDREN ALSO PROVIDES AFTER SCHOOL SNACK 5 DAYS A WEEK DURING THE SCHOOL YEAR TAKE HOME GROCERIES OFFERED AT 6 SITES, FAMILIES RECEIVE GROCERIES TWICE A MONTH TO INSURE THAT CHILDREN HAVE FOOD AVAILABLE ON DAYS WHEN OUT OF SCHOOL PROGRAMMING IS NOT IN SESSION RESIDENT COUNCIL/BLOCK WATCHES AND/OR COMMUNITY MEETINGS OFFERED AT 7 SITES WITH VARIOUS LEVELS OF PARTICIPATION, CREATES A FORUM FOR RESIDENTS TO ACTIVELY DISCUSS AND PROBLEM SOLVE ISSUES IN THEIR COMMUNITIES AS WELL AS SOCIALIZE WITH ONE ANOTHER THE BENEFIT BANK THE SERVICE COORDINATION TEAM OFFERS REFERALS AND LINKAGES FOR ALL SITE RESIDENTS

(Code) (Expenses $ 926,829 including grants of $) (Revenue $ 1,089,006)

OTHER PROGRAM SERVICES RELATED TO HOUSING DEVELOPMENT, CONSTRUCTION, AND ASSET MANAGEMENT TO FURTHER THE MISSION STATEMENT OF HOMEPORT

4d Other program services (Describe in Schedule O)

(Expenses $ 926,829 including grants of $) (Revenue $ 1,089,006)

4e **Total program service expenses** ▶ $ 3,767,055

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
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		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
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	Yes	
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
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, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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**	64		
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**	Yes	
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**	121			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
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 or securities account)?			**4a**		No
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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
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?			**6a**		No
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**		No
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**		No
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**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		No
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**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
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? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

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	21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
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			No
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			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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			No
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			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
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			No

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		No
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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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	Yes	
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		No

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

VALORIE SCHWARZMANN
562 EAST MAIN ST
COLUMBUS, OH 43215
(614) 221-8889

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

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

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

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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) JOHN HART CHAIRPERSON	1 00	X		X				0	0	0
(2) LYNN ELLIOTT PAST CHAIRPERSON	1 00	X						0	0	0
(3) MICHAEL MARTIN TRUSTEE	1 00	X						0	0	0
(4) DANIELLE ALEXANDER TRUSTEE	1 00	X						0	0	0
(5) PAUL BLOOMFIELD TRUSTEE	1 00	X						0	0	0
(6) KENNETH CHRISTOPHER TRUSTEE	1 00	X						0	0	0
(7) STAN COLLINS TRUSTEE	1 00	X						0	0	0
(8) TJ CONGER TREASURER	1 00	X		X				0	0	0
(9) TROY FRYE TRUSTEE	1 00	X						0	0	0
(10) BRUCE LUECKE TRUSTEE	1 00	X						0	0	0
(11) SUSAN FULLER MCDONOUGH SECRETARY	1 00	X		X				0	0	0
(12) BUFFIE MCGEE PATTERSON TRUSTEE	1 00	X						0	0	0
(13) THOMAS O'HARA JR TRUSTEE	1 00	X						0	0	0
(14) CAROL LUDTKE PRIGAN TRUSTEE	1 00	X						0	0	0
(15) SHELLY SHIVELY TRUSTEE	1 00	X						0	0	0
(16) STEPHEN WITTMANN TRUSTEE	1 00	X						0	0	0
(17) NANCY KOWALSKI VICE - CHAIRPERSON	1 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PATRICIA SHORR TRUSTEE	1 00	X						0	0	0
(19) MARK C MCCULLOUGH TRUSTEE	1 00	X						0	0	0
(20) MICHAEL MENTEL TRUSTEE	1 00	X						0	0	0
(21) NOELLE SICURO TRUSTEE	1 00	X						0	0	0
(22) L CHRIS REESE TRUSTEE	1 00	X						0	0	0
(23) STEPHANIE STEWARD-YOUNG TRUSTEE	1 00	X						0	0	0
(24) AMY KLABEN PRESIDENT / CEO	40 00			X				184,479	0	3,385
(25) VALORIE SCHWARZMANN CFO	40 00			X				100,344	0	3,941
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								284,823	0	7,326

