

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0047
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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

C Name of organization
 COLUMBUS HOUSING PARTNERSHIP INC

Doing Business As

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

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

D Employer identification number
 31-1208260

E Telephone number
 (614) 221-8889

G Gross receipts \$ 6,474,758

F Name and address of principal officer
 Amy Klaben
 562 EAST MAIN STREET
 COLUMBUS, OH 43215

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

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www.homeportohio.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1987 **M** State of legal domicile OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Columbus Housing Partnership provides quality, affordable housing and related services to low and moderate income working households in Columbus and the surrounding area. Through its activities, CHP is a partner in building communities and enhancing the lives of its residents.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of employees (Part V, line 2a)	5	111
	6 Total number of volunteers (estimate if necessary)	6	500
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,766,668	3,915,253
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,497,027	1,534,266
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-180,716	-524,474
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-487,615	-463,161
		5,595,364	4,461,884
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	231,744	206,197
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,978,950	2,898,373
	16a Professional fundraising fees (Part IX, column (A), line 11e)	24,034	13,000
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 67,121		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,271,339	1,214,360
18 Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25)	4,506,067	4,331,930	
19 Revenue less expenses—subtract line 18 from line 12	1,089,297	129,954	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	25,418,066	24,487,615
	21 Total liabilities (Part X, line 26)	17,341,053	16,280,648
22 Net assets or fund balances—subtract line 21 from line 20	8,077,013	8,206,967	

Part II Signature Block

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

Signature of officer: _____ Date: 2010-11-15

AMY KLABEN President / CEO
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Darrin Spitzer Date: 2010-11-12 Check if self-employed

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

Preparer's identifying number (see instructions): _____
 EIN: _____
 Phone no: (937) 399-2000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Columbus Housing Partnership, Inc (CHP) is a private, nonprofit organization founded in the belief that a decent and affordable home is the cornerstone to family life and a healthy community CHP provides quality, affordable housing and related services for low to moderate income households in Columbus and the surrounding area Through its activities, CHP is a partner in building communities and enhancing the lives of its residents

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,124,612 including grants of \$ 206,197) (Revenue \$ 13,275)

Housing counseling services give people the information they need to improve their financial lives and prepare to purchase their own homes Homebuyer and Housing Counseling Programs also work to address the underlying social and economic needs facing families within Columbus neighborhoods CHP programs help people understand that purchasing a home comes with many obligations CHP teaches its clients how to be responsible homeowners and good neighbors Homeport Housing Advisory Center provides services, including foreclosure prevention, to 3,337 clients

4b (Code) (Expenses \$ 598,382 including grants of \$) (Revenue \$ -147,651)

For over twenty years, CHP has provided quality, affordable housing and related services to low to moderate income households in Columbus and the surrounding area CHP has developed over 4,000 affordable homes In 2009, the 25 properties that CHP controls housed over 4,800 residents CHP created Homeport, the sales division, in 2004 to build communities for sale that provide buyers with the blend of urban sophistication and suburban style CHP's Homeport division's commitment is to provide quality homes at an affordable price Homeownership clients include 17 individuals who moved into 15 homes during 2009 Our specialty is helping first-time homebuyers get the most value for their hard-earned money Homeport partners work with you to help you realize your dream of homeownership Homeport has developments throughout Columbus

4c (Code) (Expenses \$ 544,485 including grants of \$) (Revenue \$ 83,145)

Columbus Housing Partnership provides programs that offer residents support and the opportunity to keep their homes and families stable, safe and secure Homeport Community Life Programs provide Out of School Programming (current enrollment) Offered at 5 sites for children in grades K-5, provides 5 afternoons a week of homework assistance, tutoring from local college students at least 2 afternoons a week, computer lab and special programs throughout the year to assist families with working parents when school is out including 5 day a week programming in the summer Students Food Programs Offered at 7 sites provides summer breakfast and lunch to school age children Also provides after school snack 5 days a week during the school year Take Home Groceries Offered at 5 sites, families receive groceries twice a month to insure that children have food available on days when out of school programming is not in session Resident Council/Block Watches Offered at 6 sites with various levels of participation, creates a forum for residents to actively discuss and problem solve issues in their communities as well as socialize with one another The Benefit Bank Offered at 6 communities and available to scattered site residents, an online program designed to help households determine eligibility and apply for all financial assistance from Federal, State and Local agencies

