

# 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

Department of the Treasury  
Internal Revenue Service

**A** For the 2002 calendar year, or tax year beginning **2002**, and ending

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

**G** Web site **▶ HTTP://WWW.CHPCOLUMBUS.ORG/**

**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 **▶ 2,578,756**

**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? (If "No," attach a list. See instructions.)  Yes  No

**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)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received <b>STMT 1</b>				
	<b>a</b> Direct public support	<b>1a</b>		<b>668,874.</b>	
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>		<b>560,865.</b>	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>1,229,239</b> noncash \$ <b>500.</b> )				<b>1d 1,229,739</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)				<b>2 957,930.</b>
	<b>3</b> Membership dues and assessments				<b>3</b>
	<b>4</b> Interest on savings and temporary cash investments				<b>4 100,357</b>
	<b>5</b> Dividends and interest from securities				<b>5</b>
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)				<b>6c</b>
<b>7</b> Other investment income (describe <b>▶</b> )				<b>7</b>	
	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>	<b>8b</b>	<b>227,476</b>	
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>		<b>318,241.</b>	
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))			<b>STATEMENT 22 8c -90,765</b>	<b>8d -90,765.</b>
	<b>9</b> Special events and activities (attach schedule)				
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)				<b>9c</b>
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				<b>10c</b>
Expenses	<b>11</b> Other revenue (from Part VII, line 103)				<b>11 63,254</b>
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				<b>12 2,260,515.</b>
	<b>13</b> Program services (from line 44, column (B))				<b>13 1,719,293</b>
	<b>14</b> Management and general (from line 44, column (C))				<b>14 907,698</b>
	<b>15</b> Fundraising (from line 44, column (D))				<b>15 88,511</b>
Net Assets	<b>16</b> Payments to affiliates (attach schedule)				<b>16</b>
	<b>17</b> Total expenses (add lines 16 and 44, column (A))				<b>17 2,715,502.</b>
	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)				<b>18 -454,987.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))				<b>19 3,230,688.</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)				<b>20</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)				<b>21 2,775,701</b>

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 126,689.	57,807.	56,775	12,107.
26 Other salaries and wages . . . . .	26 1,113,168.	542,838.	533,154	37,176
27 Pension plan contributions . . . . .	27			
28 Other employee benefits . . . . .	28			
29 Payroll taxes . . . . .	29			
30 Professional fundraising fees . . . . .	30			
31 Accounting fees . . . . .	31 51,670.		51,670	
32 Legal fees . . . . .	32 2,344		2,344.	
33 Supplies . . . . .	33 34,262.		34,262	
34 Telephone . . . . .	34 10,304.		10,304	
35 Postage and shipping . . . . .	35 12,484.		12,484	
36 Occupancy . . . . .	36 39,674		39,674	
37 Equipment rental and maintenance . . . . .	37 230,069	203,079	26,990.	
38 Printing and publications . . . . .	38 4,071		4,071	
39 Travel . . . . .	39			
40 Conferences, conventions, and meetings . . . . .	40 38,289.	19,145	19,144	
41 Interest . . . . .	41 85,901.	85,901		
42 Depreciation depletion, etc (attach schedule)	42 STATEMENT 21 39,807		39,807	
43 Other expenses not covered above (itemize)	43a 926,770.	810,523.	77,019.	39,228.
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 2,715,502.	1,719,293	907,698.	88,511.

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 24 of the instructions)

What is the organization's primary exempt purpose? <b>CREATE HOUSING OPPORTUNITIES</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)
a FUNDS EXPENDED ARE PRIMARILY FOR LOW INCOME HOUSING AS WELL AS REHABILITATION OF PROPERTY FOR THE BENEFIT OF THE COMMUNITY. (Grants and allocations \$ _____)	1,482,458.
b FUNDS EXPENDED IN PROVIDING RENTAL HOUSING FOR LOW INCOME INDIVIDUALS. (Grants and allocations \$ _____)	236,835.
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,719,293.