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 ▶ 2

			Yes	No
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**		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	
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**		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
KMM BUILDERS LLC 7316 KEMPERWOOD COURT BLACKLICK, OH 43004	CONSTRUCTION CONTRACTOR	1,005,696
THE HENNING COMPANY 47 E LINCOLN STREET COLUMBUS, OH 43215	CONSTRUCTION CONTRACTOR	404,161
MEDICAL MUTUAL OF OHIO PO BOX 951922 CLEVELAND, OH 44193	HEALTH INSURANCE PROVIDER	268,026
CEQART CONSTRUCTION GROUP INC 2240 SUNBURY ROAD COLUMBUS, OH 43219	CONSTRUCTION CONTRACTOR	201,031
WESTFIELD INSURANCE PO BOX 5001 WESTFIELD CENTER, OH 44251	PROPERTY & CASUALTY INSURANCE	150,225
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 5		

Part VIII Statement of Revenue

				(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	3,560,824			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,513,797			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		5,074,621			
Program Service Revenue			Business Code				
	2a	DEVELOPMENT FEES	531390	1,568,060	1,568,060		
	b	PROGRAM AND MANAGEMENT	531390	905,422	903,982	1,440	
	c	INTEREST ON PROGRAM LO	900099	65,504	65,504		
	d	EXCESS OF FAIR VALUE O	900099	-102,099	-102,099		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		2,436,887			
	3	Investment income (including dividends, interest and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		1,198,342			
	b	Less cost or other basis and sales expenses		1,877,756			
	c	Gain or (loss)		-679,414			
	d	Net gain or (loss)		-679,414	-679,414		
Other Revenue	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					
	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					
	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					
		Miscellaneous Revenue	Business Code				
	11a	LOSS FROM RELATED PART	900099	-789,061	-789,061		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		-789,061			
	12	**Total revenue.** See Instructions		6,043,033	966,972	1,440	0

Part IX Statement of Functional Expenses

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

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

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				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	45,245	45,245		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	292,149	188,163	101,318	2,668
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,813,285	2,015,713	792,707	4,865
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	382,070	247,689	134,381	
10	Payroll taxes	180,534	114,481	66,053	
11	Fees for services (non-employees)				
a	Management				
b	Legal	6,214	2,783	3,431	
c	Accounting	55,925	25,050	30,875	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	39,743	24,150	15,593	
12	Advertising and promotion	105,536	35,026	11,709	58,801
13	Office expenses	177,522	103,955	22,469	51,098
14	Information technology				
15	Royalties . .				
16	Occupancy	125,048	103,079	21,969	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	106,556	95,212	11,344	
20	Interest	178,251	171,196	7,055	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	156,578	128,239	28,339	
23	Insurance	21,468	16,455	5,013	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROGRAM RELATED EXPENSE	189,617	189,617		
b	BAD DEBT EXPENSE	79,616	79,616		
c	MINOR EQUIPMENT	58,951	43,557	15,394	
d	OTHER EXPENSES	49,196	43,975	5,221	
e					
f	All other expenses	100,622	93,854	6,768	
25	**Total functional expenses.** Add lines 1 through 24f	5,164,126	3,767,055	1,279,639	117,432
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		7,595,979	1	9,771,009
	2	Savings and temporary cash investments		717,214	2	718,362
	3	Pledges and grants receivable, net		592,952	3	444,912
	4	Accounts receivable, net		2,002,490	4	2,207,182
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		10,517,285	7	12,561,225
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		33,819	9	12,158
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 7,034,779			
	b	Less accumulated depreciation	10b 664,402	3,571,992	10c	6,370,377
	11	Investments—publicly traded securities		67,088	11	72,184
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		4,121,055	13	3,096,421
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		349,496	15	322,422
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		29,569,370	16	35,576,252
Liabilities	17	Accounts payable and accrued expenses		890,085	17	1,296,314
	18	Grants payable			18	
	19	Deferred revenue		1,357,769	19	1,162,773
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		202,955	21	259,758
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		14,283,942	23	19,285,789
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,613,960	25	1,472,052
	26	**Total liabilities.** Add lines 17 through 25		18,348,711	26	23,476,686
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		9,419,894	27	9,314,301
	28	Temporarily restricted net assets			28	200,000
	29	Permanently restricted net assets		1,800,765	29	2,585,265
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		11,220,659	33	12,099,566
	34	Total liabilities and net assets/fund balances		29,569,370	34	35,576,252

