

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 2003 calendar year, or tax year beginning 2003, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: COLUMBUS HOUSING PARTNERSHIP, INC. D Employer identification number: 31-1208260. E Telephone number: (614) 221-8889. F Accounting method: Accrual.

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? (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 Group Exemption Number

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

G Website: HTTP://WWW.CHPCOLUMBUS.ORG/

J Organization type (check only one) 501(c)(3) 4947(a)(1) or 527

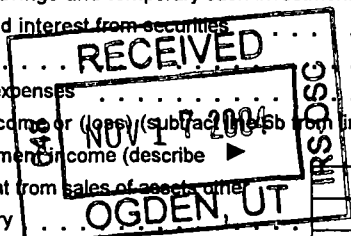
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 3,769,671.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with columns for line number, description, and amount. Includes sections for Contributions, Program service revenue, Other investment income, and Expenses. Total revenue is 2,734,260 and total expenses is 2,685,501.

SCANNED BY REVENUE DEC 03 2004



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

Handwritten numbers: 613-10, 5, 17

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 22 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.	25 134,133.	101,204.	29,210.	3,719.
26 Other salaries and wages	26 1,069,611.	807,030.	232,926.	29,655.
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 225,918.	173,888.	52,030.	
30 Professional fundraising fees	30			
31 Accounting fees	31 62,486.		62,486.	
32 Legal fees	32 7,233.	6,671.	562.	
33 Supplies	33 45,877.	22,314.	23,563.	
34 Telephone	34 8,811.	5,099.	3,712.	
35 Postage and shipping	35 11,846.	1,902.	9,944.	
36 Occupancy	36 42,977.	18,817.	24,160.	
37 Equipment rental and maintenance	37 220,363.	199,785.	20,578.	
38 Printing and publications	38 6,251.	3,580.	2,322.	349.
39 Travel	39 21,049.	15,025.	6,024.	
40 Conferences, conventions, and meetings	40 13,462.	8,635.	4,827.	
41 Interest	41 87,042.	57,594.	29,448.	
42 Depreciation, depletion, etc (attach schedule)	42 TMT 20 45,542.	23,679.	21,863.	
43 Other expenses not covered above (Itemize) TMT 1	43a 682,900.	614,855.	43,487.	24,558.
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 2,685,501.	2,060,078.	567,142.	58,281.

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 25 of the instructions.)

What is the organization's primary exempt purpose? **CREATE HOUSING OPPORTUNITIES.**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

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 \$ _____)	1,870,209.
b FUNDS EXPENDED IN PROVIDING RENTAL HOUSING FOR LOW INCOME INDIVIDUALS. (Grants and allocations \$ _____)	189,869.
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)	2,060,078.

Part IV Balance Sheets (See page 25 of the instructions.)

		(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
Assets	45	Cash - non-interest-bearing	2,183,516.	45	2,009,081.
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable	1,224,672.		
	b	Less: allowance for doubtful accounts		47c	1,224,672.
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts		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)			
	b	Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	9,177.	53	7,961.
	54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a	Investments - land, buildings, and equipment: basis			
	b	Less: accumulated depreciation (attach schedule)		55c	
56	Investments - other (attach schedule)	4,829,871.	56	5,106,129.	
57a	Land, buildings, and equipment: basis	2,306,023.			
b	Less: accumulated depreciation (attach schedule)	654,232.	57c	1,651,791.	
58	Other assets (describe <input type="checkbox"/> STMT 3)	23,085.	58	21,483.	
59	Total assets (add lines 45 through 58) (must equal line 74)	10,793,524.	59	10,021,117.	
Liabilities	60	Accounts payable and accrued expenses	24,955.	60	26,899.
	61	Grants payable		61	
	62	Deferred revenue	585,860.	62	419,322.
	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)	7,115,444.	64b	6,511,842.
	65	Other liabilities (describe <input type="checkbox"/> STMT 7)	291,564.	65	238,594.
66	Total liabilities (add lines 60 through 65)	8,017,823.	66	7,196,657.	
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	2,775,701.	67	2,824,460.
	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)	2,775,701.	73	2,824,460.
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	10,793,524.	74	10,021,117.

