

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

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> 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) Room/suite 562 EAST MAIN STREET  City or town, state or country, and ZIP + 4 COLUMBUS, OH 43215  <b>F</b> Name and address of principal officer AMY KLABEN 562 EAST MAIN STREET COLUMBUS, OH 43215	<b>D</b> Employer identification number 31-1208260  <b>E</b> Telephone number (614) 221-8889  <b>G</b> Gross receipts \$ 7,920,789
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number
<b>J</b> Website: WWW.HOMEPORTOHIO.ORG		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> Year of formation: 1987 <b>M</b> State of legal domicile: OH

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities TO CREATE AND PRESERVE HEALTHY, STABLE, AND AFFORDABLE COMMUNITIES - ONE NEIGHBORHOOD, ONE PERSON AT A TIME WE DO THIS BY - DEVELOPING QUALITY AND ENERGY EFFICIENT HOMES- PROVIDING CONSISTENT AND TRANSFORMATIVE EDUCATION AND SERVICES TO ADDRESS EACH RESIDENT'S UNIQUE BARRIERS TO, AND OPPORTUNITIES FOR, SUCCESS- INVOLVING AND EMPOWERING RESIDENTS- FOCUSING ON COMMUNITY REVITALIZATION- CREATING STRONG AND FRUITFUL COLLABORATIONS		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	21
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	21
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	<b>5</b>	121
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	369
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	1,440
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	-7,506
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	4,812,055	5,074,621
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	3,998,042	2,436,887
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	-704,654	-679,414
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	-189,505	-789,061
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	7,915,938	6,043,033
<b>Expenses</b>			
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	222,697	45,245
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	3,368,542	3,668,038
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	11,000	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>117,432</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	1,300,007	1,450,843
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	4,902,246	5,164,126
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	3,013,692	878,907
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	29,569,370	35,576,252
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	18,348,711	23,476,686
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	11,220,659	12,099,566

**Part II Signature Block**

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

<b>Sign Here</b>	***** Signature of officer	2012-11-12 Date	
	AMY KLABEN PRESIDENT / CEO Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature: DARRIN SPITZER Date: 2012-11-09 Check if self-employed: <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions): P01399907 Firm's name (or yours if self-employed), address, and ZIP + 4: CLARK SCHAEFER HACKETT & CO, 2525 N LIMESTONE STREET, SPRINGFIELD, OH 45503 EIN: 31-0800053 Phone no: (937) 399-2000	

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission  
 TO CREATE AND PRESERVE HEALTHY, STABLE, AND AFFORDABLE COMMUNITIES - ONE NEIGHBORHOOD, ONE PERSON AT A TIME WE DO THIS BY - DEVELOPING QUALITY AND ENERGY EFFICIENT HOMES- PROVIDING CONSISTENT AND TRANSFORMATIVE EDUCATION AND SERVICES TO ADDRESS EACH RESIDENT'S UNIQUE BARRIERS TO, AND OPPORTUNITIES FOR, SUCCESS- INVOLVING AND EMPOWERING RESIDENTS- FOCUSING ON COMMUNITY REVITALIZATION- CREATING STRONG AND FRUITFUL COLLABORATIONS

**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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 1,195,550 including grants of \$ 45,245 ) (Revenue \$ 6,691 )  
 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 3,400 CLIENTS