**Part IV Balance Sheets (See page 24 of the instructions)**

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 . . . . .	2,503,905.	45	2,183,516.	
	46 Savings and temporary cash investments . . . . .		46		
	47a Accounts receivable . . . . .	1,229,491.			
	b Less allowance for doubtful accounts . . . . .		1,275,277.	1,229,491	
	48a Pledges receivable . . . . .				
	b Less allowance for doubtful accounts . . . . .				
	49 Grants receivable . . . . .				
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .				
	51a Other notes and loans receivable (attach schedule) . . . . .				
	b Less allowance for doubtful accounts . . . . .				
	52 Inventories for sale or use . . . . .				
	53 Prepaid expenses and deferred charges . . . . .	7,747	53	9,177.	
	54 Investments - securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
	55a Investments - land, buildings, and equipment basis . . . . .				
	b Less accumulated depreciation (attach schedule) . . . . .				
56 Investments - other (attach schedule) . . . . .	STMT. 5.	4,712,007.	56	4,829,871.	
57a Land, buildings, and equipment basis . . . . .	STMT. 21	3,105,708.			
b Less accumulated depreciation (attach schedule) . . . . .		587,324.	57c	2,518,384.	
58 Other assets (describe ▶ . . . . .)	STMT 6 )	73,490	58	23,085.	
<b>59 Total assets (add lines 45 through 58) (must equal line 74) . . . . .</b>		<b>11,311,477</b>	<b>59</b>	<b>10,793,524.</b>	
Liabilities	60 Accounts payable and accrued expenses . . . . .	62,579	60	24,955.	
	61 Grants payable . . . . .		61		
	62 Deferred revenue . . . . .	STMT 7.	582,360.	62	585,860.
	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) . . . . .		7,169,774	64b	7,115,444.
	65 Other liabilities (describe ▶ . . . . .)	STMT 8 )	266,076	65	291,564.
<b>66 Total liabilities (add lines 60 through 65) . . . . .</b>		<b>8,080,789</b>	<b>66</b>	<b>8,017,823.</b>	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted . . . . .	3,230,688.	67	2,775,701.	
	68 Temporarily restricted . . . . .		68		
	69 Permanently restricted . . . . .		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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, column (B) must equal line 21) . . . . .		3,230,688	73	2,775,701.
	<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73) . . . . .</b>		<b>11,311,477.</b>	<b>74</b>	<b>10,793,524</b>

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 VI Other Information (See page 27 of the instructions)

Table with columns: Question, Yes, No. Rows include questions 76-92 regarding organizational activities, expenditures, and tax information.

**Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)**

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <b>DEVELOPMENT FEES</b>					482,780.
b <b>LOW-INCOME RENTAL</b>					475,150.
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	100,357.	
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	-90,765.	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue a					
b <b>GAIN FROM RELATED</b>					
c <b>PARTNERSHIPS</b>					63,254.
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				9,592	1,021,184.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					1,030,776.

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 page 32 of the instructions.)**

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 14

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)**

(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 18	%		87,622	42,893.
	%			
	%			
	%			

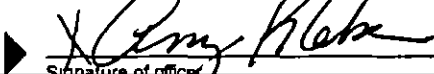
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)**

- (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)

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.

Please Sign



11/14/03  
Date

resident/CEO

Date	10/2/03	Check if self-prepared	<input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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

**2002**

Department of the Treasury  
Internal Revenue Service

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
<u>ERIC WARD</u> 562 E. MAIN ST., SUITE 1 COLUMBUS OH, 43215	SR PROGRAM MGR 40	63,829.	13,107	NONE
<u>RAY PRENDEVILLE</u> 562 E. MAIN ST, SUITE 1 COLUMBUS OH, 43215	SENIOR ASSET MANAGER 40+	67,265.	4,458.	NONE
<u>ANGELA ZEIGLER</u> 562 E. MAIN ST SUITE 1 COLUMBUS OH, 43215	CONTROLLER 40+	62,808.	7,925	NONE
<u>MAUDE HILL</u> 562 E MAIN ST. SUITE 1 COLUMBUS OH, 43215	VP COMM RELATIONS 40+	64,052	9,958.	NONE
<u>LAURIE SUTHERLAND</u> 562 E. MAIN ST. SUITE 1 COLUMBUS OH, 43215	VICE PRESIDENT 40+	50,625.	6,373.	NONE
Total number of other employees paid over \$50,000 . . . . . ▶	0			