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 28 of the instructions.)

		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		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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	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?		X
	b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions.	81a	NONE
81b	Did the organization file Form 1120-POL for this year?		X
82a	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?		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	70,000.
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		X
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		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
85a	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? 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.	85b	N/A
	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 on line 85f?	85g	N/A
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86a	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
87a	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
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> NONE, section 4912 <input type="checkbox"/> NONE; section 4955 <input type="checkbox"/> NONE		
	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
90a	List the states with which a copy of this return is filed <input checked="" type="checkbox"/> OHIO		
	b Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90b	25
91	The books are in care of <input checked="" type="checkbox"/> AMY KLABEN Telephone no <input checked="" type="checkbox"/> 614-221-8889 Located at <input checked="" type="checkbox"/> 562 EAST MAIN ST., COLUMBUS, OH ZIP + 4 <input checked="" type="checkbox"/> 43215		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> 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 page 33 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 DEVELOPMENT FEES					633,594.
b LOW-INCOME RENTAL					395,671.
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	23,934.	
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	162,265.	
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					-106,024.
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				186,199.	923,241.
105 Total (add line 104, columns (B), (D), and (E))					1,109,440.

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 34 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 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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 14	%		130.	-62,774.
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 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 Here

Signature of officer: *[Handwritten Signature]* Date: 11-11-04

Preparer's SSN or PTIN (See Gen. Inst. W): P00218134

Date: 10/19/04

Check if self-employed:

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

OMB No 1545-0047

2003

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)

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

Name of the organization

Employer identification number

COLUMBUS HOUSING PARTNERSHIP, INC.

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>RAYMOND PREDEVILLE</u> 562 E. MAIN ST.	SR. ASSET MGR. 40+	71,206.	4,210.	NONE
<u>ANGELA ZEIGLER</u> 562 E. MAIN ST.	CONTROLLER 40+	65,960.	7,723.	NONE
<u>MAUDE HILL</u> 562 E. MAIN ST.	VP COMM. RELATIONS 40+	67,268.	10,792.	NONE
<u>LAURIE SUTHERLAND</u> 562 E. MAIN ST.	HOUSING DEV. OFFICER 40+	53,987.	6,977.	NONE
<u>ZDRAVKO ROM</u> 562 E. MAIN ST.	DIR. OF DEVELOPMENT 40+	75,863.	1,719.	NONE
Total number of other employees paid over \$50,000 ▶	NONE			

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) 2003

JSA

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 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 i of Part VI-B)		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
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

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.

Table with columns for calendar year (2002, 2001, 2000, 1999) and Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

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) **NOT APPLICABLE**

		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? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 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.) ----- -----	32a 32b 32c 32d	
33	Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----	33a 33b 33c 33d 33e 33f 33g 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.)

Table with 4 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44.

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.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2003, (b) 2002, (c) 2001, (d) 2000, (e) Total. Rows 45-50.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(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:

Table with 3 columns: Description, Yes, No, Amount. Rows a-i.

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?

Table with columns: Question, Yes, No. Rows include: a Transfers from the reporting organization to a noncharitable exempt organization of (i) Cash, (ii) Other assets; b Other transactions (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services; c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains '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:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
LOW-INCOME RENTAL EXPENSES	189,869.	189,869.		
AMORTIZATION	1,602.	1,361.	241.	
MEALS	2,962.	1,158.	1,804.	
PUBLIC RELATIONS & ADVERTISING	55,456.	39,560.	10,316.	5,580.
MISC. PROGRAM EXPENSES	184,419.	184,419.		
PROFESSIONAL FEES	1,581.	119.	1,462.	
BAD DEBT EXPENSE	179,816.	170,776.	9,040.	
FUNDRAISING	18,978.			18,978.
PAYROLL PROCESSING	3,275.	2,047.	1,228.	
DUES & SUBSCRIPTIONS	8,518.	2,138.	6,380.	
NETWORK MANAGEMENT	16,890.	6,936.	9,954.	
EMPLOYMENT EXPENSES	3,959.	2,838.	1,121.	
BANK CHARGES	10,771.	8,830.	1,941.	
MISCELLANEOUS	4,804.	4,804.		
TOTALS	682,900.	614,855.	43,487.	24,558.