Part XI Reconcilliation of Net Assets

Check 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	6,043,033
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,164,126
3	Revenue less expenses Subtract line 2 from line 1	3	878,907
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	11,220,659
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	12,099,566

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318033202

SCHEDULE A (Form 990 or 990EZ)

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

2011

Open to Public Inspection

Name of the organization
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number
31-1208260

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 **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,563,880	4,766,668	3,915,253	5,419,797	4,965,621	21,631,219
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	2,563,880	4,766,668	3,915,253	5,419,797	4,965,621	21,631,219
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						21,631,219

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,563,880	4,766,668	3,915,253	5,419,797	4,965,621	21,631,219
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	79,492	99,990	259,598	135,527	65,504	640,111
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						22,271,330

12 Gross receipts from related activities, etc (See instructions)	12	10,545,258

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	97 130 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	96 380 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** 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 ▶☐

b **10%-facts-and-circumstances test—2010.** 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 ▶☐

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 ▶☐

Part III **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318033202

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number
31-1208260

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's 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 XIV

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

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

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

b If "Yes," explain the arrangement in Part XIV 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 XIV

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 Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

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

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

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

4 Describe in Part XIV 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		200,000		200,000
b Buildings		761,429	372,632	388,797
c Leasehold improvements				
d Equipment		444,007	291,770	152,237
e Other		5,629,343		5,629,343
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				6,370,377

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		
Other		
Total. *(Column (b) should 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 LIMITED PARTNERSHIPS	3,096,421	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	3,096,421	

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

(a) Description	(b) Book value
Total. *(Column (b) should 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) Amount
Federal Income Taxes	
INVESTMENT IN LIMITED PARTNERSHIP	10,821
NONCONTROLLING INTEREST IN SUBSIDIARY	1,461,231
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,472,052

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,043,033
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,164,126
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	878,907
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	878,907

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

1	Total revenue, gains, and other support per audited financial statements			1	10,818,568
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	91,000		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	3,925,474		
e	Add lines **2a** through **2d**			2e	4,016,474
3	Subtract line **2e** from line **1**			3	6,802,094
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-759,061		
c	Add lines **4a** and **4b**			4c	-759,061
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	6,043,033

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

1	Total expenses and losses per audited financial statements			1	11,375,736
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	91,000		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	6,150,610		
e	Add lines **2a** through **2d**			2e	6,241,610
3	Subtract line **2e** from line **1**			3	5,134,126
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	30,000		
c	Add lines **4a** and **4b**			4c	30,000
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	5,164,126

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	FUNDS RECEIVED RELATING TO HOUSING COUNSELING SERVICES FOR POST PURCHASE REPAIR ESCROW AND EARNEST DEPOSIT LIABILITY HOME OWNERSHIP AND AS A FISCAL AGENT FOR ONE ORGANIZATION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO HOMEPORT'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME HOMEPORT'S REPORTING RETURNS ARE SUBJECT TO AUDIT BY FEDERAL AND STATE TAXING AUTHORITIES HOMEPORT'S OPEN AUDIT PERIODS ARE 2008 - 2010 NO INCOME TAX PROVISION HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS AS HOMEPORT HAS DETERMINED IT DOES NOT HAVE UNRELATED BUSINESS INCOME SUBJECT TO TAXATION
PART XII, LINE 2D - OTHER ADJUSTMENTS		ENTITIES NOT CONSOLIDATED ON FORM 990 3,925,474
PART XII, LINE 4B - OTHER ADJUSTMENTS		LOSS FROM RELATED PARTNERSHIPS -789,061 ENTITY (CCDF) CONSOLIDATED ON FORM 990 ONLY 30,000
PART XIII, LINE 2D - OTHER ADJUSTMENTS		ENTITIES NOT CONSOLIDATED ON FORM 990 6,150,610
PART XIII, LINE 4B - OTHER ADJUSTMENTS		ENTITY (CCDF) CONSOLIDATED ON FORM 990 ONLY 30,000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318033202

