Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning , 2001, and ending

B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization	Room/suite	D Employer identification number
☐ Address change		COLUMBUS HOUSING PARTNERSHIP, INC		31-1208260
☐ Name change		Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number
☐ Initial return				
☐ Final return		562 EAST MAIN STREET		(614)221-8889
☐ Amended return		City or town, state or country, and ZIP + 4		F Accounting method: ☐ Cash ☒ Accrual
☐ Application pending		COLUMBUS, OH 43215		☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes" enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit GEN ▶

M Check ▶ ☐ if the organization is not required to attach Sch B (Form 990 990-EZ or 990-PF)

G Web site ▶

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25 000 The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data **Some states require a complete return**

L Gross receipts Add lines 6b 8b 9b and 10b to line 12 ▶ 3,372,653

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

1	Contributions, gifts, grants, and similar amounts received STMT 1				
a	Direct public support	1a	464,522		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	931,988		
d	Total (add lines 1a through 1c) (cash $ 1,396,510 noncash $)			1d	1,396,510
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	1,193,974
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	77,411
5	Dividends and interest from securities			5	
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other		
8a	Gross amount from sales of assets other than inventory		8a	727,947		
b	Less cost or other basis and sales expenses		8b	731,473		
c	Gain or (loss) (attach schedule)		8c	-3,526		
d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 2				8d	-3,526

9	Special events and activities (attach schedule)				
a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (from Part VII, line 103)			11	-23,189
12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	2,641,180
13	*Program services (from line 44, column (B))*			13	1,506,815
14	Management and general (from line 44, column (C))			14	790,050
15	Fundraising (from line 44, column (D))			15	
16	Payments to affiliates (attach schedule)			16	
17	**Total expenses** (add lines 16 and 44, column (A))			17	2,296,865
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	344,315
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	3,182,368
20	Other changes in net assets or fund balances (attach explanation) STMT 3			20	-295,995
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	3,230,688

Revenue / Expenses / Net Assets

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For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2001)

JSA
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4GL0NO M136 11/14/2002 09 46 27 V01-7

Part IV Balance Sheets (See Specific Instructions on page 24)

Note Where required attached schedules and amounts within the description column should be for end-of-year amounts only				(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing		1,902,306	45	2,503,905
	46	Savings and temporary cash investments			46	
	47a	Accounts receivable	47a 1,275,277.			
	b	Less allowance for doubtful accounts	47b	1,237,403	47c	1,275,277
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		6,939	53	7,747
	54	Investments - securities (attach schedule) ▶ ☐ Cost ☐ FMV			54	
	55a	Investments - land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
	56	*Investments - other (attach schedule)* STMT 5		3,721,602	56	4,712,007
	57a	Land, buildings, and equipment basis	57a 3,876,073			
	b	Less accumulated depreciation (attach schedule)	57b 1,137,022	3,309,148	57c	2,739,051
	58	Other assets (describe ▶ STMT 6)		133,386.	58	73,490
	59	**Total assets** (add lines 45 through 58) (must equal line 74)		10,310,784	59	11,311,477
Liabilities	60	Accounts payable and accrued expenses		100,867	60	62,579
	61	Grants payable			61	
	62	Deferred revenue STMT 7		NONE	62	582,360.
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)		6,770,829	64b	7,169,774
	65	Other liabilities (describe ▶ STMT 8)		256,720	65	266,076
	66	***Total liabilities*** *(add lines 60 through 65)*		7,128,416	66	8,080,789.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ [X] and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted		3,103,581.	67	3,230,688.
	68	Temporarily restricted		78,787	68	NONE
	69	Permanently restricted			69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	**Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72, column (A) **must** equal line 19, and column (B) **must** equal line 21)		3,182,368	73	3,230,688
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)		10,310,784	74	11,311,477

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	2,652,009
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) STMT 9 $ 10,829		
	Add amounts on lines (1) through (4) ▶	b	10,829
c	Line a minus line b ▶	c	2,641,180
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	2,641,180

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	2,308,118
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) STMT 10 $ 11,253		
	Add amounts on lines (1) through (4) ▶	b	11,253
c	Line a minus line b ▶	c	2,296,865
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	2,296,865

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 12		123,248	8,407	-0-

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No

If "Yes," attach schedule - see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27.)

