

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)

OMB No 1545-0047

2010

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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

C Name of organization
COLUMBUS HOUSING PARTNERSHIP INC
Doing Business As
HOMEPORT
Number and street (or P O box if mail is not delivered to street address)
562 EAST MAIN STREET
Room/suite
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 \$ 10,510,027

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

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

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

H(c) Group exemption number

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

J Website: WWW.HOMEPORTOHIO.ORG

K Form of organization Corporation Trust Association Other

L Year of formation 1987

M State of legal domicile OH

Part I Summary

Table with 3 main sections: Activities & Governance, Revenue, and Expenses. Includes rows for mission statement, member counts, revenue breakdown, and fund balances.

Part II Signature Block

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

Sign Here
Signature of officer: AMY KLABEN
Date: 2011-11-14
Type or print name and title: AMY KLABEN PRESIDENT / CEO

Paid Preparer Use Only
Print/Type preparer's name: DARRIN SPITZER
Preparer's signature: DARRIN SPITZER
Date: 2011-11-14
Firm's name: CLARK SCHAEFER HACKETT & CO
Firm's address: 2525 N LIMESTONE STREET, SPRINGFIELD, OH 45503

May the IRS discuss this return with the preparer shown above? Yes No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

IN THE BELIEF THAT A DECENT AND AFFORDABLE HOME IS THE CORNERSTONE OF FAMILY LIFE AND A HEALTHY COMMUNITY, COLUMBUS HOUSING PARTNERSHIP, THROUGH ITS HOMEPORT PROGRAMS, PROVIDES QUALITY AFFORDABLE HOMES AND SERVICES TO LOW AND MODERATE INCOME HOUSEHOLDS IN CENTRAL OHIO THROUGH ITS ACTIVITIES, COLUMBUS HOUSING PARTNERSHIP IS A PARTNER IS BUILDING VIBRANT 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 \$ 1,258,557 including grants of \$ 222,697 ) (Revenue \$ 1,271 )

HOUSING COUNSELING SERVICES GIVE PEOPLE THE INFORMATION THEY NEED TO IMPROVE THEIR FINANCIAL LIVES AND PREPARE TO PURCHASE THEIR OWN HOMES HOMEBUYER AND HOUSING COUNSELING PROGRAMS ALSO WORK TO ADDRESS THE UNDERLYING SOCIAL AND ECONOMIC NEEDS FACING FAMILIES WITHIN COLUMBUS NEIGHBORHOODS HOMEPORT PROGRAMS HELP PEOPLE UNDERSTAND THAT PURCHASING A HOME COMES WITH MANY OBLIGATIONS HOMEPORT TEACHES ITS CLIENTS HOW TO BE RESPONSIBLE HOMEOWNERS AND GOOD NEIGHBORS HOMEPORT HOUSING ADVISORY CENTER PROVIDES SERVICES, INCLUDING FORECLOSURE PREVENTION, TO 2,511 CLIENTS

**4b** (Code ) (Expenses \$ 774,163 including grants of \$ ) (Revenue \$ -223,603 )

FOR OVER TWENTY YEARS, HOMEPORT HAS PROVIDED QUALITY, AFFORDABLE HOUSING AND RELATED SERVICES TO LOW TO MODERATE INCOME HOUSEHOLDS IN COLUMBUS AND THE SURROUNDING AREA THE HOMEPORT SALES DIVISION BUILDS COMMUNITIES FOR SALE THAT PROVIDE BUYERS WITH THE BLEND OF URBAN SOPHISTICATION AND SUBURBAN STYLE HOMEPORT'S COMMITMENT IS TO PROVIDE QUALITY HOMES AT AN AFFORDABLE PRICE HOMEOWNERSHIP CLIENTS INCLUDE 20 INDIVIDUALS WHO MOVED INTO 14 HOMES DURING 2010 OUR SPECIALTY IS HELPING FIRST-TIME HOMEBUYERS GET THE MOST VALUE FOR THEIR HARD-EARNED MONEY HOMEPORT PARTNERS WORK WITH HOMEBUYERS TO HELP THEM REALIZE THEIR DREAM OF HOMEOWNERSHIP HOMEPORT HAS DEVELOPMENTS THROUGHOUT COLUMBUS