**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
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services . . . . . ▶	NONE	

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

Schedule A (Form 990 or 990-EZ) 2002

<b>Part III</b> Statements About Activities (See page 2 of the instructions)	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 or Part VI-B)</p> <p>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</p>	1	X
<p>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)</p>		
<p>a Sale, exchange, or leasing of property? . . . . .</p>	2a	X
<p>b Lending of money or other extension of credit? . . . . .</p>	2b	X
<p>c Furnishing of goods, services, or facilities? . . . . .</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .</p>	2d	X
<p>e Transfer of any part of its income or assets? . . . . .</p>	2e	X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below) . . . . .</p>	3	X
<p>4 Do you have a section 403(b) annuity plan for your employees? . . . . .</p>	4	X
<p>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</p>		

**Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)**

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

6  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 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28) . . . . .	1,396,510	2,008,042	899,979	1,488,864	5,793,395
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 . . . . .	1,193,974	1,033,362	762,046	788,308	3,777,690
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 . . . . .	77,411	58,614	67,140	121,984	325,149
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 20 NONE	NONE	NONE	8,692	8,692
23 Total of lines 15 through 22 . . . . .	2,667,895	3,100,018	1,729,165	2,407,848	9,904,926
24 Line 23 minus line 17 . . . . .	1,473,921	2,066,656	967,119	1,619,540	6,127,236
25 Enter 1% of line 23 . . . . .	26,679	31,000	17,292	24,078	
26 Organizations described on lines 10 or 11 . . . . .	a Enter 2% of amount in column (e), line 24 . . . . .				26a 122,545
	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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . .				26b 27,760
	c Total support for section 509(a)(1) test. Enter line 24, column (e) . . . . .				26c 6,127,236
	d Add Amounts from column (e) for lines 18 <u>325,149</u> , 19 _____, 22 <u>8,692</u> , 26b <u>27,760</u> . . . . .				26d 361,601
	e Public support (line 26c minus line 26d total) . . . . .				26e 5,765,635
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . .				26f 94.0985 %
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: (2001) _____ (2000) _____ (1999) <u>NOT APPLICABLE</u> (1998) _____				
	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: (2001) _____ (2000) _____ (1999) _____ (1998) _____				
	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 from 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 1998 through 2001, 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)

Table with 3 columns: Question Number, Question Text, and Yes/No columns. Rows include questions 29 through 35 regarding racial nondiscrimination policies, financial aid, and organizational requirements.

**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

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

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 )

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> 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 11 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
<b>a</b> Volunteers . . . . .		<input checked="" type="checkbox"/>	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h) . . . . .		<input checked="" type="checkbox"/>	
<b>c</b> Media advertisements . . . . .		<input checked="" type="checkbox"/>	
<b>d</b> Mailings to members, legislators, or the public . . . . .		<input checked="" type="checkbox"/>	
<b>e</b> Publications, or published or broadcast statements . . . . .		<input checked="" type="checkbox"/>	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		<input checked="" type="checkbox"/>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		<input checked="" type="checkbox"/>	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		<input checked="" type="checkbox"/>	
<b>i</b> 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



FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PUBLIC RELATIONS & ADVERTISING	18,034.		18,034.	
BAD DEBT	250,547.	250,547.		
AMORTIZATION	2,003.		2,003.	
DOWN PAYMENT ASSISTANCE	87,155.	87,155.		
MISC. PROGRAM EXPENSES	118,560.	118,560.		
MISC. MANAGEMENT EXPENSES	89,216.		49,988.	39,228.
LOW-INCOME RENTAL EXPENSES	236,835.	236,835.		
FORGIVENESS OF AFFILIATE DEBT	117,426.	117,426.		
FRINGE BENEFITS	5,487.		5,487.	
UNALLOWABLE COST ITEMS	1,507.		1,507.	
TOTALS	926,770.	810,523.	77,019.	39,228.