		Line	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ ______ and check whether it is ☐ exempt OR ☐ nonexempt			
81 a	Enter direct or indirect political expenditure. See line 81 instructions — 81a NONE			
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) — 82b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members — 85c N/A			
d	Section 162(e) lobbying and political expenditures — 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 — 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b N/A			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders — 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X	
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A			

90 a List the states with which a copy of this return is filed ▶ OHIO

b Number of employees employed in the pay period that includes March 12, 2001 (See instructions) 90b 16

91 The books are in care of ▶ ANGELA ZEIGLER Telephone no. ▶ 614-221-8889

Located at ▶ 562 EAST MAIN ST, SUITE 1, COLUMBUS, OH ZIP + 4 ▶ 43215

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a DEVELOPMENT FEES					717,359
b LOW-INCOME RENTAL					476,615
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	77,411	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-3,526	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b LOSS FROM RELATED					
c PARTNERSHIPS					-23,189.
d					
e					
104 Subtotal (add columns (B), (D), and (E))				73,885	1,170,785

105 Total (add line 104, columns (B), (D), and (E)) ▶ 1,244,670

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	STMT 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 17	%		-24,269.	-49,854
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

Please Sign Here

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.

▶ Signature of officer   Date 11/14/02

▶ Angela J Zeigler, Controller / Amy Klaben, Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 11/14/02	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. W) P00218134
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ AMERICAN EXPRESS TBS, INC		EIN ▶ 41-1795707	
191 WEST NATIONWIDE BLVD -SUITE 400			
COLUMBUS, OH 43215-2591		Phone no. ▶ 614-224-7722	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2001

Name of the organization: COLUMBUS HOUSING PARTNERSHIP, INC

Employer identification number: 31-1208260

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than $50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ERIC WARD 562 E MAIN ST , SUITE #1	SR PROGRA 40	59,975	11,620	
RAY PRENDEVILLE 562 E MAIN ST, SUITE 1 COLUMBUS, OHIO 43215	SENIOR ASSET MANAGER 40+	62,106.	4,039	
ANGELA ZEIGLER 562 E MAIN ST SUITE 1 COLUMBUS, OHIO 43215	CONTROLLER 40+	59,501	9,730	
MAUDE HILL 562 E. MAIN ST. SUITE 1 COLUMBUS, OHIO 43215	VP OF OPERATIONS 40+	60,660	11,862	

Total number of other employees paid over $50,000 . . ▶ 4

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than $50 000	(b) Type of service	(c) Compensation
NONE		

[redacted]

Part III Statements About Activities (See page 2 of the instructions)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ (Must equal amount on line 38, Part VI-A, or line i or Part VI-B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3	Does the organization make grants for scholarships fellowships, student loans, etc ? (See Note below)	3		X
4	Do you have a section 403(b) annuity plan for your employees?	4	X	

Note *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments* STMT 18

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital s name, city, and state** ▶ ______

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,008,042	899,979	1,488,864	1,026,480	5,423,365
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization s charitable, etc , purpose	1,033,362	762,046	788,308	1,217,249	3,800,965
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	58,614	67,140	121,984.	25,672	273,410
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	STMT 19 NONE	NONE	8,692.	46,621	55,313.
23 Total of lines 15 through 22	3,100,018	1,729,165	2,407,848	2,316,022	9,553,053
24 Line 23 minus line 17	2,066,656	967,119	1,619,540	1,098,773	5,752,088.
25 Enter 1% of line 23	31,000	17,292	24,078	23,160	

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 ▶ **26a** 115,042

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts ▶ **26b** 317,175

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c** 5,752,088

d Add Amounts from column (e) for lines 18 273,410 19 ______ 22 55,313 26b 317,175 ▶ **26d** 645,898

e Public support (line 26c minus line 26d total) ▶ **26e** 5,106,190

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ **26f** 88 7711 %

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person, prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return Enter the sum of such amounts for each year

(2000) ______ (1999) ______ (1998) NOT APPLICABLE (1997) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2000) ______ (1999) ______ (1998) ______ (1997) ______

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ **27c**

d Add Line 27a total ______ and line 27b total ______ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ **27f**

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27g** %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27h** %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d		
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check ▶ a [ ] if the organization belongs to an affiliated group
Check ▶ b [ ] if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is -	*The lobbying nontaxable amount is -*
Not over $500 000	20% of the amount on line 40
Over $500 000 but not over $1 000 000	$100 000 plus 15% of the excess over $500 000
Over $1,000 000 but not over $1 500 000	$175,000 plus 10% of the excess over $1,000,000
Over $1 500,000 but not over $17 000 000	$225 000 plus 5% of the excess over $1 500 000
Over $17 000 000	$1 000 000

Caution *If there is an amount on either line 43 or line 44, you must file Form 4720*

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities** NOT APPLICABLE
(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) *Purchases of assets from a noncharitable exempt organization*	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes " complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers transactions and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ [ ] Yes [X] No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization: COLUMBUS HOUSING PARTNERSHIP, INC