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses \$ 830,010 including grants of \$) (Revenue \$ 542,069)

4e Total program service expenses \$ 3,097,489

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> <input checked="" type="checkbox"/>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 148		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 111		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		No
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
	4a		
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
	5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed OH
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization Valorie Schwarzmann 562 East Main St Columbus, OH 43215 (614) 221-8889

1b Total	242,734	0	27,885
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CEQART Construction Group Inc 2240 Sunbury Road Columbus, OH 43219	Construction Contractor	432,840
Medical Mutual of Ohio PO Box 951922 Cleveland, OH 44193	Health Insurance Provider	176,669

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	2,875,843				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,039,410				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶		3,915,253			
Program Service Revenue			Business Code				
	2a	Program and management _____	531,390	806,539	806,539		
	b	Development fees _____	531,390	493,922	493,922		
	c	Interest on program lo _____	900,099	233,805	233,805		
	d	_____					
	e	_____					
	f	All other program service revenue _____					
g	Total. Add lines 2a-2f ▶		1,534,266				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		55,793		55,793	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	(i) Real		(ii) Personal			
		b	Gross Rents _____				
		c	Less rental expenses _____				
		d	Rental income or (loss) _____				
	d	Net rental income or (loss) ▶					
	7a	(i) Securities		(ii) Other			
		b	Gross amount from sales of assets other than inventory _____		1,432,607		
		c	Less cost or other basis and sales expenses _____		2,012,874		
		d	Gain or (loss) _____		-580,267		
d	Net gain or (loss) ▶		-580,267	-580,267			
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
b	Less direct expenses b						
c	Net income or (loss) from fundraising events ▶						
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code					
11a	loss from related part _____	900,099	-463,161	-463,161			
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶		-463,161				
12	Total revenue. See Instructions ▶		4,461,884	490,838	0	55,793	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	206,197	206,197		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	270,619	175,902	94,717	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,233,236	1,525,883	694,359	12,994
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	204,704	140,036	64,668	
10	Payroll taxes	189,814	129,074	60,740	
11	Fees for services (non-employees)				
a	Management	5,000		5,000	
b	Legal				
c	Accounting	44,740		44,740	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	13,000			13,000
f	Investment management fees				
g	Other	47,013	40,412	6,601	
12	Advertising and promotion	193,483	148,982	3,409	41,092
13	Office expenses	63,241	45,508	17,698	35
14	Information technology				
15	Royalties				
16	Occupancy	89,610	72,584	17,026	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	57,827	41,057	16,770	
20	Interest	179,261	152,372	26,889	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	113,040	92,103	20,937	
23	Insurance	22,394	16,572	5,822	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	bad debt expense	152,261	152,261		
b	Minor equipment	63,229	30,982	32,247	
c	Other expenses	49,033	8,377	40,656	
d	loan fees	36,000	36,000		
e	Printing and postage	35,476	27,671	7,805	
f	All other expenses	62,752	55,516	7,236	
25	Total functional expenses. Add lines 1 through 24f	4,331,930	3,097,489	1,167,320	67,121
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	5,966,046	1	6,397,771
	2 Savings and temporary cash investments	712,259	2	715,325
	3 Pledges and grants receivable, net	348,823	3	346,815
	4 Accounts receivable, net	11,642	4	699,998
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	10,295,443	7	9,308,097
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,340	9	2,135
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	3,394,276		
	b Less accumulated depreciation	518,387		
		3,382,208	10c	2,875,889
	11 Investments—publicly traded securities	50,026	11	61,728
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	4,215,512	13	3,711,353
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	434,767	15	368,504	
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,418,066	16	24,487,615	
Liabilities	17 Accounts payable and accrued expenses	1,035,189	17	560,565
	18 Grants payable		18	
	19 Deferred revenue	2,359,723	19	1,590,656
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	91,804	21	129,455
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	12,070,575	23	12,369,347
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	1,783,762	25	1,630,625
	26 Total liabilities. Add lines 17 through 25	17,341,053	26	16,280,648
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,532,802	27	7,238,344
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	1,544,211	29	968,623
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,077,013	33	8,206,967	
34 Total liabilities and net assets/fund balances	25,418,066	34	24,487,615	