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
NOTES REC FROM SUBSIDIARIES	4,712,007.	4,829,871.
TOTALS	<u>4,712,007.</u>	<u>4,829,871.</u>

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
LOAN FEES & ORGANIZATION COSTS		
NET OF AMORTIZATION	25,088.	23,085.
REAL ESTATE INVENTORIES	48,402.	NONE
	-----	-----
TOTALS	73,490.	23,085.
	=====	=====

FORM 990, PART IV - DEFERRED REVENUE

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
DEFERRED GRANT ADVANCES	582,360.	585,860.
TOTALS	582,360.	585,860.
	=====	=====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
ACCRUED EXPENSES	28,959.	68,729.
SECURITY DEPOSITS	25,879.	22,597.
ACCRUED INTEREST	211,238.	200,238.
	-----	-----
TOTALS	266,076.	291,564.
	=====	=====

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

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DESCRIPTION -----	AMOUNT -----
GAIN FROM TAXABLE SUBSIDIARIES	81,155.
GAIN FROM SALE OF CNP II	26,491.
	-----
TOTAL	107,646.
	=====

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

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DESCRIPTION -----	AMOUNT -----
GAIN FROM TAXABLE SUBSIDIARIES	107,646.
	-----
TOTAL	107,646.
	=====

## 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	EXPENSE ACCT AND OTHER ALLOWANCES
AMY D. KLABEN 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215	EXECUTIVE DIRECTOR 40	126,689.	8,341.	NONE
ERIC CARMICHAEL 562 E. MAIN SUITE 1 COLUMBUS, OHIO 43215	PAST PRESIDENT PART TIME	NONE	NONE	NONE
KATHY ESPY 562 E. MAIN SUITE 1 COLUMBUS, OHIO 43215	TRUSTEE PART TIME	NONE	NONE	NONE
ROBERTA F. GARBER 562 E. MAIN SUITE 1 COLUMBUS, OHIO 43215	TRUSTEE PART TIME	NONE	NONE	NONE
NANCY SHARP 562 E. MAIN SUITE 1 COLUMBUS, OHIO 43215	TRUSTEE PART TIME	NONE	NONE	NONE
STEPHEN WITTMANN 562 E. MAIN SUITE 1 COLUMBUS, OHIO 43215	PRESIDENT PART TIME	NONE	NONE	NONE
JOSEPH MOLNAR 562 E. MAIN SUITE 1 COLUMBUS, OH 43215	SECRETARY PART TIME	NONE	NONE	NONE
JOHN WILT 562 E. MAIN SUITE 1 COLUMBUS, OH 43215	TREASURER PART TIME	NONE	NONE	NONE

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	EXPENSE ACCT AND OTHER ALLOWANCES
TIM KELLEY 562 E. MAIN SUITE 1 COLUMBUS, OH 43215	VICE PRESIDENT PART TIME	NONE	NONE	NONE
MICHAEL MARTIN 562 E. MAIN SUITE 1 COLUMBUS, OH 43215	TRUSTEE PART TIME	NONE	NONE	NONE
JOHN HART 562 E. MAIN SUITE 1 COLUMBUS, OH 43215	TRUSTEE PART TIME	NONE	NONE	NONE
MARK MCDERMOTT 562 E. MAIN SUITE 1 COLUMBUS, OH 43215	TRUSTEE PART TIME	NONE	NONE	NONE
JAMES SHAW 562 E. MAIN SUITE 1 COLUMBUS, OH 43215	TRUSTEE PART TIME	NONE	NONE	NONE
LARRY METZGER 562 E. MAIN SUITE 1 COLUMBUS, OH 43215	TRUSTEE PART TIME	NONE	NONE	NONE
PASTOR VICTOR M. DAVIS 562 E. MAIN SUITE 1 COLUMBUS, OH 43215	TRUSTEE PART TIME	NONE	NONE	NONE
BARBARA LACH 562 E. MAIN SUITE 1 COLUMBUS, OH 43215	TRUSTEE PART TIME	NONE	NONE	NONE

