

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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

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

C Name of organization: COLUMBUS HOUSING PARTNERSHIP INC
 Doing Business As: HOMEPORT
 Number and street (or P O box if mail is not delivered to street address): 562 EAST MAIN STREET
 Room/suite:
 City or town, state or country, and ZIP + 4: COLUMBUS, OH 43215

D Employer identification number: 31-1208260

E Telephone number: (614) 221-8889

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

G Gross receipts \$ 9,931,774

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: WWW.HOMEPORTOHIO.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1987
M State of legal domicile: OH

Part I Summary

1 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

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	112
6 Total number of volunteers (estimate if necessary)	6	1,154
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	-20,315

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,074,621	7,623,558
9 Program service revenue (Part VIII, line 2g)	2,436,887	3,187,193
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-679,414	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-789,061	-878,977
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,043,033	9,931,774

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	45,245	75,591
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,668,038	4,119,495
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶5,244		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,450,843	2,698,751
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,164,126	6,893,837
19 Revenue less expenses Subtract line 18 from line 12	878,907	3,037,937

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	35,576,252	43,502,320
21 Total liabilities (Part X, line 26)	23,476,686	28,364,817
22 Net assets or fund balances Subtract line 21 from line 20	12,099,566	15,137,503

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

Sign Here

Signature of officer: *****
 Date: 2013-11-13

AMY KLABEN PRESIDENT / CEO
 Type or print name and title

Paid Preparer Use Only

Preparer's name: DARRIN SPITZER
 Preparer's signature: [Signature]
 Date: 2013-11-13
 Check if self-employed
 PTIN: P01399907

Firm's name: CLARK SCHAEFER HACKETT & CO
 Firm's EIN: 31-0800053

Firm's address: 14 E MAIN STREET SUITE 500
 SPRINGFIELD, OH 45502
 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 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 \$ 1,212,211 including grants of \$ 75,591) (Revenue \$)
 HOUSING COUNSELING SERVICES PROVIDE 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 3,000 CLIENTS

4b (Code) (Expenses \$ 924,585 including grants of \$) (Revenue \$)
 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 2012, CONSTRUCTION WAS COMPLETED ON 11 UNITS AND 16 UNITS WERE SOLD AS OF 12/31/12 HOMEPORT HOME OWNERSHIP HAS COMPLETED CONSTRUCTION ON 134 UNITS AND SOLD 117 UNITS

4c (Code) (Expenses \$ 797,567 including grants of \$) (Revenue \$)
 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 AGES 5-13, 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 5 SITES PROVIDES SUMMER BREAKFAST AND LUNCH TO SCHOOL AGE CHILDREN ALSO PROVIDES AFTER SCHOOL SNACK 5 DAYS A WEEK DURING THE SCHOOL YEAR TAKE HOME GROCERIES OFFERED AT 5 SITES, FAMILIES RECEIVE GROCERIES TWICE A MONTH TO INSURE THAT CHILDREN HAVE FOOD AVAILABLE ON DAYS WHEN OUT OF SCHOOL PROGRAMMING IS NOT IN SESSION RESIDENT COUNCIL/COMMUNITY LEADERSHIP INSTITUTES, COMMUNITY CONVERSATIONS OFFERED AT MORE THAN 12 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 SERVICE COORDINATION TEAM OFFERS REFERRALS AND LINKAGES FOR ALL SITE RESIDENTS

(Code) (Expenses \$ 2,398,692 including grants of \$) (Revenue \$)
 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 \$ 2,398,692 including grants of \$) (Revenue \$)

4e Total program service expenses 5,333,055

Part IV Checklist of Required Schedules

	Yes	No
1 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	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 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
4 Section 501(c)(3) organizations. 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
5 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
6 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
7 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
8 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
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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	
10 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
11 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		
a 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 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
c 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	
d 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
e 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	
f 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	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
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 and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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, Parts I and IV</i>		No
15 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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 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 (see instructions)</i>		No
18 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
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 68		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 112		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		No
b	If "Yes," enter the name of the foreign country <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? 9a		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
13c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	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
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

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 Other (explain in Schedule O)
- 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 during the tax year
- 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 (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 PAST CHAIRPERSON	1 00	X		X				0	0	0
(2) LYNN ELLIOTT TRUSTEE	1 00	X						0	0	0
(3) DANIELLE ALEXANDER TRUSTEE	1 00	X						0	0	0
(4) PAUL BLOOMFIELD TRUSTEE	1 00	X						0	0	0
(5) KENNETH CHRISTOPHER TRUSTEE	1 00	X						0	0	0
(6) STAN COLLINS TRUSTEE	1 00	X						0	0	0
(7) TJ CONGER TREASURER	1 00	X		X				0	0	0
(8) BRUCE LUECKE CHAIRPERSON	1 00	X						0	0	0
(9) SUSAN FULLER MCDONOUGH SECRETARY	1 00	X		X				0	0	0
(10) BUFFIE MCGEE PATTERSON TRUSTEE	1 00	X						0	0	0
(11) THOMAS O'HARA JR TRUSTEE	1 00	X						0	0	0
(12) CAROL LUDTKE PRIGAN TRUSTEE	1 00	X						0	0	0
(13) SHELLY SHIVELY TRUSTEE	1 00	X						0	0	0
(14) STEPHEN WITTMANN TRUSTEE	1 00	X						0	0	0
(15) NANCY KOWALSKI VICE - CHAIRPERSON	1 00	X		X				0	0	0
(16) PATRICIA SHORR TRUSTEE	1 00	X						0	0	0
(17) MARK C MCCULLOUGH TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) MICHAEL MENDEL TRUSTEE	1 00	X						0	0	0
(19) NOELLE SICURO TRUSTEE	1 00	X						0	0	0
(20) MICHAEL MARTIN TRUSTEE	1 00	X						0	0	0
(21) STEPHANIE STEWARD-YOUNG TRUSTEE	1 00	X						0	0	0
(22) SARA NEIKIRK TRUSTEE	1 00	X						0	0	0
(23) AMY KLABEN PRESIDENT / CEO	53 00			X				191,432	0	13,788
(24) VALORIE SCHWARZMANN CFO	49 00			X				109,579	0	4,454
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								301,011	0	18,242

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
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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	686,238
MEDICAL MUTUAL OF OHIO PO BOX 951922 CLEVELAND OH 44193	HEALTH INSURANCE PROVIDER	432,332
CEQART CONSTRUCTION GROUP INC 2240 SUNBURY ROAD COLUMBUS OH 43219	CONSTRUCTION CONTRACTOR	210,887
ION INCORPORATED 4555 GROVES ROAD SUITE 18 COLUMBUS OH 43232	CONSTRUCTION CONTRACTOR	187,605
WESTFIELD INSURANCE PO BOX 5001 WESTFIELD CENTER OH 44251	PROPERTY & CASUALTY INSURANCE	182,764

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 **6**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e	6,571,351				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,052,207				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f	7,623,558				
Program Service Revenue	Business Code					
	2a DEVELOPMENT FEES	531390	2,657,779	2,657,779		
	b PROGRAM AND MANAGEMENT	531390	1,730,684	1,730,684		
	c INTEREST ON PROGRAM LO	900099	71,783	71,783		
	d LOSS ON SALE OF PROPER	900099	-1,273,053	-1,273,053		
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		3,187,193				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a LOSS FROM RELATED PART	900099	-878,977	-878,977			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		-878,977				
12 Total revenue. See Instructions		9,931,774	2,308,216	0	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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	75,591	75,591		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	319,253	82,094	231,915	5,244
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,115,125	2,345,046	770,079	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	685,117	426,733	258,384	
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	85,826	40,302	45,524	
c	Accounting	60,857	43,876	16,981	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	52,314	38,058	14,256	
12	Advertising and promotion	77,342	71,404	5,938	
13	Office expenses	55,702	44,955	10,747	
14	Information technology	50,396	38,257	12,139	
15	Royalties				
16	Occupancy	138,848	110,824	28,024	
17	Travel	57,965	54,301	3,664	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	60,064	53,111	6,953	
20	Interest	273,209	263,708	9,501	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	167,238	136,111	31,127	
23	Insurance	30,917	24,820	6,097	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	BAD DEBT EXPENSE	1,025,567	985,046	40,521	
b	PROGRAM RELATED EXPENSE	157,964	139,224	18,740	
c	DEVELOPMENT COSTS	142,641	142,641		
d	EQUIPMENT RENTAL	47,145	33,855	13,290	
e	All other expenses	214,756	183,098	31,658	
25	Total functional expenses. Add lines 1 through 24e	6,893,837	5,333,055	1,555,538	5,244
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	9,771,009	1	8,829,461
	2 Savings and temporary cash investments	718,362	2	719,204
	3 Pledges and grants receivable, net	444,912	3	1,292,196
	4 Accounts receivable, net	2,207,182	4	3,238,746
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	12,561,225	7	18,755,118
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	12,158	9	6,653
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,435,007		
	b Less accumulated depreciation	10b 765,130	6,370,377	10c 4,669,877
	11 Investments—publicly traded securities	72,184	11	81,025
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	3,096,421	13	5,560,447
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	322,422	15	349,593
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,576,252	16	43,502,320	
Liabilities	17 Accounts payable and accrued expenses	1,296,314	17	1,472,581
	18 Grants payable		18	
	19 Deferred revenue	1,162,773	19	17,854,201
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	259,758	21	369,524
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	19,285,789	23	6,814,591
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	1,472,052	25	1,853,920
	26 Total liabilities. Add lines 17 through 25	23,476,686	26	28,364,817
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	9,314,301	27	9,213,658
	28 Temporarily restricted net assets	200,000	28	3,360,405
	29 Permanently restricted net assets	2,585,265	29	2,563,440
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	12,099,566	33	15,137,503	
34 Total liabilities and net assets/fund balances	35,576,252	34	43,502,320	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,931,774
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,893,837
3	Revenue less expenses Subtract line 2 from line 1	3	3,037,937
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,099,566
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,137,503

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number
31-1208260

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- 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 supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,766,668	3,915,253	5,419,797	4,965,621	4,271,111	23,338,450
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,766,668	3,915,253	5,419,797	4,965,621	4,271,111	23,338,450
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						23,338,450

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	4,766,668	3,915,253	5,419,797	4,965,621	4,271,111	23,338,450
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	99,990	259,598	135,527	65,504	71,886	632,505
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support (Add lines 7 through 10)						23,970,955

12 Gross receipts from related activities, etc (see instructions) **12** 12,839,416

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	97.360 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	97.130 %

16a 33 1/3% support test—2012. 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—2011. If the organization did not check a 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—2012. 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—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 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 include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements including checkboxes for preservation purposes, a table for held at the end of the year (2a-2d), and various questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting and amounts for revenues and assets.

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

3 Using the organization's acquisition, 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 XIII

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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

4 Describe in Part XIII 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
1a Land		200,000		200,000
b Buildings		768,611	401,234	367,377
c Leasehold improvements				
d Equipment		455,680	363,896	91,784
e Other		4,010,716		4,010,716
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,669,877

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

1	Total revenue, gains, and other support per audited financial statements		1	16,023,651
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	85,000	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	5,157,900	
e	Add lines 2a through 2d		2e	5,242,900
3	Subtract line 2e from line 1		3	10,780,751
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	-848,977	
c	Add lines 4a and 4b		4c	-848,977
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	9,931,774

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

1	Total expenses and losses per audited financial statements		1	13,167,805
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	85,000	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	6,227,653	
e	Add lines 2a through 2d		2e	6,312,653
3	Subtract line 2e from line 1		3	6,855,152
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	38,685	
c	Add lines 4a and 4b		4c	38,685
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	6,893,837

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	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 2009, 2010 AND 2011 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 XI, LINE 2D - OTHER ADJUSTMENTS		ENTITIES NOT CONSOLIDATED ON FORM 990 5,157,900
PART XI, LINE 4B - OTHER ADJUSTMENTS		LOSS FROM RELATED PARTNERSHIPS -878,977 ENTITY (CCDF) CONSOLIDATED ON FORM 990 ONLY 30,000
PART XII, LINE 2D - OTHER ADJUSTMENTS		ENTITIES NOT CONSOLIDATED ON FORM 990 6,227,653
PART XII, LINE 4B - OTHER ADJUSTMENTS		ENTITY (CCDF) CONSOLIDATED ON FORM 990 ONLY 38,685

Schedule I (Form 990)

OMB No 1545-0047

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

2012

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

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number 31-1208260

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

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

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

Part III can be duplicated 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	17	75,591			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number

31-1208260

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c	No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>	5b	No								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>	6b	No								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) AMY KLABEN PRESIDENT / CEO	(i)	181,432	0	10,000	10,000	3,788	205,220	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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

2012

**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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHP EQUITY HOUSING LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 30-0248515	INVESTMENTS IN LOW AND MODERATE INCOME HOUSING DEVELOPMENTS	OH			COLUMBUS HOUSING PARTNERSHIP INC
(2) CENTRAL CITY DEVELOPMENT FUND I LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1208260	PROVIDE LOANS TO EXPAND AFFORDABLE HOUSING OPPORTUNITIES	OH			METRO CITY HOMES INC
(3) HKS ASSOCIATES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 51-0545995	LOW-INCOME HOUSING	OH			COLUMBUS HOUSING PARTNERSHIP INC

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity?	
						Yes	No
(1) CHP KIMBERLY INC 562 EAST MAIN STREET COLUMBUS, OH 43205 31-1558619	OPERATION OF A 184 UNIT AFFORDABLE HOUSING PROJECT	OH	501(C)(3)	LINE 7	COLUMBUS HOUSING PARTNERSHIP INC		No
(2) METRO CITY HOMES INC 562 EAST MAIN STREET COLUMBUS, OH 43205 30-0283818	PROVIDE LOANS TO EXPAND AFFORDABLE HOUSING OPPORTUNITIES	OH	501(C)(3)		COLUMBUS HOUSING PARTNERSHIP INC		No
(3) CENTRAL OHIO HOUSING DEVELOPMENT ORGANIZATION INC 562 EAST MAIN STREET COLUMBUS, OH 43205 31-1579335	NONPROFIT DEVELOPER OF AFFORDABLE HOUSING	OH	501(C)(3)	LINE 9	N/A		No
(4) ELIM SENIOR HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43205 26-4765403	NONPROFIT OWNER OF AFFORDABLE HOUSING	OH	501(C)(3)	LINE 7	COLUMBUS HOUSING PARTNERSHIP INC		No

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

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

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

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
1a		No
1b		No
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h	Yes	
1i		No
1j		No
1k	Yes	
1l		No
1m		No
1n		No
1o	Yes	
1p		No
1q	Yes	
1r	Yes	
1s		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-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

Part VII Supplemental Information

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

Identifier		Return Reference		Explanation								
(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	
Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
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	-227	136,279		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	-1,407	1,016,369		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	-198	388,502		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	370,109		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	-75	322,610		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	-53	-1,170,672		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	-198	99,540		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	-167	129,318		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	-1,427	192,565		No			Yes	100 000 %

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							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			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	-126	61,666		No		Yes		0.080 %
MAPLEGREEN HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 90-0171902	LOW-INCOME HOUSING	OH	MAPLEGREEN HOUSING INC	RELATED	-332	734		No		Yes		0.080 %
MARIEMONT HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1761775	LOW-INCOME HOUSING	OH	MARIEMONT HOUSING INC	RELATED	-133	231,734		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	-40	-334,962	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	-16	-73,864	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	-631	1,046,531		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	-74,738	983,100		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	-66,723	693,020		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	-211	308,314		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	-239,102	54,596		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	-191	483,522		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	2,778		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	-193	60,122		No		Yes		100.000 %

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							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	-1,499	105,473		No		Yes		100.000 %
SUMMERFIELD HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 87-0721109	LOW-INCOME HOUSING	OH	SUMMERFIELD HOUSING INC	RELATED	-462	327,327		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	-261	247,156		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	23,812	245,286	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	-208	1,803		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	-456	4,544		No		Yes		0.080 %
EASTWAY VILLAGE HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 45-1561946	LOW-INCOME HOUSING	OH	EASTWAY VILLAGE	RELATED				No		Yes		0.080 %
ELIM MANOR ELDERLY HOUSING LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 80-0516168	LOW-INCOME HOUSING	OH	ELIM SENIOR HOUSING INC	RELATED	-18	653,049		No		Yes		0.050 %
DUXBERRY LANDING HOMES LLC 562 EAST MAIN STREET COLUMBUS, OH 43215 45-2501440	LOW-INCOME HOUSING	OH	DUXBERRY LANDING HOUSING INC	RELATED	-43	10,503		No		Yes		0.010 %
ELIM MANOR HOMES LP 562 EAST MAIN STREET COLUMBUS, OH 43215 27-0854342	LOW-INCOME HOUSING	OH	ELIM SENIOR HOUSING INC	RELATED	-97	4,500,680		No		Yes		0.510 %

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHP HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1812852	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-66,723	-31,367	100 000 %		No
CITY VIEW HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 41-2128679	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-299	-1,371	76 000 %		No
DUNROBIN HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 55-0890823	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %		No
EAST SIDE HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1442897	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-16	-105,648	25 000 %		No
ELIM ESTATES HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 26-3255011	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-208	-1,233	76 000 %		No
EMERALD GLEN HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1372426	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-1,240	364,353	100 000 %		No
FAIRVIEW HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 35-2161265	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-198	-1,585	76 000 %		No
FIELDSTONE COURT HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 55-0890820	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-21	281,159	76 000 %		No
FOURTH STREET HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1388095	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-1,499	-24,173	75 000 %		No
FRAMINGHAM HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1473233	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-225	18,671	25 000 %		No
GENDER ROAD HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1417815	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-53	-1,106,369	100 000 %		No
GENDER ROAD GP CORP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1487728	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %		No
GRACE WALK HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 74-3161380	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %		No
HIGH STREET HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1354387	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-193	-1,944	100 000 %		No
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 %		No

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								Yes	No
JOYCE AVENUE HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1761942	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-167	-1,048	76 000 %		No
KINGSFORD HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1694899	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-126	-1,191	75 000 %		No
LINDEN HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1636689	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-198	-1,712	76 000 %		No
LUKE'S CROSSING PROJECT CORP 562 EAST MAIN STREET COLUMBUS, OH 43215 26-2698858	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		75	75 000 %		No
MAIN STREET HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1654529	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-239,102	-353,994	76 000 %		No
MAPLEGREEN HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 51-0450488	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-332	-2,041	76 000 %		No
MARIEMONT HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1762101	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-133	9,134	76 000 %		No
NEW SALEM HOMES INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1482263	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-40	-220,737	51 000 %		No
PARKMEAD APARTMENTS INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1349852	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-74,738	-251,750	100 000 %		No
PARKMEAD HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 20-8313023	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %		No
POR LOS NINOS INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1300081	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-2,541	-58,054	100 000 %		No
ROSEWIND GP CORP 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1487726	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100 000 %		No
SOUTH EAST HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1694902	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-281	-3,032	75 000 %		No
SOUTHSIDE HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1761898	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-251	237,860	76 000 %		No
SPRUCE BOUGH HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 51-0450542	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C		-1,921	100 000 %		No

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								Yes	No
SUMMERFIELD HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 41-2128676	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-462	332,480	100 000 %		No
TUSSING ROAD HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 31-1587052	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-261	17,134	66 000 %		No
URBANCREST AFFORDABLE HOUSING PARTNERS INC 562 EAST MAIN STREET COLUMBUS, OH 43215 55-0890821	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-204	648	76 000 %		No
WHITTIER LANDING HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 27-0644143	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-474	-453	76 000 %		No
ENCLAVE AT HILLIARD RUN HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 27-3031914	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-72	508,269	100 000 %		No
EASTWAY VILLAGE HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			76 000 %		No
DUXBERRY LANDING HOUSING INC 562 EAST MAIN STREET COLUMBUS, OH 43215 45-2501422	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-43	-30	76 000 %		No
ELIM MANOR ELDERLY FACILITIES INC 562 EAST MAIN STREET COLUMBUS, OH 43215 27-1453870	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-18	6	22 000 %		No

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
OBETZ VILLAGE LIMITED PARTNERSHIP	D	909,629	OUTSTANDING BALANCE
KIMCOURT LIMITED PARTNERSHIP	D	1,421,318	OUTSTANDING BALANCE
STARRHIGH LIMITED PARTNERSHIP	D	292,697	OUTSTANDING BALANCE
RICH STREET LIMITED PARTNERSHIP	D	521,971	OUTSTANDING BALANCE
STODDART BLOCK LIMITED PARTNERSHIP	D	1,985,795	OUTSTANDING BALANCE
EMERALD GLEN HOUSING LIMITED PARTNERSHIP	D	575,000	OUTSTANDING BALANCE
GEORGE'S CREEK LIMITED PARTNERSHIP	D	1,188,025	OUTSTANDING BALANCE