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number

31-1208260

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,517,190	2,991,508	2,563,880	4,766,668	3,915,253	16,754,499
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,517,190	2,991,508	2,563,880	4,766,668	3,915,253	16,754,499
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						121,975
6 Public Support. Subtract line 5 from line 4						16,632,524

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,517,190	163,376	2,563,880	4,766,668	3,915,253	16,754,499
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	122,206	163,376	79,492	99,990	259,598	724,662
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	797,087					797,087
11 Total support (Add lines 7 through 10)						18,276,248
12 Gross receipts from related activities, etc (See instructions)					12	6,896,409

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	91 010 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	89 590 %
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input checked="" type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number 31-1208260

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

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

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

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

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

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

- a Board designated or quasi-endowment %, b Permanent endowment %, c Term endowment %

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

Table with 3 columns: Description (3a(i), 3a(ii), 3b), Yes, No

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

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

Table with 5 columns: Description of investment, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,461,884
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,331,930
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	129,954
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-599,505
9	Total adjustments (net) Add lines 4 - 8	9	-599,505
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-469,551

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

1	Total revenue, gains, and other support per audited financial statements	1	7,952,923
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	70,700
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	2,987,178
e	Add lines 2a through 2d	2e	3,057,878
3	Subtract line 2e from line 1	3	4,895,045
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-433,161
c	Add lines 4a and 4b	4c	-433,161
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	4,461,884

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

1	Total expenses and losses per audited financial statements	1	8,422,474
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	4,122,256
e	Add lines 2a through 2d	2e	4,122,256
3	Subtract line 2e from line 1	3	4,300,218
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	31,712
c	Add lines 4a and 4b	4c	31,712
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	4,331,930

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part IV, Line 2b		Funds received relating to housing counseling services for post purchase repair escrow and earnest deposit liability home ownership
Part X	Description of Uncertain Tax Positions Under FIN 48	Accounting for uncertainty in income taxes Income from certain activities not directly related to CHP's tax-exempt purpose is subject to taxation as unrelated business income Therefore, CHP adopted the provisions of Accounting for Uncertainty in Income Taxes on January 1, 2009 Those provisions clarify the accounting and recognition for income tax positions taken or expected to be taken in CHP's annual reporting returns CHP's reporting returns are subject to audit by federal and state taxing authorities CHP's open audit periods are 2006 - 2008 No income tax provision has been included in the financial statements as CHP has determined it does not have unrelated business income subject to taxation
Part XI, Line 8 - Other Adjustments		Entities included in combined financial statements not included on 990 -599505
Part XII, Line 2d - Other Adjustments		combined entities not included on form 990 2987178
Part XII, Line 4b - Other Adjustments		loss from related partnerships -463161 Revenue from disregarded entity CCDF 30000
Part XIII, Line 2d - Other Adjustments		combined entities not included on form 990 4114624 loss from related partnerships 7632
Part XIII, Line 4b - Other Adjustments		Expense from disregarded entity CCDF 31712

Schedule I (Form 990)