**4b** (Code ) (Expenses \$ 836,219 including grants of \$ ) (Revenue \$ -206,312 )  
 HOMEPORT HOME OWNERSHIP PROVIDES QUALITY, ENERGY EFFICIENT, AFFORDABLE, HOME OWNERSHIP OPPORTUNITIES TO HOUSEHOLDS OF VARYING INCOMES AND FACILITATES NEIGHBORHOOD REVITALIZATION HOMEPORT HOME OWNERSHIP UTILIZES SINGLE FAMILY HOME AND CONDOMINIUM DEVELOPMENT AS A MECHANISM TO ACHIEVE THESE GOALS AND COUPLES IT WITH CONCERTED AND TARGETED EFFORTS TO FOSTER COMMUNITY AND ECONOMIC DEVELOPMENT IN ITS FOCUS AREAS THESE EFFORTS COMBINED CREATE STABLE FAMILIES LIVING IN SUSTAINABLE, MIXED INCOME, VIBRANT COMMUNITIES IN 2011, 13 UNITS WERE CONSTRUCTED AND 10 UNITS WERE SOLD SINCE 2004, HOMEPORT HOME OWNERSHIP HAS COMPLETED CONSTRUCTION ON 123 UNITS AND SOLD 101 (AS OF DECEMBER 31, 2011)

**4c** (Code ) (Expenses \$ 808,457 including grants of \$ ) (Revenue \$ 79,027 )  
 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 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 AND/OR COMMUNITY MEETINGS 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 THE SERVICE COORDINATION TEAM OFFERS REFERRALS AND LINKAGES FOR ALL SITE RESIDENTS

(Code ) (Expenses \$ 926,829 including grants of \$ ) (Revenue \$ 1,089,006 )  
 OTHER PROGRAM SERVICES RELATED TO HOUSING DEVELOPMENT, CONSTRUCTION, AND ASSET MANAGEMENT TO FURTHER THE MISSION STATEMENT OF HOMEPORT

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 926,829 including grants of \$ ) (Revenue \$ 1,089,006 )

**4e Total program service expenses** \$ 3,767,055

**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)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <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? <i>If "Yes," complete Schedule C, Part I.</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? <i>If "Yes," complete Schedule C, Part II.</i>		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? <i>If "Yes," complete Schedule C, Part III.</i>		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <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? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>	Yes	
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <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>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
<b>c</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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>	Yes	
<b>d</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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
<b>f</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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		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? <i>If "Yes," complete Schedule F, Part II and IV.</i>		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? <i>If "Yes," complete Schedule F, Part III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I.</i>		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? <i>If "Yes," complete Schedule G, Part II.</i>		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
<b>20a</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
<b>b</b>	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

**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> . . . . .	<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> . . . . .	<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> . . . . .	<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 questions 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 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> . . . . .	<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> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</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> . . . . .	<b>35b</b>	Yes	
<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> . . . . .	<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> . . . . .	<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

Table with columns for question number, question text, and Yes/No columns. Includes sub-questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

**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**

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

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

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

**Section C. Disclosure**

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

**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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) SUSAN FULLER MCDONOUGH SECRETARY	1 00	X		X				0	0	0
(12) BUFFIE MCGEE PATTERSON TRUSTEE	1 00	X						0	0	0
(13) THOMAS O'HARA JR TRUSTEE	1 00	X						0	0	0
(14) CAROL LUDTKE PRIGAN TRUSTEE	1 00	X						0	0	0
(15) SHELLY SHIVELY TRUSTEE	1 00	X						0	0	0
(16) STEPHEN WITTMANN TRUSTEE	1 00	X						0	0	0
(17) NANCY KOWALSKI VICE - CHAIRPERSON	1 00	X		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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) PATRICIA SHORR TRUSTEE	1 00	X						0	0	0
(19) MARK C MCCULLOUGH TRUSTEE	1 00	X						0	0	0
(20) MICHAEL MENTEL TRUSTEE	1 00	X						0	0	0
(21) NOELLE SICURO TRUSTEE	1 00	X						0	0	0
(22) L CHRIS REESE TRUSTEE	1 00	X						0	0	0
(23) STEPHANIE STEWARD-YOUNG TRUSTEE	1 00	X						0	0	0
(24) AMY KLABEN PRESIDENT / CEO	40 00			X				184,479	0	3,385
(25) VALORIE SCHWARZMANN CFO	40 00			X				100,344	0	3,941
<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>								284,823	0	7,326