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

2011

Open to Public Inspection

Name of the organization
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number
31-1208260

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. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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

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 . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) DOWN PAYMENT ASSISTANCE FOR ELIGIBLE HOMEBUYERS	11	45,245			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ADHERENCE TO SCOPE OF SERVICE AGREEMENTS FOR EACH GRANT SUBJECT TO AUDIT BY COUNTY, STATE AND FEDERAL GRANTORS TO ENSURE COMPLIANCE INTERNAL MONITORING AND PROCEDURES PROVIDES MANAGEMENT ASSURANCE THAT GRANT ASSISTANCE TO INDIVIDUALS IS PROPER

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318033202

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, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number
31-1208260

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization?	**5b**		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**		No
b	Any related organization?	**6b**		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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		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**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) AMY KLABEN	(i)	173,517	0	10,962	0	3,385	187,864	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318033202

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number
31-1208260

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE IRS FORM 990 IS INITIALLY REVIEWED BY MANAGEMENT AND THEN PROVIDED TO THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND FINAL APPROVAL BEFORE FILING THE RETURN
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S POLICY AND PROCEDURES REQUIRE IMMEDIATE DISCLOSURE TO THE PRESIDENT/CEO OF ANY POTENTIAL CONFLICTS OF INTEREST
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ESTABLISHES THE PERCENTAGE CHANGE IN SALARY ON AN ANNUAL BASIS, USING COMPARABILITY DATA FOR THE PRESIDENT/CEO AND CFO THE PRESIDENT/CEO ESTABLISHES THE PERCENTAGE RANGE OF RAISES FOR ALL OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION USING COMPARABILITY DATA PERIODICALLY
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
HAS THE PROCESS CHANGED FROM THE PRIOR YEAR	FORM 990 PART XII LINE 2C	PROCESS IS CONSISTENT WITH PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318033202

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number
31-1208260

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHP EQUITY HOUSING LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 30-0248515	INVESTMENTS IN LOW AND MODERATE INCOME HOUSING DEVELOPMENTS	OH	3,880,483	2,064,761	COLUMBUS HOUSING PARTNERSHIP INC
(2) CENTRAL CITY DEVELOPMENT FUND I LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1208260	PROVIDE LOANS TO EXPAND AFFORDABLE HOUSING OPPORTUNITIES	OH	30,000	1,728,613	METRO CITY HOMES INC
(3) HKS ASSOCIATES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 51-0545995	LOW-INCOME HOUSING	OH	0	2,030,520	COLUMBUS HOUSING PARTNERSHIP INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CHP KIMBERLY INC 562 EAST MAIN STREET COLUMBUS, OH 43205 31-1558619	OPERATION OF A 184 UNIT AFFORDABLE HOUSING PROJECT	OH	501(C)(3)	LINE 7	COLUMBUS HOUSING PARTNERSHIP INC		No
(2) METRO CITY HOMES INC 562 EAST MAIN STREET COLUMBUS, OH 43205 30-0283818	PROVIDE LOANS TO EXPAND AFFORDABLE HOUSING OPPORTUNTIES	OH	501(C)(3)		COLUMBUS HOUSING PARTNERSHIP INC		No
(3) CENTRAL OHIO HOUSING DEVELOPMENT ORGANIZATION INC 562 EAST MAIN STREET COLUMBUS, OH 43205 31-1579335	NONPROFIT DEVELOPER OF AFFORDABLE HOUSING	OH	501(C)(3)	LINE 9	N/A		No
(4) ELIM SENIOR HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43205 26-4765403	NONPROFIT OWNER OF AFFORDABLE HOUSING	OH	501(C)(3)	LINE 7	COLUMBUS HOUSING PARTNERSHIP INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