OMB No 1545-0047

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

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number 31-1208260

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number
31-1208260

Part I Questions Regarding Compensation

Yes No

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number

31-1208260

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The IRS Form 990 is initially reviewed by management and then provided to the Finance and Audit Committee of the Board of Directors for review and final approval before filing the return
Form 990, Part VI, Section B, line 12c		The Organization's policy and procedures require immediate disclosure to the Human Resources Department of any potential conflicts of interest
Form 990, Part VI, Section B, line 15		The Executive committee of the Board of Directors establishes the percentage change in salary on an annual basis, using comparability data periodically for top management officials. The President/CEO establishes the percentage range of raises for officers and key employees of the organization using comparability data periodically
Form 990, Part VI, Section C, line 19		The Organization makes the governing documents, conflict of interest policy and financial statements available to the public upon request
Form 990 Part XI Line 2c	Has the process changed from the prior year	Process is consistent with prior year

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number
31-1208260

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHP Equity Housing LLC 562 East Main Street Columbus, OH 43215 30-0248515	Investments in low and moderate income housing developments	OH	-457,241	1,936,879	Columbus Housing Partnership Inc
Central city development fund I llc 562 East Main Street columbus, OH 43215 31-1208260	Provide loans to expand affordable housing opportunities	OH	30,000	1,707,173	Metro City Homes Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CHP Kimberly Inc 562 East Main Street Columbus, OH 43205 31-1558619	Operation of a 184 unit affordable housing project	OH	501(c)(3)	170(b)(1)(A)(vi)	Columbus Housing Partnership Inc
Metro City Homes Inc 562 East Main Street columbus, OH 43205 30-0283818	Provide loans to expand affordable housing opportunites	OH	501(c)(3)		Columbus Housing Partnership Inc
Central Ohio Housing Development Organization Inc 562 East Main Street columbus, OH 43205 31-1579335	Nonprofit developer of affordable housing	OH	501(c)(3)		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