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

	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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
KMM BUILDERS LLC 7316 KEMPERWOOD COURT BLACKLICK, OH 43004	CONSTRUCTION CONTRACTOR	1,005,696
THE HENNING COMPANY 47 E LINCOLN STREET COLUMBUS, OH 43215	CONSTRUCTION CONTRACTOR	404,161
MEDICAL MUTUAL OF OHIO PO BOX 951922 CLEVELAND, OH 44193	HEALTH INSURANCE PROVIDER	268,026
CEQART CONSTRUCTION GROUP INC 2240 SUNBURY ROAD COLUMBUS, OH 43219	CONSTRUCTION CONTRACTOR	201,031
WESTFIELD INSURANCE PO BOX 5001 WESTFIELD CENTER, OH 44251	PROPERTY & CASUALTY INSURANCE	150,225

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of 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>	3,560,824				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	1,513,797				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		5,074,621			
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b>	DEVELOPMENT FEES	531390	1,568,060	1,568,060		
	<b>b</b>	PROGRAM AND MANAGEMENT	531390	905,422	903,982	1,440	
	<b>c</b>	INTEREST ON PROGRAM LO	900099	65,504	65,504		
	<b>d</b>	EXCESS OF FAIR VALUE O	900099	-102,099	-102,099		
	<b>e</b>						
	<b>f</b>	All other program service revenue					
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		2,436,887				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . .					
	<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				
			(ii) Other	1,198,342			
	<b>b</b>	Less cost or other basis and sales expenses		1,877,756			
<b>c</b>	Gain or (loss)		-679,414				
<b>d</b>	Net gain or (loss) . . . . .		-679,414	-679,414			
<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 . . . . .						
Miscellaneous Revenue		Business Code					
<b>11a</b>	LOSS FROM RELATED PART	900099	-789,061	-789,061			
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		-789,061				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		6,043,033	966,972	1,440	0	

**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)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the United States See Part IV, line 22	45,245	45,245		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States 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 . . . . .	292,149	188,163	101,318	2,668
<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	2,813,285	2,015,713	792,707	4,865
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
<b>9</b>	Other employee benefits . . . . .	382,070	247,689	134,381	
<b>10</b>	Payroll taxes . . . . .	180,534	114,481	66,053	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	6,214	2,783	3,431	
<b>c</b>	Accounting . . . . .	55,925	25,050	30,875	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .	39,743	24,150	15,593	
<b>12</b>	Advertising and promotion . . . . .	105,536	35,026	11,709	58,801
<b>13</b>	Office expenses . . . . .	177,522	103,955	22,469	51,098
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	125,048	103,079	21,969	
<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 . . . . .	106,556	95,212	11,344	
<b>20</b>	Interest . . . . .	178,251	171,196	7,055	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	156,578	128,239	28,339	
<b>23</b>	Insurance . . . . .	21,468	16,455	5,013	
<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	189,617	189,617		
<b>b</b>	BAD DEBT EXPENSE	79,616	79,616		
<b>c</b>	MINOR EQUIPMENT	58,951	43,557	15,394	
<b>d</b>	OTHER EXPENSES	49,196	43,975	5,221	
<b>e</b>					
<b>f</b>	All other expenses	100,622	93,854	6,768	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	5,164,126	3,767,055	1,279,639	117,432
<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 . . . . .	7,595,979	<b>1</b>	9,771,009
	<b>2</b> Savings and temporary cash investments . . . . .	717,214	<b>2</b>	718,362
	<b>3</b> Pledges and grants receivable, net . . . . .	592,952	<b>3</b>	444,912
	<b>4</b> Accounts receivable, net . . . . .	2,002,490	<b>4</b>	2,207,182
	<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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	10,517,285	<b>7</b>	12,561,225
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	33,819	<b>9</b>	12,158
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	7,034,779		
	<b>b</b> Less accumulated depreciation . . . . .	664,402	<b>10c</b>	6,370,377
	<b>11</b> Investments—publicly traded securities . . . . .	67,088	<b>11</b>	72,184
	<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 . . . . .	4,121,055	<b>13</b>	3,096,421
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	349,496	<b>15</b>	322,422
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	29,569,370	<b>16</b>	35,576,252	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	890,085	<b>17</b>	1,296,314
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,357,769	<b>19</b>	1,162,773
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	202,955	<b>21</b>	259,758
	<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 . . . . .	14,283,942	<b>23</b>	19,285,789
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	1,613,960	<b>25</b>	1,472,052
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	18,348,711	<b>26</b>	23,476,686
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	9,419,894	<b>27</b>	9,314,301
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	200,000
	<b>29</b> Permanently restricted net assets . . . . .	1,800,765	<b>29</b>	2,585,265
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 . . . . .	11,220,659	<b>33</b>	12,099,566	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	29,569,370	<b>34</b>	35,576,252	

**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>	6,043,033
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,164,126
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	878,907
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	11,220,659
<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>	12,099,566

**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**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number

31-1208260

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

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

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

	Yes	No
<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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,563,880	4,766,668	3,915,253	5,419,797	4,965,621	21,631,219
<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	2,563,880	4,766,668	3,915,253	5,419,797	4,965,621	21,631,219
<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						21,631,219

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	2,563,880	4,766,668	3,915,253	5,419,797	4,965,621	21,631,219
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	79,492	99,990	259,598	135,527	65,504	640,111
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						22,271,330
<b>12</b> Gross receipts from related activities, etc. (See instructions)					<b>12</b>	10,545,258

**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 2011 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	97.130 %
<b>15</b> Public Support Percentage for 2010 Schedule A, Part II, line 14	<b>15</b>	96.380 %

**16a 33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

<b>Facts And Circumstances Test</b>
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<b>Explanation</b>
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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number 31-1208260

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

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

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

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

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

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

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 Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(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	372,632	388,797
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		444,007	291,770	152,237
<b>e</b> Other . . . . .		5,629,343		5,629,343
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				6,370,377



**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>	6,043,033
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	5,164,126
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	878,907
<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>	
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	878,907

**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>	10,818,568
<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>	91,000
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	3,925,474
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	4,016,474
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	6,802,094
<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>	-759,061
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-759,061
<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>	6,043,033

**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>	11,375,736
<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>	91,000
<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>	6,150,610
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	6,241,610
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	5,134,126
<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>	30,000
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	30,000
<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>	5,164,126

**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 AND AS A FISCAL AGENT FOR ONE ORGANIZATION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO HOMEPORT'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME HOMEPORT'S REPORTING RETURNS ARE SUBJECT TO AUDIT BY FEDERAL AND STATE TAXING AUTHORITIES HOMEPORT'S OPEN AUDIT PERIODS ARE 2008 - 2010 NO INCOME TAX PROVISION HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS AS HOMEPORT HAS DETERMINED IT DOES NOT HAVE UNRELATED BUSINESS INCOME SUBJECT TO TAXATION
PART XII, LINE 2D - OTHER ADJUSTMENTS		ENTITIES NOT CONSOLIDATED ON FORM 990 3,925,474
PART XII, LINE 4B - OTHER ADJUSTMENTS		LOSS FROM RELATED PARTNERSHIPS -789,061 ENTITY (CCDF) CONSOLIDATED ON FORM 990 ONLY 30,000
PART XIII, LINE 2D - OTHER ADJUSTMENTS		ENTITIES NOT CONSOLIDATED ON FORM 990 6,150,610
PART XIII, LINE 4B - OTHER ADJUSTMENTS		ENTITY (CCDF) CONSOLIDATED ON FORM 990 ONLY 30,000

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number 31-1208260

Part I General Information on Grants and Assistance

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

**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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) DOWN PAYMENT ASSISTANCE FOR ELIGIBLE HOMEBUYERS	11	45,245			

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

Identifier	Return Reference	Explanation
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





**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)

Department of the Treasury  
Internal Revenue Service

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

**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.**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
COLUMBUS HOUSING PARTNERSHIP INC

**Employer identification number**

31-1208260

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE IRS FORM 990 IS INITIALLY REVIEWED BY MANAGEMENT AND THEN PROVIDED TO THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND FINAL APPROVAL BEFORE FILING THE RETURN
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S POLICY AND PROCEDURES REQUIRE IMMEDIATE DISCLOSURE TO THE PRESIDENT/CEO OF ANY POTENTIAL CONFLICTS OF INTEREST
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ESTABLISHES THE PERCENTAGE CHANGE IN SALARY ON AN ANNUAL BASIS, USING COMPARABILITY DATA FOR THE PRESIDENT/CEO AND CFO THE PRESIDENT/CEO ESTABLISHES THE PERCENTAGE RANGE OF RAISES FOR ALL OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION USING COMPARABILITY DATA PERIODICALLY
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
HAS THE PROCESS CHANGED FROM THE PRIOR YEAR	FORM 990 PART XII LINE 2C	PROCESS IS CONSISTENT WITH PRIOR YEAR

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2011**

**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
<b>(1)</b> CHP EQUITY HOUSING LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 30-0248515	INVESTMENTS IN LOW AND MODERATE INCOME HOUSING DEVELOPMENTS	OH	3,880,483	2,064,761	COLUMBUS HOUSING PARTNERSHIP INC
<b>(2)</b> 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	1,728,613	METRO CITY HOMES INC
<b>(3)</b> HKS ASSOCIATES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 51-0545995	LOW-INCOME HOUSING	OH	0	2,030,520	COLUMBUS HOUSING PARTNERSHIP 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
<b>(1)</b> CHP KIMBERLY INC 562 EAST MAIN STREET COLUMBUS, OH 43205 31-1558619	OPERATION OF A 184 UNIT AFFORDABLE HOUSING PROJECT	OH	501(C)(3)	LINE 7	COLUMBUS HOUSING PARTNERSHIP INC		No
<b>(2)</b> 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
<b>(3)</b> CENTRAL OHIO HOUSING DEVELOPMENT ORGANIZATION INC 562 EAST MAIN STREET COLUMBUS, OH 43205 31-1579335	NONPROFIT DEVELOPER OF AFFORDABLE HOUSING	OH	501(C)(3)	LINE 9	N/A		No
<b>(4)</b> ELIM SENIOR HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43205 26-4765403	NONPROFIT OWNER OF AFFORDABLE HOUSING	OH	501(C)(3)	LINE 7	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 related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Sale of assets to related organization(s)**g** Purchase of assets from related organization(s)**h** Exchange of assets with related organization(s)**i** Lease of facilities, equipment, or other assets to related organization(s)**j** Lease of facilities, equipment, or other assets from related organization(s)**k** Performance of services or membership or fundraising solicitations for related organization(s)**l** Performance of services or membership or fundraising solicitations by related organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**n** Sharing of paid employees with related organization(s)**o** Reimbursement paid to related organization(s) for expenses**p** Reimbursement paid by related organization(s) for expenses**q** Other transfer of cash or property to related organization(s)**r** Other transfer of cash or property from related organization(s)

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

**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	843,264	OUTSTANDING BALANCE
<b>(2)</b> KIMCOURT LIMITED PARTNERSHIP	D	1,324,127	OUTSTANDING BALANCE
<b>(3)</b> STARRHIGH LIMITED PARTNERSHIP	D	292,639	OUTSTANDING BALANCE
<b>(4)</b> RICH STREET LIMITED PARTNERSHIP	D	521,971	OUTSTANDING BALANCE
<b>(5)</b> STODDART BLOCK LIMITED PARTNERSHIP	D	1,840,233	OUTSTANDING BALANCE
<b>(6)</b> EMERALD GLEN HOUSING LIMITED PARTNERSHIP	D	575,000	OUTSTANDING BALANCE



**Part VII Supplemental Information**

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

**Identifier****Return Reference****Explanation****Schedule R (Form 990) 2011**

**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, OH 43224	LOW- INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED				No			No	51 000 %
AGLER ELDERLY HOUSING LP 2100 AGLER ROAD COLUMBUS, OH 43224	LOW- INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED				No			No	0 510 %
AGLER FAMILY HOUSING LLC 2100 AGLER ROAD COLUMBUS, OH 43224	LOW- INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED				No			No	51 000 %
AGLER FAMILY HOUSING LP 2100 AGLER ROAD COLUMBUS, OH 43224	LOW- INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED				No			No	0 510 %
CITY VIEW HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 87-0721112	LOW- INCOME HOUSING	OH	CITY VIEW HOUSING INC	RELATED	-194	136,517		No			Yes	0 080 %
DUNROBIN HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 55-0890824	LOW- INCOME HOUSING	OH	DUNROBIN HOUSING INC	RELATED				No			Yes	0 070 %
EMERALD GLEN HOUSING LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1356828	LOW- INCOME HOUSING	OH	EMERALD GLEN HOUSING INC	RELATED	225,738	3,204,643		No			Yes	100 000 %
FAIRVIEW HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 32-0004472	LOW- INCOME HOUSING	OH	FAIRVIEW HOUSING INC	RELATED	-226	378,329		No			Yes	0 080 %
FIELDSTONE COURT HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 55-0890825	LOW- INCOME HOUSING	OH	FIELDSTONE COURT HOUSING INC	RELATED	-7	370,068		No			Yes	0 030 %
FRAMINGHAM HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 32-0004472	LOW- INCOME HOUSING	OH	FRAMINGHAM HOUSING INC	RELATED	-605	303,728		No			Yes	0 030 %
GEORGE'S CREEK LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1417899	LOW- INCOME HOUSING	OH	GENDER ROAD HOUSING INC	RELATED	507,988	3,780,574		No			Yes	100 000 %
GRACE WALK HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 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, OH 43215 31-1636611	LOW- INCOME HOUSING	OH	LINDEN HOUSING INC	RELATED	-195	91,142		No			Yes	0 080 %
JOYCE AVENUE HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1761906	LOW- INCOME HOUSING	OH	JOYCE AVENUE HOUSING INC	RELATED	-163	111,537		No			Yes	0 080 %
KIMCOURT LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1326691	LOW- INCOME HOUSING	OH	POR LOS NINOS INC	RELATED	283,802	2,739,842		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, OH 43215 31-1403563	LOW-INCOME HOUSING	OH	POR LOS NINOS INC	RELATED	-26,840		Yes			Yes		0.700%
KINGSFORD HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1697373	LOW-INCOME HOUSING	OH	KINGSFORD HOUSING INC	RELATED	-125	63,680	No			Yes		0.080%
MAPLEGREEN HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 90-0171902	LOW-INCOME HOUSING	OH	MAPLEGREEN HOUSING INC	RELATED	-283	1,012	No			Yes		0.080%
MARIEMONT HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1761775	LOW-INCOME HOUSING	OH	MARIEMONT HOUSING INC	RELATED	-113	19,167	No			Yes		0.080%
NEW SALEM HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1482829	LOW-INCOME HOUSING	OH	NEW SALEM HOUSING INC	RELATED	220,478	-349,297	Yes			Yes		0.010%
NHSS LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1482829	LOW-INCOME HOUSING	OH	EAST SIDE HOUSING INC	RELATED	-41,180	-42,146	Yes			Yes		0.010%
OBETZ VILLAGE LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1292472	LOW-INCOME HOUSING	OH	POR LOS NINOS INC	RELATED	122,228	2,318,542	No			Yes		100.000%
PARKMEAD APARTMENTS LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1349854	LOW-INCOME HOUSING	OH	PARKMEAD APARTMENTS INC	RELATED	-92,913	1,682,879	No			Yes		100.000%
PARKMEAD HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 20-8313200	LOW-INCOME HOUSING	OH	PARKMEAD HOUSING INC	RELATED			No			Yes		100.000%
RICH STREET CONDOS LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 20-3568518	LOW-INCOME HOUSING	OH	CHP HOUSING INC	RELATED	-6,291	804,084	No			Yes		100.000%
SOUTH EAST COLUMBUS HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1697374	LOW-INCOME HOUSING	OH	SOUTH EAST HOUSING INC	RELATED	-228	368,807	No			Yes		0.070%
SOUTH OF MAIN HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1414939	LOW-INCOME HOUSING	OH	MAIN STREET HOUSING INC	RELATED	-194	145,112	No			Yes		0.080%
SOUTHSIDE HOMES LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1761778	LOW-INCOME HOUSING	OH	SOUTHSIDE HOUSING INC	RELATED	-150	482,994	No			Yes		0.080%
SPRUCE BOUGH HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 16-1660098	LOW-INCOME HOUSING	OH	SPRUCE BOUGH HOUSING INC	RELATED	1	10,413	No			Yes		0.100%
STARRHIGH LIMITED PARTNERSHIP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1354388	LOW-INCOME HOUSING	OH	HIGH STREET HOUSING INC	RELATED	-54,263	1,495,016	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	
STODDART BLOCK LIMITED PARTNERSHIP  562 EAST MAIN STREET COLUMBUS, OH 43215 31-1388098	LOW- INCOME HOUSING	OH	FOURTH STREET HOUSING INC	RELATED	- 254,331	1,780,121		No		Yes		100.000 %
SUMMERFIELD HOMES LLC  562 EAST MAIN STREET COLUMBUS, OH 43215 87-0721109	LOW- INCOME HOUSING	OH	SUMMERFIELD HOUSING INC	RELATED	-521	12,922		No		Yes		0.100 %
TUSSING ROAD HOMES LIMITED PARTNERSHIP  562 EAST MAIN STREET COLUMBUS, OH 43215 31-1587686	LOW- INCOME HOUSING	OH	TUSSING ROAD HOUSING INC	RELATED	-228	833,536		No		Yes		0.070 %
URBANCREST AFFORDABLE HOUSING LLC  562 EAST MAIN STREET COLUMBUS, OH 43215 55-0890829	LOW- INCOME HOUSING	OH	URBANCREST AFFORDABLE HOUSING PARTNERS INC	RELATED	25,649	245,773	Yes			Yes		0.070 %
ELIM ESTATES HOMES LLC  562 EAST MAIN STREET COLUMBUS, OH 43215 26-3255056	LOW- INCOME HOUSING	OH	ELIM ESTATES HOUSING INC	RELATED	-207	2,087		No		Yes		0.080 %
WHITTIER LANDING HOUSING  562 EAST MAIN STREET COLUMBUS, OH 43215 27-0644214	LOW- INCOME HOUSING	OH	WHITTIER LANDING HOUSING INC	RELATED	-174	7,061		No		Yes		0.080 %
EASTWAY VILLAGE HOMES LLC  562 EAST MAIN STREET COLUMBUS, OH 43215 45-1561946	LOW- INCOME HOUSING	OH	EASTWAY VILLAGE	RELATED		1,787		No		Yes		0.080 %
ELIM MANOR HOMES LP  562 EAST MAIN STREET COLUMBUS, OH 43215 27-0854342	LOW- INCOME HOUSING	OH	ELIM SENIOR HOUSING INC	RELATED	2	-2,750		No		Yes		0.050 %

**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, OH 43215 31-1812852	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-6,228	35,356	100 000 %
CITY VIEW HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 41-2128679	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-255	-1,072	76 000 %
DUNROBIN HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 55-0890823	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %
EAST SIDE HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1442897	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-16	-58,738	25 000 %
ELIM ESTATES HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 26-3255011	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-207		76 000 %
EMERALD GLEN HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1372426	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-807	366,341	100 000 %
FAIRVIEW HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 35-2161265	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-226	-1,387	76 000 %
FIELDSTONE COURT HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 55-0890820	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-22	281,180	76 000 %
FOURTH STREET HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1388095	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-2,081	-22,675	75 000 %
FRAMINGHAM HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1473233	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-1,815	18,898	25 000 %
GENDER ROAD HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1417815	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-62	-1,106,302	100 000 %
GENDER ROAD GP CORP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1487728	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %
GRACE WALK HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 74-3161380	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %
HIGH STREET HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1354387	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-298	-1,751	100 000 %
HOMES ON THE HILL INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1324316	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			75 000 %
JOYCE AVENUE HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1761942	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-163	-881	76 000 %
KINGSFORD HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1694899	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-125	-1,065	75 000 %
LINDEN HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1636689	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-195	-1,514	76 000 %
LUKE'S CROSSING PROJECT CORP 562 EAST MAIN STREET COLUMBUS, OH 43215 26-2698858	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		100	75 000 %
MAIN STREET HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1654529	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-194	-113,474	76 000 %

**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
MAPLEGREEN HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 51-0450488	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-283	-1,709	76 000 %
MARIEMONT HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1762101	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-113	9,267	76 000 %
NEW SALEM HOMES INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1482263	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-220,478	-220,697	51 000 %
PARKMEAD APARTMENTS INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1349852	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-69,898	-177,047	100 000 %
PARKMEAD HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 20-8313023	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %
POR LOS NINOS INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1300081	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-21,907	-55,637	100 000 %
ROSEWIND GP CORP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1487726	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %
SOUTH EAST HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1694902	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-304	-2,751	75 000 %
SOUTHSIDE HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1761898	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-198	238,111	76 000 %
SPRUCE BOUGH HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 51-0450542	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	1	-1,922	100 000 %
SUMMERFIELD HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 41-2128676	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-521	332,942	100 000 %
TUSSING ROAD HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1587052	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-228	17,369	66 000 %
URBANCREST AFFORDABLE HOUSING PARTNERS INC 562 EAST MAIN STREET COLUMBUS, OH 43215 55-0890821	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	670	838	76 000 %
WHITTIER LANDING HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 27-0644143	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-181	-102	76 000 %
ENCLAVE AT HILLIARD RUN HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 27-3031914	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		445,395	100 000 %
EASTWAY VILLAGE HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			76 000 %
DUXBERRY LANDING HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 45-2501422	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		1,591,576	76 000 %
ELIM MANOR ELDERLY FACILITIES INC 562 EAST MAIN STREET COLUMBUS, OH 43215 27-1453870	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-1	-1	22 000 %

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount Involved (\$)	<b>(d)</b> Method of determining amount involved
<b>(1)</b> OBETZ VILLAGE LIMITED PARTNERSHIP	D	843,264	OUTSTANDING BALANCE
<b>(2)</b> KIMCOURT LIMITED PARTNERSHIP	D	1,324,127	OUTSTANDING BALANCE
<b>(3)</b> STARRHIGH LIMITED PARTNERSHIP	D	292,639	OUTSTANDING BALANCE
<b>(4)</b> RICH STREET LIMITED PARTNERSHIP	D	521,971	OUTSTANDING BALANCE
<b>(5)</b> STODDART BLOCK LIMITED PARTNERSHIP	D	1,840,233	OUTSTANDING BALANCE
<b>(6)</b> EMERALD GLEN HOUSING LIMITED PARTNERSHIP	D	575,000	OUTSTANDING BALANCE

# Additional Data

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

## Form 990, Special Condition Description:

**Special Condition Description**

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

### 4d. Other program services

(Code ) (Expenses \$ 926,829 including grants of \$ ) (Revenue \$ 1,089,006 )

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