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

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

		Yes	No
1 During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g	Yes	
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) OBETZ VILLAGE LIMITED PARTNERSHIP	D	843,264	OUTSTANDING BALANCE
(2) KIMCOURT LIMITED PARTNERSHIP	D	1,324,127	OUTSTANDING BALANCE
(3) STARRHIGH LIMITED PARTNERSHIP	D	292,639	OUTSTANDING BALANCE
(4) RICH STREET LIMITED PARTNERSHIP	D	521,971	OUTSTANDING BALANCE
(5) STODDART BLOCK LIMITED PARTNERSHIP	D	1,840,233	OUTSTANDING BALANCE
(6) EMERALD GLEN HOUSING LIMITED PARTNERSHIP	D	575,000	OUTSTANDING BALANCE

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 31-1208260
Name: COLUMBUS HOUSING PARTNERSHIP INC

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AGLER ELDERLY HOUSING LLC 2100 AGLER ROAD COLUMBUS, OH 43224	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED				No			No	51 000 %
AGLER ELDERLY HOUSING LP 2100 AGLER ROAD COLUMBUS, OH 43224	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED				No			No	0 510 %
AGLER FAMILY HOUSING LLC 2100 AGLER ROAD COLUMBUS, OH 43224	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED				No			No	51 000 %
AGLER FAMILY HOUSING LP 2100 AGLER ROAD COLUMBUS, OH 43224	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED				No			No	0 510 %
CITY VIEW HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 87-0721112	LOW-INCOME HOUSING	OH	CITY VIEW HOUSING INC	RELATED	-194	136,517		No		Yes		0 080 %
DUNROBIN HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 55-0890824	LOW-INCOME HOUSING	OH	DUNROBIN HOUSING INC	RELATED				No		Yes		0 070 %
EMERALD GLEN HOUSING LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1356828	LOW-INCOME HOUSING	OH	EMERALD GLEN HOUSING INC	RELATED	-225,738	3,204,643		No		Yes		100 000 %
FAIRVIEW HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 32-0004472	LOW-INCOME HOUSING	OH	FAIRVIEW HOUSING INC	RELATED	-226	378,329		No		Yes		0 080 %
FIELDSTONE COURT HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 55-0890825	LOW-INCOME HOUSING	OH	FIELDSTONE COURT HOUSING INC	RELATED	-7	370,068		No		Yes		0 030 %
FRAMINGHAM HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 32-0004472	LOW-INCOME HOUSING	OH	FRAMINGHAM HOUSING INC	RELATED	-605	303,728		No		Yes		0 030 %
GEORGE'S CREEK LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1417899	LOW-INCOME HOUSING	OH	GENDER ROAD HOUSING INC	RELATED	-507,988	3,780,574		No		Yes		100 000 %
GRACE WALK HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 74-3161385	LOW-INCOME HOUSING	OH	GRACE WALK HOUSING INC	RELATED				No		Yes		0 100 %
GREATER LINDEN HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1636611	LOW-INCOME HOUSING	OH	LINDEN HOUSING INC	RELATED	-195	91,142		No		Yes		0 080 %
JOYCE AVENUE HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1761906	LOW-INCOME HOUSING	OH	JOYCE AVENUE HOUSING INC	RELATED	-163	111,537		No		Yes		0 080 %
KIMCOURT LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1326691	LOW-INCOME HOUSING	OH	POR LOS NINOS INC	RELATED	-283,802	2,739,842		No		Yes		100 000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
KIMCOURT II LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1403563	LOW-INCOME HOUSING	OH	POR LOS NINOS INC	RELATED	-26,840		Yes			Yes		0 700 %
KINGSFORD HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1697373	LOW-INCOME HOUSING	OH	KINGSFORD HOUSING INC	RELATED	-125	63,680		No		Yes		0 080 %
MAPLEGREEN HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 90-0171902	LOW-INCOME HOUSING	OH	MAPLEGREEN HOUSING INC	RELATED	-283	1,012		No		Yes		0 080 %
MARIEMONT HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1761775	LOW-INCOME HOUSING	OH	MARIEMONT HOUSING INC	RELATED	-113	19,167		No		Yes		0 080 %
NEW SALEM HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1482829	LOW-INCOME HOUSING	OH	NEW SALEM HOUSING INC	RELATED	-220,478	-349,297	Yes			Yes		0 010 %
NHSS LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1482829	LOW-INCOME HOUSING	OH	EAST SIDE HOUSING INC	RELATED	-41,180	-42,146	Yes			Yes		0 010 %
OBETZ VILLAGE LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1292472	LOW-INCOME HOUSING	OH	POR LOS NINOS INC	RELATED	-122,228	2,318,542		No		Yes		100 000 %
PARKMEAD APARTMENTS LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1349854	LOW-INCOME HOUSING	OH	PARKMEAD APARTMENTS INC	RELATED	-92,913	1,682,879		No		Yes		100 000 %
PARKMEAD HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 20-8313200	LOW-INCOME HOUSING	OH	PARKMEAD HOUSING INC	RELATED				No		Yes		100 000 %
RICH STREET CONDOS LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 20-3568518	LOW-INCOME HOUSING	OH	CHP HOUSING INC	RELATED	-6,291	804,084		No		Yes		100 000 %
SOUTH EAST COLUMBUS HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1697374	LOW-INCOME HOUSING	OH	SOUTH EAST HOUSING INC	RELATED	-228	368,807		No		Yes		0 070 %
SOUTH OF MAIN HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1414939	LOW-INCOME HOUSING	OH	MAIN STREET HOUSING INC	RELATED	-194	145,112		No		Yes		0 080 %
SOUTHSIDE HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1761778	LOW-INCOME HOUSING	OH	SOUTHSIDE HOUSING INC	RELATED	-150	482,994		No		Yes		0 080 %
SPRUCE BOUGH HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 16-1660098	LOW-INCOME HOUSING	OH	SPRUCE BOUGH HOUSING INC	RELATED	1	10,413		No		Yes		0 100 %
STARRHIGH LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1354388	LOW-INCOME HOUSING	OH	HIGH STREET HOUSING INC	RELATED	-54,263	1,495,016		No		Yes		100 000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
STODDART BLOCK LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1388098	LOW-INCOME HOUSING	OH	FOURTH STREET HOUSING INC	RELATED	-254,331	1,780,121		No		Yes		100 000 %
SUMMERFIELD HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 87-0721109	LOW-INCOME HOUSING	OH	SUMMERFIELD HOUSING INC	RELATED	-521	12,922		No		Yes		0 100 %
TUSSING ROAD HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1587686	LOW-INCOME HOUSING	OH	TUSSING ROAD HOUSING INC	RELATED	-228	833,536		No		Yes		0 070 %
URBANCREST AFFORDABLE HOUSING LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 55-0890829	LOW-INCOME HOUSING	OH	URBANCREST AFFORDABLE HOUSING PARTNERS INC	RELATED	25,649	245,773	Yes			Yes		0 070 %
ELIM ESTATES HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 26-3255056	LOW-INCOME HOUSING	OH	ELIM ESTATES HOUSING INC	RELATED	-207	2,087		No		Yes		0 080 %
WHITTIER LANDING HOUSING 562 EAST MAIN STREET COLUMBUS, OH 43215 27-0644214	LOW-INCOME HOUSING	OH	WHITTIER LANDING HOUSING INC	RELATED	-174	7,061		No		Yes		0 080 %
EASTWAY VILLAGE HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 45-1561946	LOW-INCOME HOUSING	OH	EASTWAY VILLAGE	RELATED		1,787		No		Yes		0 080 %
ELIM MANOR HOMES LP 562 EAST MAIN STREET COLUMBUS, OH 43215 27-0854342	LOW-INCOME HOUSING	OH	ELIM SENIOR HOUSING INC	RELATED	2	-2,750		No		Yes		0 050 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
CHP HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1812852	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-6,228	35,356	100 000 %
CITY VIEW HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 41-2128679	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-255	-1,072	76 000 %
DUNROBIN HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 55-0890823	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %
EAST SIDE HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1442897	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-16	-58,738	25 000 %
ELIM ESTATES HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 26-3255011	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-207		76 000 %
EMERALD GLEN HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1372426	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-807	366,341	100 000 %
FAIRVIEW HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 35-2161265	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-226	-1,387	76 000 %
FIELDSTONE COURT HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 55-0890820	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-22	281,180	76 000 %
FOURTH STREET HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1388095	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-2,081	-22,675	75 000 %
FRAMINGHAM HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1473233	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-1,815	18,898	25 000 %
GENDER ROAD HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1417815	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-62	-1,106,302	100 000 %
GENDER ROAD GP CORP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1487728	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %
GRACE WALK HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 74-3161380	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %
HIGH STREET HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1354387	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-298	-1,751	100 000 %
HOMES ON THE HILL INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1324316	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			75 000 %
JOYCE AVENUE HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1761942	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-163	-881	76 000 %
KINGSFORD HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1694899	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-125	-1,065	75 000 %
LINDEN HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1636689	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-195	-1,514	76 000 %
LUKE'S CROSSING PROJECT CORP 562 EAST MAIN STREET COLUMBUS, OH 43215 26-2698858	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		100	75 000 %
MAIN STREET HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1654529	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-194	-113,474	76 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
MAPLEGREEN HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 51-0450488	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-283	-1,709	76 000 %
MARIEMONT HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1762101	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-113	9,267	76 000 %
NEW SALEM HOMES INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1482263	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-220,478	-220,697	51 000 %
PARKMEAD APARTMENTS INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1349852	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-69,898	-177,047	100 000 %
PARKMEAD HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 20-8313023	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %
POR LOS NINOS INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1300081	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-21,907	-55,637	100 000 %
ROSEWIND GP CORP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1487726	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %
SOUTH EAST HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1694902	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-304	-2,751	75 000 %
SOUTHSIDE HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1761898	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-198	238,111	76 000 %
SPRUCE BOUGH HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 51-0450542	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	1	-1,922	100 000 %
SUMMERFIELD HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 41-2128676	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-521	332,942	100 000 %
TUSSING ROAD HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1587052	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-228	17,369	66 000 %
URBANCREST AFFORDABLE HOUSING PARTNERS INC 562 EAST MAIN STREET COLUMBUS, OH 43215 55-0890821	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	670	838	76 000 %
WHITTIER LANDING HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 27-0644143	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-181	-102	76 000 %
ENCLAVE AT HILLIARD RUN HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 27-3031914	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		445,395	100 000 %
EASTWAY VILLAGE HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			76 000 %
DUXBERRY LANDING HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 45-2501422	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		1,591,576	76 000 %
ELIM MANOR ELDERLY FACILITIES INC 562 EAST MAIN STREET COLUMBUS, OH 43215 27-1453870	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-1	-1	22 000 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	OBETZ VILLAGE LIMITED PARTNERSHIP	D	843,264	OUTSTANDING BALANCE
(2)	KIMCOURT LIMITED PARTNERSHIP	D	1,324,127	OUTSTANDING BALANCE
(3)	STARRHIGH LIMITED PARTNERSHIP	D	292,639	OUTSTANDING BALANCE
(4)	RICH STREET LIMITED PARTNERSHIP	D	521,971	OUTSTANDING BALANCE
(5)	STODDART BLOCK LIMITED PARTNERSHIP	D	1,840,233	OUTSTANDING BALANCE
(6)	EMERALD GLEN HOUSING LIMITED PARTNERSHIP	D	575,000	OUTSTANDING BALANCE

Additional Data

Software ID:
Software Version:
EIN: 31-1208260
Name: COLUMBUS HOUSING PARTNERSHIP INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 926,829 including grants of $) (Revenue $ 1,089,006)

OTHER PROGRAM SERVICES RELATED TO HOUSING DEVELOPMENT, CONSTRUCTION, AND ASSET MANAGEMENT TO FURTHER THE MISSION STATEMENT OF HOMEPORT