See Additional Data Table

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

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

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a	Yes	
1b	Yes	
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p	Yes	
1q	Yes	
1r	Yes	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	Obetz Village Limited Partnership	D	724,706
(2)	kimcourt limited partnership	D	1,149,228
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
Agler Elderly Housing LLC 2100 Agler Road Columbus, OH43224	property management	OH	Columbus Housing Partnership Inc	related				No			No
Agler Elderly Housing LP 2100 Agler Road columbus, OH43224	property management	OH	columbus Housing Partnership Inc	related				No			No
Agler Family HOusing LLC 2100 Agler Road columbus, OH43224	property management	OH	columbus Housing Partnership Inc	related				No			No
Agler Family HOusing LP 2100 Agler Road columbus, OH43224	property management	OH	columbus Housing Partnership Inc	related				No			No
City View Homes LLC 562 East Main Street columbus, OH43215 87-0721112	Property management	OH	City View Housing Inc	Related	-271	2,610,760		No			Yes
Dunrobin Homes LLC 562 East Main Street columbus, OH43215 55-0890824	Property management	OH	Dunrobin Housing Inc	related				No			Yes
Emerald Glen Housing Limited Partnership 562 East Main Street columbus, OH43215 31-1356828	property management	OH	Emerald Glen Housing Inc	Related	1,176	731,995		No			Yes
Fairview Homes Limited Partnership 562 East Main Street columbus, OH43215 32-0004472	property management	OH	Fairview Housing Inc	related	-229	207,411		No			Yes
Fieldstone Court Homes LLC 562 East Main Street columbus, OH43215 55-0890825	Property management	OH	Fieldstone Court Housing Inc	related	-7	3,124,643		No			Yes
Framingham homes Limited Partnership 562 East Main Street columbus, OH43215 32-0004472	property management	OH	Framingham Housing Inc	related	-117	364,793		No			Yes
George's Creek Limited Partnership 562 East Main Street columbus, OH43215 31-1417899	property management	OH	Gender Road Housing inc	Related	-375,422	-1,076,908	Yes				Yes
Grace Walk Homes LLC 562 East Main Street columbus, OH43215 74-3161385	Property management	OH	Grace Walk Housing inc	Related				No			Yes
Greater Linden Homes Limited Partnership 562 East Main Street Columbus, OH43215 31-1636611	property management	OH	Linden Housing Inc	Related	-141	83,092		No			Yes
HKS Associates LLC 562 East Main Street columbus, OH43215 51-0545995	property management	OH		related				No			No
Joyce Avenue Homes Limited Partnership 562 East Main Street columbus, OH43215 31-1761906	property management	OH	Joyce Avenue Housing Inc	related	-173	194,301		No			Yes
Kimcourt Limited Partnership 562 East Main Street columbus, OH43215 31-1326691	Property management	OH	Por Los Ninos Inc	related	-1,481	201,725		No			Yes
Kimcourt II Limited Partnership 562 East Main Street columbus, OH43215 31-1403563	property management	OH	Por Los Ninos Inc	related				No			Yes
Kingsford Homes Limited Partnership 562 East Main Street columbus, OH43215 31-1697373	property management	OH	Kingsford Housing Inc	related	-193	137,010		No			Yes
Maplegreen Homes LLC 562 East Main Street columbus, OH43215 90-0171902	property management	OH	Maplegreen Housing Inc	related	-329	219,914		No			Yes
Mariemont homes LLC 562 East Main Street columbus, OH43215 31-1761775	property management	OH	mariemont housing inc	related	-88	87,179		No			Yes
New Salem Homes Limited Partnership 562 East Main Street columbus, OH43215 31-1482829	property management	OH	New Salem Housing inc	related	-10	85,158		No			Yes
NHSS Limited Partnership 562 East Main Street columbus, OH43215 31-1482829	property management	OH	East Side Housing Inc	related		150,133		No			Yes
Obetz Village Limited Partnership 562 East Main Street columbus, OH43215 31-1292472	property management	OH	por Los Ninos Inc	related	-916	169,155		No			Yes
Parkmead Apartments Limited Partnership 562 East Main Street columbus, OH43215 31-1349854	property management	OH	Parkmead apartments inc	related	-779	1,249,066		No			Yes
Parkmead homes llc 562 East Main Street columbus, OH43215 20-8313200	property management	OH	parkmead housing inc	related				No			Yes
Rich Street Condos Limited Partnership 562 East Main Street columbus, OH43215 20-3568518	property management	OH	CHP Housing Inc	related		183,814		No			Yes
South East Columbus Homes Limited Partnership 562 East Main Street columbus, OH43215 31-1697374	property management	OH	South East Housing Inc	related	-236	262,180		No			Yes
South of Main Homes Limited Partnership 562 East Main Street columbus, OH43215 31-1414939	property management	OH	Main Street Housing inc	related	-310	558,459		No			Yes
Southside Homes Limited partnership 562 East Main Street columbus, OH43215 31-1761778	property management	OH	southside housing inc	related	-234	259,003		No			Yes
Spruce Bough homes LLC 562 East Main Street columbus, OH43215 16-1660098	property management	OH	Spruce Bough Housing Inc	related	-562	11,603		No			Yes