**4c** (Code ) (Expenses \$ 760,899 including grants of \$ ) (Revenue \$ 102,305 )

HOMEPORT PROVIDES PROGRAMS THAT OFFER RESIDENTS SUPPORT AND THE OPPORTUNITY TO KEEP THEIR HOMES AND FAMILIES STABLE, SAFE AND SECURE HOMEPORT COMMUNITY LIFE PROGRAMS PROVIDE OUT OF SCHOOL PROGRAMMING (CURRENT ENROLLMENT) OFFERED AT 6 SITES FOR CHILDREN IN GRADES K-5, PROVIDES 5 AFTERNOONS A WEEK OF HOMEWORK ASSISTANCE, TUTORING FROM LOCAL COLLEGE STUDENTS AT LEAST 2 AFTERNOONS A WEEK, COMPUTER LAB AND SPECIAL PROGRAMS THROUGHOUT THE YEAR TO ASSIST FAMILIES WITH WORKING PARENTS WHEN SCHOOL IS OUT INCLUDING 5 DAY A WEEK PROGRAMMING IN THE SUMMER STUDENTS FOOD PROGRAMS OFFERED AT 6 SITES PROVIDES SUMMER BREAKFAST AND LUNCH TO SCHOOL AGE CHILDREN ALSO PROVIDES AFTER SCHOOL SNACK 5 DAYS A WEEK DURING THE SCHOOL YEAR TAKE HOME GROCERIES OFFERED AT 6 SITES, FAMILIES RECEIVE GROCERIES TWICE A MONTH TO INSURE THAT CHILDREN HAVE FOOD AVAILABLE ON DAYS WHEN OUT OF SCHOOL PROGRAMMING IS NOT IN SESSION RESIDENT COUNCIL/BLOCK WATCHES OFFERED AT 7 SITES WITH VARIOUS LEVELS OF PARTICIPATION, CREATES A FORUM FOR RESIDENTS TO ACTIVELY DISCUSS AND PROBLEM SOLVE ISSUES IN THEIR COMMUNITIES AS WELL AS SOCIALIZE WITH ONE ANOTHER THE BENEFIT BANK 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 \$ 793,635 including grants of \$ ) (Revenue \$ 3,182,707 )

**4e Total program service expenses** \$ 3,587,254

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
<b>9</b>	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>	Yes	
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>		No
<b>11</b>	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>	Yes	
<b>11b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. <input checked="" type="checkbox"/>		No
<b>11c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. <input checked="" type="checkbox"/>	Yes	
<b>11d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. <input checked="" type="checkbox"/>		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
<b>11f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>	Yes	
<b>12b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b>	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"/>	<b>21</b>		No
<b>22</b>	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"/>	<b>22</b>	Yes	
<b>23</b>	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"/>	<b>23</b>	Yes	
<b>24a</b>	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 lines 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b>	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> . . . . .	<b>26</b>		No
<b>27</b>	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> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	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> . . . . .	<b>32</b>		No
<b>33</b>	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"/>	<b>33</b>	Yes	
<b>34</b>	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"/>	<b>34</b>	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35</b>	Yes	
<b>a</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>36</b>	<b>Section 501(c)(3) organizations.</b> 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"/>	<b>36</b>		No
<b>37</b>	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"/>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1a</b>	36		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1b</b>	0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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.		
<b>2a</b>	136		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		No
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</b>	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
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		No
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>13c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include 17, 18, 19, 20.

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

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
(17) SHELLY SHIVELY TRUSTEE	1 00	X						0	0	0
(18) JAMES KILGORE JR TRUSTEE	1 00	X						0	0	0
(19) STEPHEN WITTMANN TRUSTEE	1 00	X						0	0	0
(20) VALORIE SCHWARZMANN CFO	40 00	X		X				32,943	0	1,548
(21) NANCY KOWALSKI VICE - CHAIRPERSON	1 00	X		X				0	0	0
(22) LISA KING TRUSTEE	1 00	X						0	0	0
(23) L CHRIS REESE TRUSTEE	1 00	X						0	0	0
(24) EDNA THOMAS TRUSTEE	1 00	X						0	0	0
(25) AMY KLABEN PRESIDENT / CEO	40 00			X				168,865	0	4,434
(26) JOSEPH POWELL FINANCE DIRECTOR	40 00			X				69,961	0	1,275
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								271,769	0	7,257