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
NOTES REC FROM SUBSIDIARIES	4,829,871.	5,106,129.
TOTALS	4,829,871.	5,106,129.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION

BEGINNING
BOOK VALUE

ENDING
BOOK VALUE

LOAN FEES & ORGANIZATION COSTS
NET OF AMORTIZATION

23,085.

21,483.

TOTALS

23,085.

21,483.

=====

=====

FORM 990, PART IV - DEFERRED REVENUE

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED GRANT ADVANCES	585,860.	330,205.
DEFERRED REVENUE	NONE	89,117.
TOTALS	585,860.	419,322.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: CITY OF COLUMBUS
 ORIGINAL AMOUNT: 2,557,426.
 INTEREST RATE: 3.000000
 DATE OF NOTE: 12/31/1990
 MATURITY DATE: 12/23/2012
 REPAYMENT TERMS: PRINCIPAL AND INTEREST DUE ANNUALLY
 SECURITY PROVIDED: COLLATERALIZED BY MORTGAGES ON REAL ESTATE
 PURPOSE OF LOAN: CREATION OF HOUSING FOR LOW INCOME RESIDENTS

BEGINNING BALANCE DUE	2,557,426.
ENDING BALANCE DUE	2,173,426.

LENDER: STATE OF OHIO
 ORIGINAL AMOUNT: 1,130,000.
 INTEREST RATE: 3.000000
 DATE OF NOTE: 10/15/1992
 MATURITY DATE: 05/15/2033
 REPAYMENT TERMS: PRINCIPAL AND INTEREST DUE ANNUALLY OVER 30 YEARS
 SECURITY PROVIDED: COLLATERALIZED BY MORTGAGES ON RENTAL PROPERTY
 PURPOSE OF LOAN: CREATION OF HOUSING FOR LOW INCOME RESIDENTS

BEGINNING BALANCE DUE	530,000.
ENDING BALANCE DUE	1,130,000.

LENDER: ENTERPRISE FOUNDATION
 ORIGINAL AMOUNT: 991,050.
 INTEREST RATE: 6.000000
 DATE OF NOTE: 01/31/1992
 MATURITY DATE: 12/01/2009
 REPAYMENT TERMS: GRAUDATED REPAYMENT OF PRINCIPAL THROUGH 2009
 SECURITY PROVIDED: SECURED BY RENTAL PROPERTIES & 562 E. MAIN ST.
 PURPOSE OF LOAN: CREATION OF LOW INCOME HOUSING / OPERATING DEBT

BEGINNING BALANCE DUE	991,050.
ENDING BALANCE DUE	956,050.

LENDER: MORTGAGES AND LOANS PAYABLE TO BANKS
 INTEREST RATE: 9.750000
 DATE OF NOTE: VAR
 MATURITY DATE: 12/31/2026
 REPAYMENT TERMS: GRADUAL REPAYMENT THROUGH 2026 / VARIOUS MORTGAGES
 SECURITY PROVIDED: SECURED BY RENTAL PROPERTIES, 562 E. MAIN ST.
 PURPOSE OF LOAN: CREATION OF HOUSING FOR LOW INCOME RESIDENTS

BEGINNING BALANCE DUE 1,858,730.
 ENDING BALANCE DUE 1,098,890.

LENDER: STATE OF OHIO CONDITIONAL GRANT ADVANCES
 ORIGINAL AMOUNT: 1,178,238.
 INTEREST RATE: NONE
 DATE OF NOTE: 01/01/1999
 MATURITY DATE: 12/31/2034
 REPAYMENT TERMS: MUST REPAY THE GRANT TO THE STATE OVER 30 YEARS
 SECURITY PROVIDED: COND'L GRANTS UPON PROPERTIES SPECIFIC PURPOSE
 PURPOSE OF LOAN: CREATION OF HOUSING FOR LOW INCOME RESIDENTS

BEGINNING BALANCE DUE 1,178,238.
 ENDING BALANCE DUE 1,143,572.

LENDER: 5/3 BANK LINE OF CREDIT
 ORIGINAL AMOUNT: 1,000,000.
 INTEREST RATE: 4.000000
 DATE OF NOTE: 04/01/2003
 MATURITY DATE: 04/01/2005
 REPAYMENT TERMS: LINE OF CREDIT, REPAY BY 04/01/2005
 SECURITY PROVIDED: COLLATERALIZED BY HOMES BEING CONSTRUCTED
 PURPOSE OF LOAN: CREATION OF HOUSING FOR LOW INCOME RESIDENTS

BEGINNING BALANCE DUE NONE
 ENDING BALANCE DUE 9,904.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 7,115,444.
 =====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 6,511,842.
 =====

FORM 990, PART IV - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
ACCRUED EXPENSES AND OTHER LIABILITIES	68,729.	58,495.
SECURITY DEPOSITS	22,597.	13,221.
ACCRUED INTEREST	200,238.	166,878.
TOTALS	<u>291,564.</u>	<u>238,594.</u>

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

DESCRIPTION

AMOUNT

LOSS FROM TAXABLE SUBSIDIARIES

-1,260.

TOTAL

-1,260.
=====

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

DESCRIPTION

AMOUNT

LOSS FROM TAXABLE SUBSIDIARIES

-1,260.

TOTAL

-1,260.

=====

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. COLUMBUS, OHIO 43215	PRESIDENT & CEO 40+	134,133.	7,651.	NONE
ERIC CARMICHAEL 562 E. MAIN ST. COLUMBUS, OHIO 43215	PAST CHAIRMAN 1-2 HRS MO	NONE	NONE	NONE
STEPHEN WITTMANN 562 E. MAIN ST. COLUMBUS, OHIO 43215	CHAIRMAN 1-2 HRS MO	NONE	NONE	NONE
ROBERTA GARBER 562 E. MAIN ST. COLUMBUS, OH 43215	SECRETARY 1-2 HRS MO	NONE	NONE	NONE
JEFFREY ENDRES 562 E. MAIN ST. COLUMBUS, OH 43215	TREASURER 1-2 HRS MO	NONE	NONE	NONE
TIM KELLEY 562 E. MAIN ST. COLUMBUS, OH 43215	VICE-CHAIRMAN 1-2 HRS MO	NONE	NONE	NONE
MICHAEL MARTIN 562 E. MAIN ST. COLUMBUS, OH 43215	TRUSTEE 1-2 HRS MO	NONE	NONE	NONE
JOHN HART 562 E. MAIN ST. COLUMBUS, OH 43215	TRUSTEE 1-2 HRS MO	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
MARK MCDERMOTT 562 E. MAIN ST. COLUMBUS, OHIO 43215	TRUSTEE 1-2 HRS MO	NONE	NONE	NONE
JAMES SHAW 562 E. MAIN ST. COLUMBUS, OHIO 43215	TRUSTEE 1-2 HRS MO	NONE	NONE	NONE
LARRY METZGER 562 E. MAIN ST. COLUMBUS, OHIO 43215	TRUSTEE 1-2 HRS MO	NONE	NONE	NONE
PASTOR VICTOR M. DAVIS 562 E. MAIN ST. COLUMBUS, OH 43215	TRUSTEE 1-2 HRS MO	NONE	NONE	NONE
BARBARA LACH 562 E. MAIN ST. COLUMBUS, OH 43215	TRUSTEE 1-2 HRS MO	NONE	NONE	NONE
ROBERT MALONEY 562 E. MAIN ST. COLUMBUS, OH 43215	TRUSTEE 1-2 HRS MO	NONE	NONE	NONE
STEPHEN CAMPBELL 562 E. MAIN ST. COLUMBUS, OH 43215	TRUSTEE 1-2 HRS MO	NONE	NONE	NONE
CAROL LUDTKE PRIGAN 562 E. MAIN ST. COLUMBUS, OH 43215	TRUSTEE 1-2 HRS MO	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
DAWN TYLER LEE 562 E. MAIN ST. COLUMBUS, OH 43215	TRUSTEE 1-2 HRS MO	NONE	NONE	NONE
GRAND TOTALS		134,133.	7,651.	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 -----
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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.
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103B	LOSS FLOWING THROUGH FROM RELATED PARTNERSHIPS CONTRIBUTING TO THE SAME PURPOSES AS DESCRIBED ABOVE.
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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. COLUMBUS, OHIO 43215 31-1266122	100.000000	PROPERTY MGMT	NONE	NONE
EMERALD GLEN HOUSING, INC. 562 E. MAIN ST. COLUMBUS, OHIO 43215 31-1372426	67.000000	PROPERTY MGMT	57.	-23,110.
FOURTH STREET HOUSING, INC. 562 E. MAIN ST. COLUMBUS, OHIO 43215 31-1388095	75.000000	PROPERTY MGMT	10.	-12,866.
POR LOS NINOS, INC. 562 E. MAIN ST. COLUMBUS, OHIO 43215 31-1300081	70.000000	PROPERTY MGMT	22.	-22,443.
EAST MOUND HOUSING, INC. 562 E. MAIN ST. COLUMBUS, OHIO 43215 31-1356827	75.000000	PROPERTY MGMT	1.	-3,656.
HOMES ON THE HILL, INC. 562 E. MAIN ST. COLUMBUS, OHIO 43215 31-1324316	75.000000	PROPERTY MGMT	1.	-92,625.
PARKMEAD APARTMENTS, INC. 562 E. MAIN ST. COLUMBUS, OHIO 43215 31-1349852	75.000000	PROPERTY MGMT	20.	38,669.
HIGH STREET HOUSING, INC. 562 E. MAIN ST. COLUMBUS, OHIO 43215 31-1354387	66.000000	PROPERTY MGMT	10.	4,818.