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
StarrHigh Limited Partnership 562 East Main Street columbus, OH43215 31-1354388	property management	OH	High Street Housing inc	related	-588	122,343		No		Yes	
Stoddart Block Limited Partnership 562 East Main Street columbus, OH43215 31-1388098	property management	OH	Fourth Street Housing Inc	related	-2,523	114,468		No		Yes	
Summerfield Homes LLC 562 East Main Street columbus, OH43215 87-0721109	property management	OH	Summerfield Housing inc	related	-663	15,586		No		Yes	
Tussing Road Homes Limited Partnership 562 East Main Street columbus, OH43215 31-1587686	property management	OH	Tussing Road Housing Inc	related	-191	253,790		No		Yes	
Urbancrest Affordable Housing LLC 562 East Main Street columbus, OH43215 55-0890829	property management	OH	Urbancrest Affordable housing partners inc	related	-264	5,903,168		No		Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
CHP Housing Inc 562 east main street Columbus, OH43215 31-1812852	property management	OH	Columbus Housing Partnership Inc	C	-1,406	184,470	100 000 %
City View Housing Inc 562 east main street columbus, OH43215 41-2128679	property management	OH	columbus Housing Partnership Inc	C	-536	103,053	76 000 %
Dunrobin Housing inc 562 east main street columbus, OH43215 55-0890823	property management	OH	columbus Housing Partnership Inc	C			100 000 %
East Side housing Inc 562 east main street columbus, OH43215 31-1442897	property management	OH	columbus Housing Partnership Inc	C	-25	799	25 000 %
Elim Estates Housing inc 562 east main street columbus, OH43215 26-3255011	property management	OH	columbus Housing Partnership Inc	C			76 000 %
Emerald Glen Housing inc 562 east main street columbus, OH43215 31-1372426	property management	OH	columbus Housing Partnership Inc	C	-2,039	366,750	67 000 %
Fairview Housing Inc 562 east main street columbus, OH43215 35-2161265	property management	OH	columbus Housing Partnership Inc	C	-33	-653	76 000 %
Fieldstone Court Housing Inc 562 east main street columbus, OH43215 55-0890820	property management	OH	columbus Housing Partnership Inc	C	-227	280,657	76 000 %
Fourth Street Housing inc 562 east main street columbus, OH43215 31-1388095	property management	OH	columbus Housing Partnership Inc	C	-32	-15,386	75 000 %
Framingham Housing inc 562 east main street columbus, OH43215 31-1473233	property management	OH	columbus Housing Partnership Inc	C	-144	6,948	25 000 %
Gender Road Housing Inc 562 east main street columbus, OH43215 31-1417815	property management	OH	columbus Housing Partnership Inc	C	-32	-85,463	75 000 %
gender road GP corp 562 east main street columbus, OH43215 31-1487728	property management	OH	columbus Housing Partnership Inc	C			100 000 %
Grace Walk Housing Inc 562 east main street columbus, OH43215 74-3161380	property management	OH	columbus Housing Partnership Inc	C			100 000 %
High Street Housing Inc 562 east main street columbus, OH43215 31-1354387	property management	OH	columbus Housing Partnership Inc	C	-28		66 000 %
Homes on the Hill Inc 562 east main street columbus, OH43215 31-1324316	property management	OH	columbus Housing Partnership Inc	C			75 000 %
Joyce Avenue Housing Inc 562 east main street columbus, OH43215 31-1761942	property management	OH	columbus Housing Partnership Inc	C	-33	-800	76 000 %
Kingsford Housing Inc 562 east main street columbus, OH43215 31-1694899	property management	OH	columbus Housing Partnership Inc	C	-1,055	138,353	75 000 %
Linden Housing inc 562 east main street columbus, OH43215 31-1636689	property management	OH	columbus Housing Partnership Inc	C	-32	-1,133	75 000 %
Luke's Crossing Project Corp 562 east main street columbus, OH43215 26-2698858	property management	OH	Columbus Housing Partnership Inc	C			100 000 %
Main Street Housing Inc 562 east main street columbus, OH43215 31-1654529	property management	OH	columbus Housing Partnership Inc	C	-33	-1,958	76 000 %
Maplegreen Housing Inc 562 east main street columbus, OH43215 51-0450488	property management	OH	columbus Housing Partnership Inc	C	-33	-595	76 000 %
Mariemont Housing inc 562 east main street columbus, OH43215 31-1762101	property management	OH	Columbus Housing Partnership Inc	C	-33	-711	76 000 %
New salem housing inc 562 east main street columbus, OH43215 31-1482263	property management	OH	Columbus Housing Partnership Inc	C	-22	-211	51 000 %
Parkmead Apartments Inc 562 east main street columbus, OH43215 31-1349852	property management	OH	columbus Housing Partnership Inc	C	-891	6,167	100 000 %
Parkmead Housing Inc 562 east main street columbus, OH43215 20-8313023	property management	OH	columbus Housing Partnership Inc	C			75 000 %
Por Los Ninos Inc 562 east main street columbus, OH43215 31-1300081	property management	OH	columbus Housing Partnership Inc	C	-2,593	9,241	70 000 %
Rosewind GP corp 562 east main street columbus, OH43215 31-1487726	property management	OH	columbus Housing Partnership Inc	C			100 000 %
South East Housing Inc 562 east main street columbus, OH43215 31-1694902	property management	OH	columbus Housing Partnership Inc	C	-33	-1,109	75 000 %
Southside Housing inc 562 east main street columbus, OH43215 31-1761898	property management	OH	columbus Housing Partnership Inc	C	-267	180,948	76 000 %
Spruce Bough Housing inc 562 east main street columbus, OH43215 51-0450542	property management	OH	columbus Housing Partnership Inc	C			100 000 %
Summerfield Housing Inc 562 east main street columbus, OH43215 41-2128676	property management	OH	columbus Housing Partnership Inc	C			100 000 %
Tussing Road Housing Inc 562 east main street columbus, OH43215 31-1587052	property management	OH	columbus Housing Partnership Inc	C	-219	17,283	66 000 %
Urbancrest Affordable housing Partners Inc 562 east main street columbus, OH43215 55-0890821	property management	OH	columbus Housing Partnership Inc	C	-281	184,280	76 000 %

Additional Data

Software ID:

Software Version:

EIN: 31-1208260

Name: COLUMBUS HOUSING PARTNERSHIP INC

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

4d. Other program services

(Code) (Expenses \$ 830,010 including grants of \$) (Revenue \$ 542,069)

Other program services related to housing development, construction, and asset management to further the mission statement of CHP

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kenneth Christopher Trustee	1 00	X						0	0	0
Lynn Elliott Chairperson	1 00	X		X				0	0	0
Nancy Kowalski Trustee	1 00	X						0	0	0
edna thomas Trustee	1 00	X						0	0	0
Michael Martin Trustee - Past Chair	1 00	X						0	0	0
Mark Mcdermott Trustee	1 00	X						0	0	0
Larry Metzger Trustee	1 00	X						0	0	0
Thomas J O'Harra Jr Trustee	1 00	X						0	0	0
Buffie Mcgee Patterson Trustee	1 00	X						0	0	0
Bruce Luecke Trustee	1 00	X						0	0	0
Carol Ludke Prigan Trustee	1 00	X						0	0	0
Chris Reese TRUSTEE	1 00	X						0	0	0
Shelley Shively Trustee	1 00	X						0	0	0
Samuel Greshem Jr Trustee	1 00	X						0	0	0
John Hart Vice - chairperson	1 00	X		X				0	0	0
Gene Jensen Trustee	1 00	X						0	0	0
James Kilgore Jr Trustee	1 00	X						0	0	0
Lisa King Trustee	1 00	X						0	0	0
E Gayle Saunders Secretary	1 00	X		X				0	0	0
Susan Fuller-McDonough Trustee	1 00	X						0	0	0
Stephen Wittman trustee	1 00	X						0	0	0
Valorie Schwarzmann treasurer	1 00	X		X				0	0	0
Troy Frye trustee	1 00	X						0	0	0
TJ Conger Trustee	1 00	X						0	0	0
Richard Adiansingh Trustee	1 00	X						0	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
bad debt expense	152,261	152,261		
Minor equipment	63,229	30,982	32,247	
Other expenses	49,033	8,377	40,656	
loan fees	36,000	36,000		
Printing and postage	35,476	27,671	7,805	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Amy Klaben President / CEO	40 00			X				150,029	0	19,496
Dan Duffy CFO	40 00			X				30,434	0	7,635
Amy Haas Controller	40 00			X				56,624	0	754
Joe Powell Director of Finance	40 00			X				5,647	0	0