**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
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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	1,497,832
SOVEREIGN DEVELOPMENT CORPORATION 1660 NEW PROFESSIONAL DRIVE COLUMBUS, OH 43220	CONSTRUCTION CONTRACTOR	961,502
MEDICAL MUTUAL OF OHIO PO BOX 951922 CLEVELAND, OH 44193	HEALTH INSURANCE PROVIDER	265,258
SULLIVAN BRUCK ARCHITECTS 309 SOUTH FOURTH STREET COLUMBUS, OH 43215	ARCHITECTURAL SERVICES	135,975
WESTFIELD INSURANCE PO BOX 5001 WESTFIELD CENTER, OH 44251	PROPERTY & CASUALTY INSURANCE	130,192

**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 **5**

**Part VIII Statement of Revenue**

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>					
	<b>d</b> Related organizations . . . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . . <b>1e</b>	3,739,433				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>	1,072,622				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f . . . . .	4,812,055				
	<b>Program Service Revenue</b>	<b>2a</b> DEVELOPMENT FEES	531390	1,929,271	1,929,271	
<b>b</b> PROGRAM AND MANAGEMENT		531390	1,366,705	1,366,705		
<b>c</b> EXCESS OF FAIR VALUE O		900099	607,742	607,742		
<b>d</b> INTEREST ON PROGRAM LO		900099	94,324	94,324		
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .		3,998,042				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .		41,203		41,203
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross Rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities		1,848,232		
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses		2,594,089		
		<b>c</b> Gain or (loss)		-745,857		
<b>d</b> Net gain or (loss) . . . . .		-745,857	-745,857			
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>	<b>11a</b> LOSS FROM RELATED PART	900099	-189,505	-189,505		
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue . . . . .					
	<b>e Total.</b> Add lines 11a-11d . . . . .		-189,505			
	<b>12 Total revenue.</b> See Instructions . . . . .		7,915,938	3,062,680	0	41,203

**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
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	222,697	222,697		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	279,026	179,711	96,767	2,548
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	2,554,343	1,964,859	582,854	6,630
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
<b>9</b>	Other employee benefits . . . . .	232,589	123,193	109,396	
<b>10</b>	Payroll taxes . . . . .	302,584	250,593	51,991	
<b>a</b>	Fees for services (non-employees)				
	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	63,329		63,329	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services See Part IV, line 17 . . . . .	11,000			11,000
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .	27,418	14,890	7,528	5,000
<b>12</b>	Advertising and promotion . . . . .	192,461	121,818	34,601	36,042
<b>13</b>	Office expenses . . . . .	107,287	69,509	37,778	
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	88,579	70,911	17,668	
<b>17</b>	Travel . . . . .				
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	71,205	67,341	3,864	
<b>20</b>	Interest . . . . .	188,636	101,648	86,988	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	122,460	66,513	55,947	
<b>23</b>	Insurance . . . . .	21,956	10,311	11,645	
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	PROGRAM RELATED EXPENSE	163,239	141,931	21,308	
<b>b</b>	OTHER EXPENSES	64,189	29,437	29,789	4,963
<b>c</b>	MINOR EQUIPMENT	62,515	33,496	29,019	
<b>d</b>	DEVELOPMENT COSTS	42,344	42,344		
<b>e</b>	LOAN FEES	36,813	36,000	813	
<b>f</b>	All other expenses	47,576	40,052	7,524	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	4,902,246	3,587,254	1,248,809	66,183
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	6,397,771	<b>1</b>	7,595,979
	<b>2</b> Savings and temporary cash investments . . . . .	715,325	<b>2</b>	717,214
	<b>3</b> Pledges and grants receivable, net . . . . .	346,815	<b>3</b>	592,952
	<b>4</b> Accounts receivable, net . . . . .	699,998	<b>4</b>	2,002,490
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	9,308,097	<b>7</b>	10,517,285
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,135	<b>9</b>	33,819
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	4,146,327		
	<b>10b</b> Less accumulated depreciation . . . . .	574,335		
		2,875,889	<b>10c</b>	3,571,992
	<b>11</b> Investments—publicly traded securities . . . . .	61,728	<b>11</b>	67,088
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	3,711,353	<b>13</b>	4,121,055
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 . . . . .	368,504	<b>15</b>	349,496	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	24,487,615	<b>16</b>	29,569,370	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	560,565	<b>17</b>	890,085
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,590,656	<b>19</b>	1,357,769
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	129,455	<b>21</b>	202,955
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	12,369,347	<b>23</b>	14,283,942
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	1,630,625	<b>25</b>	1,613,960
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	16,280,648	<b>26</b>	18,348,711
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	7,238,344	<b>27</b>	9,419,894
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .	968,623	<b>29</b>	1,800,765
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	8,206,967	<b>33</b>	11,220,659	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	24,487,615	<b>34</b>	29,569,370	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,915,938
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,902,246
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	3,013,692
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	8,206,967
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	0
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	11,220,659