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	EXPENSE ACCT AND OTHER ALLOWANCES
ROBERT J. MALONEY 562 E. MAIN SUITE 1 COLUMBUS, OH 43215	TRUSTEE PART TIME	NONE	NONE	NONE
GRAND TOTALS		126,689.	8,341.	NONE

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.
103B	GAIN FLOWING THROUGH FROM THE SALE OF THE CNP LIMITED II PARTNERSHIP CONTRIBUTED TO THE SAME PURPOSES AS DESCRIBED ABOVE.

## 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	111,396.	500.
EMERALD CITY HOUSING, INC. 562 E. MAIN ST. SUITE #1 COLUMBUS, OHIO 43215 31-1372426	0.670000	PROPERTY MGMT	-2,019.	-21,005.
FOURTH STREET HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1388095	0.750000	PROPERTY MGMT	-2,136.	-11,163.
POR LOS NINOS, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1300081	0.700000	PROPERTY MGMT	-1,638.	-20,014.
EAST MOUND HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1356827	0.750000	PROPERTY MGMT	-307.	-3,147.
HOMES ON THE HILL, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1324316	0.750000	PROPERTY MGMT	-8,962.	989.
PARKMEAD APARTMENTS, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1349852	0.750000	PROPERTY MGMT	-1,374.	40,072.
HIGH STREET HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1354387	0.660000	PROPERTY MGMT	-1,080.	5,600.

## 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	0.750000	PROPERTY MGMT	-105.	-6,710.
INDIANOLA HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1417815	0.750000	PROPERTY MGMT	-65.	-984.
FRAMINGHAM HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1439191	0.250000	PROPERTY MGMT	-248.	30,302.
EAST SIDE HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1473233	0.250000	PROPERTY MGMT	-3,907.	-3,452.
NEW SALEM HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1442897	0.510000	PROPERTY MGMT	-73.	515.
MAIN STREET HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1482263	0.760000	PROPERTY MGMT	-359.	-307.
TUSSING ROAD HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OHIO 43215 31-1654529	0.660000	PROPERTY MGMT	-593.	29,152.
KINGSFORD HOUSING, INC. 562 E. MAIN ST., SUITE #1 COLUMBUS, OH 43215 31-1694899	0.750000	PROPERTY MGMT	-255.	296.

## 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
JOYCE AVENUE HOUSING, INC. 562 E. MAIN ST, SUITE 1 COLUMBUS, OHIO 43215 311761942	100.000000	PROPERTY MGMT	-53.	497.
MARIEMONT HOUSING, INC. 562 E. MAIN ST, SUITE 1 COLUMBUS, OHIO 43215 31-1762101	100.000000	PROPERTY MGMT	-51.	499.
SOUTHSIDE HOUSING, INC 562 E. MAIN ST, SUITE 1 COLUMBUS, OHIO 43215 31-1761898	100.000000	PROPERTY MGMT	-50.	500.
CHP HOUSING, INC. 562 E. MAIN ST, SUITE 1 COLUMBUS, OHIO 43215 31-1812852	100.000000	PROPERTY MGMT	-175.	100.
FAIRVIEW HOUSING, INC. 562 E. MAIN ST., SUITE 1 COLUMBUS, OH 43215 35-2161265	100.000000	PROPERTY MGMT	NONE	100.
LEVEL GREEN HOUSING, INC. 562 E. MAIN ST., SUITE 1 COLUMBUS, OH 43215 32-0004546	100.000000	PROPERTY MGMT	NONE	100.
LINDEN HOUSING, INC. 562 E. MAIN ST., SUITE 1 COLUMBUS, OH 43215 31-1636689	0.750000	PROPERTY MGMT	-274.	253.
NORTHSIDE HOUSING, INC. 562 E. MAIN ST., SUITE 1 COLUMBUS, OH 43215 38-3644454	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
SOUTH EAST HOUSING, INC. 562 E. MAIN ST., SUITE 1 COLUMBUS, OH 43215 31-1694902	100.000000	PROPERTY MGMT	-50.	100.
TOTAL INCOME			87,622.	42,893.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE 990 PART V AND SCHEDULE A PART I.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2001	2000	1999	1998	TOTAL
MISCELLANEOUS	NONE	NONE	NONE	8,692.	8,692.
TOTALS	NONE	NONE	NONE	8,692.	8,692.