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. COLUMBUS, OHIO 43215	75.000000	PROPERTY MGMT	1.	-6,763.
31-1417815				
INDIANOLA HOUSING, INC. 562 E. MAIN ST. COLUMBUS, OHIO 43215	75.000000	PROPERTY MGMT	NONE	-1,004.
31-1439191				
FRAMINGHAM HOUSING, INC. 562 E. MAIN ST. COLUMBUS, OHIO 43215	25.000000	PROPERTY MGMT	1.	30,044.
31-1473233				
EAST SIDE HOUSING, INC. 562 E. MAIN ST. COLUMBUS, OHIO 43215	25.000000	PROPERTY MGMT	1.	-3,503.
31-1442897				
NEW SALEM HOUSING, INC. 562 E. MAIN ST. COLUMBUS, OHIO 43215	51.000000	PROPERTY MGMT	1.	-237.
31-1482263				
MAIN STREET HOUSING, INC. 562 E. MAIN ST. COLUMBUS, OHIO 43215	76.000000	PROPERTY MGMT	1.	-624.
31-1654529				
TUSSING ROAD HOUSING, INC. 562 E. MAIN ST. COLUMBUS, OHIO 43215	66.000000	PROPERTY MGMT	1.	29,027.
31-1587052				
KINGSFORD HOUSING, INC. 562 E. MAIN ST. COLUMBUS, OH 43215	75.000000	PROPERTY MGMT	3.	101.
31-1694899				

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. COLUMBUS, OHIO 43215 31-1761942	100.000000	PROPERTY MGMT	NONE	341.
MARIEMONT HOUSING, INC. 562 E. MAIN ST. COLUMBUS, OHIO 43215 31-1762101	100.000000	PROPERTY MGMT	NONE	395.
SOUTHSIDE HOUSING, INC 562 E. MAIN ST. COLUMBUS, OHIO 43215 31-1761898	100.000000	PROPERTY MGMT	NONE	500.
CHP HOUSING, INC. 562 E. MAIN ST. COLUMBUS, OHIO 43215 31-1812852	100.000000	PROPERTY MGMT	NONE	56.
FAIRVIEW HOUSING, INC. 562 E. MAIN ST. COLUMBUS, OH 43215 35-2161265	100.000000	PROPERTY MGMT	NONE	100.
LEVEL GREEN HOUSING, INC. 562 E. MAIN ST. COLUMBUS, OH 43215 32-0004546	100.000000	PROPERTY MGMT	NONE	100.
LINDEN HOUSING, INC. 562 E. MAIN ST. COLUMBUS, OH 43215 31-1636689	75.000000	PROPERTY MGMT	NONE	45.
NORTHSIDE HOUSING, INC. 562 E. MAIN ST. 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. COLUMBUS, OH 43215 31-1694902	100.000000	PROPERTY MGMT	NONE	-439.
MAPLESIDE HOUSING, INC. 562 E. MAIN ST. COLUMBUS, OH 43215 51-0450488	100.000000	PROPERTY MGMT	NONE	100.
SPRUCE BOUGH HOUSING, INC. 562 E. MAIN ST. COLUMBUS, OH 43215 51-0450542	100.000000	PROPERTY MGMT	NONE	100.
TOTAL INCOME			130.	-62,774.

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	2002	2001	2000	1999	TOTAL
MISCELLANEOUS	63,254.	NONE	NONE	NONE	63,254.
TOTALS	63,254.	NONE	NONE	NONE	63,254.

FORM 990 PART IV LINE 57a & 57b

COST	BALANCE 12/31/02	ADDITIONS	DISPOSALS	BALANCE 12/31/03
Land	264,350	-	-	264,350
Buildings & Building Improvements	1,489,339	9,995	-	1,499,334
Furniture, Equipment & LH Imp.	252,383	44,142	(8,264)	288,261
Construction in Progress	-	82,972	-	82,972
Property Held for Resale	1,099,636	134,863	(1,063,393)	171,106
	<u>3,105,708</u>	<u>271,972</u>	<u>(1,071,657)</u>	<u>2,306,023</u>

ACCUMULATED DEPRECIATION

	BALANCE 12/31/02	DEPRECIATION EXPENSE	DISPOSALS	BALANCE 12/31/03
Buildings & Building Improvements	372,136	82,435	(28,153)	426,418
Furniture, Equipment & LH Imp.	215,188	20,719	(8,093)	227,814
	<u>587,324</u>	<u>103,154</u>	<u>(36,246)</u>	<u>654,232</u>

NET	<u>1,651,791</u>
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FORM 990 PART II LINE 42

COST	RECOVERY PERIOD	METHOD	DEPRECIATION
Buildings & Building Improvements	27.5	SL	82,435
Furniture, Equipment & LH Imp.	5-10	SL	20,719
			<u>103,154</u>

Depreciation included in rental expenses on Part II Line 43
 Depreciation expenses on Part II line 42
 Total depreciation expenses

	57,612
	45,542
	<u>103,154</u>

FORM 990 PART I LINE 8d

	<u>Proceeds from sale</u>	<u>Cost</u>	<u>gain(loss)</u>
1771 Blake Ave.	5,000	5,048	(48)
3640-3648 Cushing Drive	350,036	272,124	77,912
Perdue Ave. (7 Lots)	57,615	11,853	45,762
Gault St. Apartments (Bideawee)	413,708	505,258	(91,550)
1793-1799 Kent St.	371,317	241,128	130,189
	<u>1,197,676</u>	<u>1,035,411</u>	<u>162,265</u>

Application for Extension of Time To File an Exempt Organization Return

▶ 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 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	
	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):

- | | | |
|--|--|------------------------------------|
| <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, 2004, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2003 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 \$ _____

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 ▶ Charles M. Laws Title ▶ CPA Date ▶ 5-6-04

For Paperwork Reduction Act Notice, see Instruction

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

Part II Additional (not automatic) 3-Month Extension of Time - 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):

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 11/15/2004
 5 For calendar year 2003, 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 MORE TIME IS REQUIRED TO PREPARE AND FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
 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 \$ _____
 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 \$ _____

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 Barbara M. Davis Title CPA Date 8-4-04

Notice to Applicant - To Be Completed by the IRS

- 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 _____

Director _____ By: _____ Date _____

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.	EXTENSION APPROVED AUG 31 2004 FIELD DIRECTOR SUBMISSION PROC. Form 8868 (12-2000)
	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	