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	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	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

**2010**

**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 described in **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
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(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	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,991,508	2,563,880	4,766,668	3,915,253	5,419,797	19,657,106
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2,991,508	2,563,880	4,766,668	3,915,253	5,419,797	19,657,106
<b>5</b> 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						19,657,106

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	2,991,508	2,563,880	4,766,668	3,915,253	5,419,797	19,657,106
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	163,376	79,492	99,990	259,598	135,527	737,983
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						20,395,089
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	9,464,427

**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**

<b>14</b> Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	96.380 %
<b>15</b> Public Support Percentage for 2009 Schedule A, Part II, line 14	<b>15</b>	91.010 %

**16a 33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>b 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>20 Private Foundation</b> 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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<b>Facts And Circumstances Test</b>
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# 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 \$ 793,635 including grants of \$ ) (Revenue \$ 3,182,707 )

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

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

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

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

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

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

**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.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		200,000		200,000
<b>b</b> Buildings . . . . .		761,429	343,740	417,689
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		364,153	230,595	133,558
<b>e</b> Other . . . . .		2,820,745		2,820,745
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				3,571,992



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	7,915,938
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	4,902,246
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	3,013,692
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	0
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	3,013,692

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	12,306,718
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	77,000
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	4,154,275
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	4,231,275
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	8,075,443
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	-159,505
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-159,505
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	7,915,938

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	9,007,517
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	77,000
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	4,066,397
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	4,143,397
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,864,120
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	38,126
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	38,126
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	4,902,246

**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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	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 2007 - 2009 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
PART XII, LINE 2D - OTHER ADJUSTMENTS		ENTITIES NOT CONSOLIDATED ON FORM 990 4,149,275 ELIMINATED MANAGEMENT FEE ON FORM 990 5,000
PART XII, LINE 4B - OTHER ADJUSTMENTS		LOSS FROM RELATED PARTNERSHIPS -189,505 ENTITY (CCDF) CONSOLIDATED ON FORM 990 ONLY 30,000
PART XIII, LINE 2D - OTHER ADJUSTMENTS		ENTITIES NOT CONSOLIDATED ON FORM 990 4,059,646 LOSS FROM RELATED PARTNERSHIPS 1,751 ELIMINATED MANAGEMENT FEE ON FORM 990 5,000 LOSS FROM RELATED PARTNERSHIPS
PART XIII, LINE 4B - OTHER ADJUSTMENTS		ENTITY (CCDF) CONSOLIDATED ON FORM 990 ONLY 38,126

Schedule I (Form 990)

OMB No 1545-0047

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

2010

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...
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.

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, (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

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

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
(1) DOWN PAYMENT ASSISTANCE FOR ELIGIBLE HOMEBUYERS	54	184,983			
(2) EMERGENCY MORTGAGE ASSISTANCE TO ELIGIBLE HOMEOWNERS	15	37,714			

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

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

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2010**

**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 from the organization or a related organization?
- 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) AMY KLABEN	(i)	168,865	0	0	0	4,434	173,299	0
	(ii)	0	0	0	0	0	0	0
( 2 )								
( 3 )								
( 4 )								
( 5 )								
( 6 )								
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

**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
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**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

**2010**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

**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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S POLICY AND PROCEDURES REQUIRE IMMEDIATE DISCLOSURE TO THE PRESIDENT/CEO OF ANY POTENTIAL CONFLICTS OF INTEREST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ESTABLISHES THE PERCENTAGE CHANGE IN SALARY ON AN ANNUAL BASIS, USING COMPARABILITY DATA PERIODICALLY FOR THE PRESIDENT/CEO THE PRESIDENT/CEO ESTABLISHES THE PERCENTAGE RANGE OF RAISES FOR OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION USING COMPARABILITY DATA PERIODICALLY

Identifier	Return Reference	Explanation
	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