Employer identification number: 31-1208260

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (**Note** *Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions)*

General Rule -

[ ] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules -

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than $1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of $5,000 or more during the year) . . . . ▶ $ ____________

Caution: *Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990 990-EZ, or 990-PF) but they* ***must*** *check the box in the heading of their Form 990 Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)*

Name of organization: COLUMBUS HOUSING PARTNERSHIP, INC

Employer identification number: 31-1208260

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		28,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
2		31,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
3		154,172	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
5		140,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
6		50,750	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
7		35,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: COLUMBUS HOUSING PARTNERSHIP, INC

Employer identification number: 31-1208260

Part I **Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
			Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
			Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
			Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
			Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
			Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

FORM 990, PART I - LIST OF CONTRIBUTORS

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
		28,500.
		31,100.
VARIOUS CONTRIBUTORS - CASH		154,172.
VARIOUS CONTRIBUTORS - NON CASH		
		140,000.
	08/15/2001	50,750.
	05/22/2001	35,000.
	07/19/2001	25,000.

FORM 990, PART I - LIST OF CONTRIBUTORS

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
TOTAL CONTRIBUTION AMOUNTS		464,522.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION		AMOUNT
PRIOR PERIOD ADJUSTMENT		295,995.
	TOTAL	295,995.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
PUBLIC RELATIONS & ADVERTISING	38,476.		38,476.
BAD DEBT	104,984.	104,984.	
PROFESSIONAL FEES	1,000.		1,000.
AMORTIZATION	2,078.		2,078.
DOWN PAYMENT ASSISTANCE	148,043.	148,043.	
MISC. PROGRAM EXPENSES	14,867.	14,867.	
MISC. MANAGEMENT EXPENSES	55,537.		55,537.
LOW-INCOME RENTAL EXPENSES	248,169.	248,169.	
ADMINISTRATIVE EXPENSES	73.		73.
PROFESSIONAL FEES	49,951.		49,951.
TOTALS	663,178.	516,063.	147,115.

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
NOTES REC FROM SUBSIDIARIES	3,721,602.	4,712,007.
TOTALS	3,721,602.	4,712,007.

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
LOAN FEES & ORGANIZATION COSTS NET OF AMORTIZATION	27,165.	25,088.
REAL ESTATE INVENTORIES	106,221.	48,402.
TOTALS	133,386.	73,490.

FORM 990, PART IV - DEFERRED REVENUE

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED GRANT ADVANCES		NONE	582,360.
	TOTALS	NONE	582,360.

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
ACCRUED EXPENSES	23,255.	28,959.
SECURITY DEPOSITS	26,014.	25,879.
ACCRUED INTEREST	207,451.	211,238.
TOTALS	256,720.	266,076.

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
GAIN FROM TAXABLE SUBSIDIARIES	10,829.
TOTAL	10,829.

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
EXPENSES OF SUBSIDIARIES ON CONSOLIDATED FINANCIAL STATEMENT	11,253.
TOTAL	11,253.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
AMY D. KLABEN 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215	EXECUTIVE 40	123,248.	8,407.
ERIC CARMICHAEL 562 E. MAIN SUITE 1 COLUMBUS, OHIO 43215	PRESIDENT PART TIME		
JOHN E. FOSTER 562 E. MAIN SUITE 1 COLUMBUS, OHIO 43215	TRUSTEE PART TIME		
ROBERTA F. GARBER 562 E. MAIN SUITE 1 COLUMBUS, OHIO 43215	TRUSTEE PART TIME		
CHARLOTTE VAN STEYN 562 E. MAIN SUITE 1 COLUMBUS, OHIO 43215	TRUSTEE PART TIME		
STEPHEN WITTMANN 562 E. MAIN SUITE 1 COLUMBUS, OHIO 43215	VICE PRES PART TIME		
JOSEPH MOLNAR 562 E. MAIN SUITE 1 COLUMBUS, OH 43215	SECRETARY PART TIME		
JOHN WILT 562 E. MAIN SUITE 1 COLUMBUS, OH 43215	TREASURER PART TIME		

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
TIM KELLEY 562 E. MAIN SUITE 1 COLUMBUS, OH 43215	TRUSTEE PART TIME		
MICHAEL MARTIN 562 E. MAIN SUITE 1 COLUMBUS, OH 43215	TRUSTEE PART TIME		
JOHN HART 562 E. MAIN SUITE 1 COLUMBUS, OH 43215	TRUSTEE PART TIME		
MARK MCDERMOTT 562 E. MAIN SUITE 1 COLUMBUS, OHIO 43215	TRUSTEE PART TIME		
MARK BARBASH 562 E. MAIN SUITE 1 COLUMBUS, OHIO 43215	TRUSTEE PART TIME		
LARRY METZGER 562 E. MAIN SUITE 1 COLUMBUS, OHIO 43215	TRUSTEE PART TIME		
	GRAND TOTALS	123,248.	8,407.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A 93B	INCOME REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED TO THE CREATION OF NEW AND REHABILITATED SINGLE AND MULTI-FAMILY RENTAL HOUSING FOR LOW INCOME FAMILIES; ESTABLISHED HOME OWNERSHIP OPPORTUNITIES FOR LOW AND MODERATE INCOME WORKING PEOPLE; AND IMPLEMENTED THE OPERATION OF EXTENSIVE HOUSING COUNSELING AND OTHER PROGRAMS TO ENABLE LOW AND MODERATE INCOME RESIDENTS OF FRANKLIN COUNTY TO ACHIEVE THEIR DREAMS OF HOME OWNERSHIP.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
NEIGHBORHOOD RESTORATION, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1266122	100.000000	PROPERTY MGMT	-10,127.	-83,947.
EMERALD CITY HOUSING, INC. 562 E. MAIN ST. SUITE #1 COLUMBUS, OHIO 43215 31-1372426	67.000000	PROPERTY MGMT	-1,773.	-19,050.
FOURTH STREET HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1388095	75.000000	PROPERTY MGMT	-2,414.	-9,444.
POR LOS NINOS, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1300081	70.000000	PROPERTY MGMT	-2,506.	-18,945.
EAST MOUND HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1356827	75.000000	PROPERTY MGMT	-420.	-2,890.
HOMES ON THE HILL, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1324316	75.000000	PROPERTY MGMT	-3,826.	9,845.
PARKMEAD APARTMENTS, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1349852	75.000000	PROPERTY MGMT	-943.	41,391.
HIGH STREET HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1354387	66.000000	PROPERTY MGMT	-767.	6,717.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
GENDER ROAD HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1417815	75.000000	PROPERTY MGMT	-72.	-6,667.
INDIANOLA HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1439191	75.000000	PROPERTY MGMT	-12.	-967.
FRAMINGHAM HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1473233	25.000000	PROPERTY MGMT	-274.	30,498.
EAST SIDE HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1442897	25.000000	PROPERTY MGMT	-52.	403.
NEW SALEM HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1482263	51.000000	PROPERTY MGMT	-15.	537.
MAIN STREET HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1654529	76.000000	PROPERTY MGMT	-300.	297.
TUSSING ROAD HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1587052	66.000000	PROPERTY MGMT	-522.	-307.
GREATER LINDEN HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OH 43215 31-1636689	75.000000	PROPERTY MGMT	-227.	475.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
KINGSFORD HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OH 43215 31-1694899	75.000000	PROPERTY MGMT	-19.	500.
SOUTH EAST HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OH 43215 31-1694902	100.000000	PROPERTY MGMT	NONE	100.
JOYCE AVENUE HOUSING, INC. 562 E. MAIN ST, SUITE 1 COLUMBUS, OHIO 43215 311761942	100.000000	PROPERTY MGMT	NONE	500.
MARIEMONT HOUSING, INC. 562 E. MAIN ST, SUITE 1 COLUMBUS, OHIO 43215 31-1762101	100.000000	PROPERTY MGMT	NONE	500.
SOUTHSIDE HOUSING, INC 562 E. MAIN ST, SUITE 1 COLUMBUS, OHIO 43215 31-1761898	100.000000	PROPERTY MGMT	NONE	500.
CHP HOUSING, INC. 562 E. MAIN ST, SUITE 1 COLUMBUS, OHIO 43215 31-1812852	100.000000	PROPERTY MGMT	NONE	100.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
TOTAL INCOME			-24,269.	-49,854.

SCHEDULE A, PART III - EXPLANATION FOR LINE 4

NOT APPLICABLE. IN CREATING HOUSING OPPORTUNITES FOR LOW INCOME INDIVIDUALS, THE COLUMBUS HOUSING PARTNERSHIP DOES NOT GIVE GRANTS OR LOANS.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2000	1999	1998	1997	TOTAL
MISCELLANEOUS	NONE	NONE	8,692.	46,621.	55,313.
TOTALS	NONE	NONE	8,692.	46,621.	55,313.

FORM 990 PART IV LINE 57a & 57b

COST

	BALANCE 12/31/00	ADDITIONS	DISPOSALS	BALANCE 12/31/01
Buildings	1,896,474	10,545	28,545	1,878,474
Building Improvements	1,219,984	8,607	41,868	1,186,723
Land	499,844	3,515	71,038	432,321
Offices Furniture and fixtures	83,422	4,249	-	87,671
Rental Furniture and fixtures	9,665	-	-	9,665
Office Equipment	65,545	13,545	16,035	63,055
Water Meters	3,287	-	-	3,287
Contributed Materials	300	-	-	300
Leasehold improvements	93,111	-	-	93,111
Construction in Progress	464,368	185,496	528,398	121,466
	4,336,000	225,957	685,884	3,876,073

ACCUMULATED DEPRECIATION

	BALANCE 12/31/00	DEPRECIATION EXPENSE	DISPOSALS	BALANCE 12/31/01
Buildings, bld improve , rental f	833,021	110,820	9,469	934,372
Leasehold improvements	83,725	9,386	-	93,111
Offices Furniture and fixtures	64,883	6,429	-	71,312
Office Equipment	42,170	8,806	16,037	34,939
Water Meters	3,053	235	-	3,288
	1,026,852	135,676	25,506	1,137,022
NET	3,309,148			2,739,051

FORM 990 PART II LINE 42

	COST	RECOVERY PERIOD	METHOD	DEPRECIATION
Buildings	1,878,474	27 5	SL	
Building Improvements	1,186,723	27 5	SL	110,820
Offices Furniture and fixtures	87,671	7 0	SL	6,429
Rental Furniture and fixtures	9,665	10 0	SL	
Office Equipment	63,055	VARIOUS	SL	8,806
Water Meters	3,287	7 0	SL	235
Leasehold improvements	93,111	VARIOUS	SL	9,386
				135,676

Depreciation included in rental expenses on Part II Line 43	87,996
Depreciation expenses on Part II line 42	47,680
Total depreciation expenses	135,676

FORM 990 PART I LINE 8d

	Proceeds from sale	Cost	Debt	Adj to gain(loss)	gain(loss)
Sale of Property	448,475	(279,899)	421,627	(379,130)	211,073
Proceeds of restricted sale	(182,215)				(182,215)
Hope 3 Sale of Property	(2,500)	(72,444)	42,560		(32,384)
	263,760	(352,343)	464,187	(379,130)	(3,526)

Form **8868** (December 2000)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box . . . . ▶ [x]
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note: *Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

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

Note: *Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only* . . . . ▶ [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	COLUMBUS HOUSING PARTNERSHIP, INC.	31-1208260
	Number, street, and room or suite no If a P O box, see instructions	
	562 EAST MAIN STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	COLUMBUS, OH 43215	

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

[x] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T(sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

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

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 08/15, 2002, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [x] calendar year 2001 or

▶ [ ] tax year beginning ____________, ______, and ending ____________, ______

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions . . . . $ ______

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit . . . . $ ______

c **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions . . . . $ NONE

Signature and Verification

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

Signature ▶ ______ Title ▶ AMERICAN EXPRESS TBS Date ▶ 5/15/02

For Paperwork Reduction Act Notice, see Instruction Form **8868** (12-2000)

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- If you [redacted] for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ▶ [x]

Note: *Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions		
	Name of Exempt Organization COLUMBUS HOUSING PARTNERSHIP, INC	Employer identification number 31-1208260
	Number, street, and room or suite no If a P O box, see instructions 562 EAST MAIN STREET	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions COLUMBUS, OH 43215	

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

[x] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

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

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

4 I request an additional 3-month extension of time until 11/15/2002

5 For calendar year 2001, or other tax year beginning ______ and ending ______

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO FILE AN ACCURATE AND COMPLETE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions . . . $ NONE

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 . . . $ NONE

c **Balance Due** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions . . . $ NONE

Signature and Verification

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

Signature ▶ [signature] Title ▶ AMERICAN EXPRESS TBS, Date ▶ 8/9/02

Notice to Applicant - To Be Completed by the IRS

[X] We have approved this application Please attach this form to the organization's return

[ ] We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return

[ ] We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period

[ ] We cannot consider this application because it was filed after the due date of the return for which an extension was requested

[ ] Other ______ EXTENSION APPROVED

______ By ______ SEP 09 2002

Director Date

LINDA WEISKOPF, FIELD DIRECTOR
SUBMISSION PROCESSING, OGDEN

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	
	Name AMERICAN EXPRESS TBS, INC.
	Number and street (include suite, room, or apt no) Or a P O box number 191 WEST NATIONWIDE BLVD.-SUITE 400
	City or town, province or state, and country (including postal or ZIP code) COLUMBUS, OH 43215-2591

JSA