FORM 990 PART IV LINE 57a & 57b

COST	BALANCE 12/31/01	ADDITIONS	DISPOSALS	TRANSFERS	BALANCE 12/31/02
Land	432,321	500	(29,646)	(138,825)	264,350
Buildings & Building Improvements	3,068,484	43,548	(81,843)	(1,540,850)	1,489,339
Furniture, Equipment & LH Imp	253,802	8,246		(9,665)	252,383
Construction in Progress	121,466	26,510	(147,976)		-
Property Held for Resale	-	85,384		1,014,252	1,099,636
	<u>3,876,073</u>	<u>164,188</u>	<u>(259,465)</u>	<u>(675,088)</u>	<u>3,105,708</u>

ACCUMULATED DEPRECIATION

	BALANCE 12/31/01	DEPRECIATION EXPENSE	DISPOSALS	TRANSFERS	BALANCE 12/31/02
Buildings & Building Improvements	937,656	109,568		(675,088)	372,136
Furniture, Equipment & LH Imp	199,366	15,822			215,188
	<u>1,137,022</u>	<u>125,390</u>	<u>-</u>	<u>(675,088)</u>	<u>587,324</u>
NET	<u>2,739,051</u>				<u>2,518,384</u>

FORM 990 PART II LINE 42

	COST	RECOVERY PERIOD	METHOD	DEPRECIATION
Buildings & Building Improvements	3,068,484	27.5	SL	109,568
Furniture, Equipment & LH Imp	253,802	5-10	SL	15,822
				<u>125,390</u>
Depreciation included in rental expenses on Part II Line 43				85,583
Depreciation expenses on Part II line 42				39,807
Total depreciation expenses				<u>125,390</u>

FORM 990 PART I LINE 8d

	<u>Proceeds from sale</u>	<u>Cost</u>	<u>gain(loss)</u>
CHP Sale of Property	188,877	(267,244)	(78,367)
Hope 3 Sale of Property	38,599	(50,997)	(12,398)
	<u>227,476</u>	<u>(318,241)</u>	<u>(90,765)</u>

Form **8868**

(December 2000)

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

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

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

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

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

• 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, 2003, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2002 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 ▶ [Signature] Title ▶ \_\_\_\_\_ Date ▶ 5/15/03

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

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

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.

Name of Exempt Organization: COLUMBUS HOUSING PARTNERSHIP, INC.
Employer identification number: 31-1208260
Number, street, and room or suite no: 562 EAST MAIN STREET
City, town or post office, state, and ZIP code: COLUMBUS, OH 43215

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

Form 990 (checked), 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  ... 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 11/15/2003
5 For calendar year 2002, 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 NEEDED TO PREPARE A COMPLETE AND ACCURATE TAX 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 \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made ... \$
8c 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 \$

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: [Handwritten Signature] Title: [Blank] Date: 8/15/03

Notice to Applicant - To Be Completed by the IRS

Notice to Applicant options:
We have approved this application Please attach this form to the organization's return (checked)
We have not approved this application However, we have granted a 10-day grace period ...
We have not approved this application After considering the reasons stated in Item 7, we cannot grant your request ...
We cannot consider this application because it was filed after the due date of the return for which an extension was requested
Other

Director: [Blank] By: [Blank] Date: [Blank] EXTENSION APPROVED

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

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