**Identifier****Return Reference****Explanation**

HAS THE PROCESS CHANGED FROM THE PRIOR YEAR

FORM 990 PART XI LINE 2C

PROCESS IS CONSISTENT WITH PRIOR YEAR

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2010**

**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
(1) CHP EQUITY HOUSING LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 30-0248515	INVESTMENTS IN LOW AND MODERATE INCOME HOUSING DEVELOPMENTS	OH	-187,754	2,541,383	COLUMBUS HOUSING PARTNERSHIP INC
(2) CENTRAL CITY DEVELOPMENT FUND I LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1208260	PROVIDE LOANS TO EXPAND AFFORDABLE HOUSING OPPORTUNITIES	OH	30,000	1,702,047	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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CHP KIMBERLY INC 562 EAST MAIN STREET COLUMBUS, OH 43205 31-1558619	OPERATION OF A 184 UNIT AFFORDABLE HOUSING PROJECT	OH	501(C)(3)	170(B)(1)(A)(VI)	COLUMBUS HOUSING PARTNERSHIP INC		No
(2) METRO CITY HOMES INC 562 EAST MAIN STREET COLUMBUS, OH 43205 30-0283818	PROVIDE LOANS TO EXPAND AFFORDABLE HOUSING OPPORTUNITIES	OH	501(C)(3)		COLUMBUS HOUSING PARTNERSHIP INC		No
(3) CENTRAL OHIO HOUSING DEVELOPMENT ORGANIZATION INC 562 EAST MAIN STREET COLUMBUS, OH 43205 31-1579335	NONPROFIT DEVELOPER OF AFFORDABLE HOUSING	OH	501(C)(3)		N/A		No
(4) ELIM SENIOR HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43205 26-4765403	NONPROFIT OWNER OF AFFORDABLE HOUSING	OH	501(C)(3)		COLUMBUS HOUSING PARTNERSHIP INC		No

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

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

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

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

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

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

**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
<b>1a</b>	Yes	
<b>1b</b>	Yes	
<b>1c</b>		No
<b>1d</b>	Yes	
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>	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	(d) Method of determining amount involved
<b>(1)</b> OBETZ VILLAGE LIMITED PARTNERSHIP	D	781,740	OUTSTANDING BALANCE
<b>(2)</b> KIMCOURT LIMITED PARTNERSHIP	D	1,233,582	OUTSTANDING BALANCE
<b>(3)</b> STARRHIGH LIMITED PARTNERSHIP	D	281,275	OUTSTANDING BALANCE
<b>(4)</b> RICH STREET LIMITED PARTNERSHIP	D	519,762	OUTSTANDING BALANCE
<b>(5)</b>			
<b>(6)</b>			



**Part VII** **Supplemental Information**

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

Identifier	Return Reference	Explanation
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**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?		(k) Percentage ownership
							Yes	No		Yes	No	
AGLER ELDERLY HOUSING LLC 2100 AGLER ROAD COLUMBUS, OH43224	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED				No			No	51 000 %
AGLER ELDERLY HOUSING LP 2100 AGLER ROAD COLUMBUS, OH43224	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED				No			No	0 510 %
AGLER FAMILY HOUSING LLC 2100 AGLER ROAD COLUMBUS, OH43224	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED				No			No	51 000 %
AGLER FAMILY HOUSING LP 2100 AGLER ROAD COLUMBUS, OH43224	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED				No			No	0 510 %
CITY VIEW HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH43215 87-0721112	LOW-INCOME HOUSING	OH	CITY VIEW HOUSING INC	RELATED	-245	203,770		No		Yes		0 076 %
DUNROBIN HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH43215 55-0890824	LOW-INCOME HOUSING	OH	DUNROBIN HOUSING INC	RELATED				No		Yes		0 067 %
EMERALD GLEN HOUSING LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH43215 31-1356828	LOW-INCOME HOUSING	OH	EMERALD GLEN HOUSING INC	RELATED	-1,943	729,400		No		Yes		0 760 %
FAIRVIEW HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH43215 32-0004472	LOW-INCOME HOUSING	OH	FAIRVIEW HOUSING INC	RELATED	-109	347,474		No		Yes		0 076 %

**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?		(k) Percentage ownership
							Yes	No		Yes	No	
FIELDSTONE COURT HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH43215 55-0890825	LOW-INCOME HOUSING	OH	FIELDSTONE COURT HOUSING INC	RELATED	-5	370,090		No		Yes		0.025 %
FRAMINGHAM HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH43215 32-0004472	LOW-INCOME HOUSING	OH	FRAMINGHAM HOUSING INC	RELATED	-61	437,756		No		Yes		0.025 %
GEORGE'S CREEK LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH43215 31-1417899	LOW-INCOME HOUSING	OH	GENDER ROAD HOUSING INC	RELATED	-23	-1,130,762		No		Yes		0.015 %
GRACE WALK HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH43215 74-3161385	LOW-INCOME HOUSING	OH	GRACE WALK HOUSING INC	RELATED				No		Yes		0.100 %
GREATER LINDEN HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH43215 31-1636611	LOW-INCOME HOUSING	OH	LINDEN HOUSING INC	RELATED	-193	65,454		No		Yes		0.075 %
HKS ASSOCIATES LLC 562 EAST MAIN STREET COLUMBUS, OH43215 51-0545995	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED		691,558		No			No	100.000 %
JOYCE AVENUE HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH43215 31-1761906	LOW-INCOME HOUSING	OH	JOYCE AVENUE HOUSING INC	RELATED	-106	51,739		No		Yes		0.076 %
KIMCOURT LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH43215 31-1326691	LOW-INCOME HOUSING	OH	POR LOS NINOS INC	RELATED	-190	53,842		No		Yes		100.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
KIMCOURT II LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH43215 31-1403563	LOW-INCOME HOUSING	OH	POR LOS NINOS INC	RELATED				No		Yes		0.700 %
KINGSFORD HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH43215 31-1697373	LOW-INCOME HOUSING	OH	KINGSFORD HOUSING INC	RELATED	-49	33,777		No		Yes		0.075 %
MAPLEGREEN HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH43215 90-0171902	LOW-INCOME HOUSING	OH	MAPLEGREEN HOUSING INC	RELATED	-162	60,042		No		Yes		0.076 %
MARIEMONT HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH43215 31-1761775	LOW-INCOME HOUSING	OH	MARIEMONT HOUSING INC	RELATED	-162	33,448		No		Yes		0.076 %
NEW SALEM HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH43215 31-1482829	LOW-INCOME HOUSING	OH	NEW SALEM HOUSING INC	RELATED	-20	30,532		No		Yes		0.010 %
NHSS LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH43215 31-1482829	LOW-INCOME HOUSING	OH	EAST SIDE HOUSING INC	RELATED	-57,790	-40,907	Yes			Yes		0.005 %
OBETZ VILLAGE LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH43215 31-1292472	LOW-INCOME HOUSING	OH	POR LOS NINOS INC	RELATED	-15	130,831		No		Yes		100.000 %
PARKMEAD APARTMENTS LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH43215 31-1349854	LOW-INCOME HOUSING	OH	PARKMEAD APARTMENTS INC	RELATED	-62,064	1,097,602	Yes			Yes		100.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PARKMEAD HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH43215 20-8313200	LOW-INCOME HOUSING	OH	PARKMEAD HOUSING INC	RELATED				No		Yes		
RICH STREET CONDOS LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH43215 20-3568518	LOW-INCOME HOUSING	OH	CHP HOUSING INC	RELATED	-121,794	1,138,436	Yes			Yes		100 000 %
SOUTH EAST COLUMBUS HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH43215 31-1697374	LOW-INCOME HOUSING	OH	SOUTH EAST HOUSING INC	RELATED	-198	263,423		No		Yes		0 070 %
SOUTH OF MAIN HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH43215 31-1414939	LOW-INCOME HOUSING	OH	MAIN STREET HOUSING INC	RELATED	-110,942	59,330	Yes			Yes		0 076 %
SOUTHSIDE HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH43215 31-1761778	LOW-INCOME HOUSING	OH	SOUTHSIDE HOUSING INC	RELATED	-151	167,956		No		Yes		0 076 %
SPRUCE BOUGH HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH43215 16-1660098	LOW-INCOME HOUSING	OH	SPRUCE BOUGH HOUSING INC	RELATED	1	2,587		No		Yes		0 100 %
STARRHIGH LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH43215 31-1354388	LOW-INCOME HOUSING	OH	HIGH STREET HOUSING INC	RELATED	-284	-2,131		No		Yes		100 000 %
STODDART BLOCK LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH43215 31-1388098	LOW-INCOME HOUSING	OH	FOURTH STREET HOUSING INC	RELATED	-1,453	87,663		No		Yes		0 750 %

**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?		(k) Percentage ownership
							Yes	No		Yes	No	
SUMMERFIELD HOMES LLC  562 EAST MAIN STREET COLUMBUS, OH43215 87-0721109	LOW-INCOME HOUSING	OH	SUMMERFIELD HOUSING INC	RELATED	-546	328,526		No		Yes		0.100 %
TUSSING ROAD HOMES LIMITED PARTNERSHIP  562 EAST MAIN STREET COLUMBUS, OH43215 31-1587686	LOW-INCOME HOUSING	OH	TUSSING ROAD HOUSING INC	RELATED	-217	138,601		No		Yes		0.066 %
URBANCREST AFFORDABLE HOUSING LLC  562 EAST MAIN STREET COLUMBUS, OH43215 55-0890829	LOW-INCOME HOUSING	OH	URBANCREST AFFORDABLE HOUSING PARTNERS INC	RELATED	25,755	245,915	Yes			Yes		0.070 %
ELIM ESTATES HOMES LLC  562 EAST MAIN STREET COLUMBUS, OH43215 26-3255056	LOW-INCOME HOUSING	OH	ELIM ESTATES HOUSING INC	RELATED	-477	1,556,934		No		Yes		0.076 %
WHITTIER LANDING HOUSING  562 EAST MAIN STREET COLUMBUS, OH43215 27-0644214	LOW-INCOME HOUSING	OH	WHITTIER LANDING HOUSING INC	RELATED		686,447		No		Yes		0.079 %

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	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		16,408	100 000 %
CITY VIEW HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 41-2128679	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		-832	100 000 %
DUNROBIN HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 55-0890823	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %
EAST SIDE HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 31-1442897	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		-58,722	25 000 %
ELIM ESTATES HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 26-3255011	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			76 000 %
EMERALD GLEN HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 31-1372426	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	4	367,853	67 000 %
FAIRVIEW HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 35-2161265	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		-1,161	76 000 %
FIELDSTONE COURT HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 55-0890820	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		281,202	76 000 %
FOURTH STREET HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 31-1388095	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	1	-20,767	75 000 %
FRAMINGHAM HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 31-1473233	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	1	20,712	25 000 %
GENDER ROAD HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 31-1417815	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		-1,106,135	75 000 %
GENDER ROAD GP CORP 562 EAST MAIN STREET COLUMBUS, OH43215 31-1487728	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %
GRACE WALK HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 74-3161380	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %
HIGH STREET HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 31-1354387	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		-1,393	66 000 %
HOMES ON THE HILL INC 562 EAST MAIN STREET COLUMBUS, OH43215 31-1324316	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			75 000 %
JOYCE AVENUE HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 31-1761942	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		-718	76 000 %
KINGSFORD HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 31-1694899	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		-941	75 000 %
LINDEN HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 31-1636689	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	1	-1,319	75 000 %
LUKE'S CROSSING PROJECT CORP 562 EAST MAIN STREET COLUMBUS, OH43215 26-2698858	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %
MAIN STREET HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 31-1654529	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		-113,280	76 000 %
MAPLEGREEN HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 51-0450488	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	2	-1,426	76 000 %
MARIEMONT HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 31-1762101	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	1	9,380	76 000 %
NEW SALEM HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 31-1482263	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		-220	51 000 %
PARKMEAD APARTMENTS INC 562 EAST MAIN STREET COLUMBUS, OH43215 31-1349852	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	10,661	-107,149	75 000 %
PARKMEAD HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 20-8313023	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			75 000 %
POR LOS NINOS INC 562 EAST MAIN STREET COLUMBUS, OH43215 31-1300081	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	13	-33,730	70 000 %
ROSEWIND GP CORP 562 EAST MAIN STREET COLUMBUS, OH43215 31-1487726	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %
SOUTH EAST HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 31-1694902	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		-2,447	100 000 %
SOUTHSIDE HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 31-1761898	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		238,314	100 000 %
SPRUCE BOUGH HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 51-0450542	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	1	-1,923	100 000 %
SUMMERFIELD HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 41-2128676	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	1	333,463	100 000 %
TUSSING ROAD HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 31-1587052	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		17,596	66 000 %
URBANCREST AFFORDABLE HOUSING PARTNERS INC 562 EAST MAIN STREET COLUMBUS, OH43215 55-0890821	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	2	-796	76 000 %
WHITTIER LANDING HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215 27-0644143	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			79 000 %
ENCLAVE AT HILLIARD RUN HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH43215	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %