

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

- B Check if applicable: Address change, Name change, Initial return, Final 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): 3443 AGLER ROAD STE 200. Room/suite: . City or town, state or province, country, and ZIP or foreign postal code: COLUMBUS, OH 43219

D Employer identification number: 31-1208260. E Telephone number: (614) 221-8889. G Gross receipts \$ 8,692,314

F Name and address of principal officer: BRUCE LUECKE, 3443 AGLER ROAD STE 200, COLUMBUS, OH 43219

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.HOMEPORTOHIO.ORG

K Form of organization: Corporation

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 A CORNERSTONE OF DIGNITY, SECURITY AND OPPORTUNITY THROUGH QUALITY AFFORDABLE HOMES AND STRONG COMMUNITIES.

Table with 2 columns: Description and Amount. Rows include: 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 (29). 4 Number of independent voting members of the governing body (29). 5 Total number of individuals employed in calendar year 2020 (41). 6 Total number of volunteers (202). 7a Total unrelated business revenue from Part VIII, column (C), line 12 (250,305). 7b Net unrelated business taxable income from Form 990-T, line 39 (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (4,378,341 / 4,395,694). 9 Program service revenue (3,730,733 / 4,296,620). 10 Investment income (0 / 0). 11 Other revenue (-118,165 / -86,740). 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) (7,990,909 / 8,605,574).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (59,973 / 285,983). 14 Benefits paid to or for members (0 / 0). 15 Salaries, other compensation, employee benefits (3,154,385 / 3,596,511). 16a Professional fundraising fees (0 / 0). 16b Total fundraising expenses (207,527). 17 Other expenses (3,956,139 / 3,679,870). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) (7,170,497 / 7,562,364). 19 Revenue less expenses. Subtract line 18 from line 12 (820,412 / 1,043,210).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (Part X, line 16) (49,337,355 / 52,195,076). 21 Total liabilities (Part X, line 26) (32,356,843 / 33,870,221). 22 Net assets or fund balances. Subtract line 21 from line 20 (16,980,512 / 18,324,855).

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: VALORIE G SCHWARZMANN CFO. Date: 2021-10-27. Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name: CLARK SCHAEFER HACKETT & CO. Preparer's signature. Date: 2021-10-18. Check if self-employed. PTIN: P00737986. Firm's EIN: 31-0800053. Firm's address: 14 EAST 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 or note to any line in this Part III



1 Briefly describe the organization's mission:

TO CREATE A CORNERSTONE OF DIGNITY, SECURITY AND OPPORTUNITY THROUGH QUALITY AFFORDABLE HOMES AND STRONG COMMUNITIES.

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 \$ 4,712,963 including grants of \$ 285,983 ) (Revenue \$ )

HOMEPORT HOME OWNERSHIP PROVIDES QUALITY, ENERGY EFFICIENT, AFFORDABLE, HOME OWNERSHIP OPPORTUNITIES TO HOUSEHOLDS OF VARYING INCOME 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 CONCERNED 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 2020, CONSTRUCTION WAS COMPLETED ON 5 HOMES AND 5 HOMES WERE SOLD. AS OF 12/31/20 HOMEPORT HOME OWNERSHIP HAD COMPLETED CONSTRUCTION ON 209 HOMES AND SOLD 209 HOMES.

4b (Code: ) (Expenses \$ 1,227,615 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'S RESIDENT SERVICES DEPARTMENT PROVIDES:OUT OF SCHOOL PROGRAMMING: OFFERED AT 4 SITES FOR CHILDREN AGES 5-18, PROVIDES 5 AFTERNOONS A WEEK OF HOMEWORK ASSISTANCE, COMPUTER LAB AND SPECIAL PROGRAMS THROUGHOUT THE YEAR TO ASSIST FAMILIES WITH WORKING PARENTS WHEN SCHOOL IS OUT INCLUDING 5 DAY A WEEK VIRTUAL PROGRAMMING IN THE SUMMER. ONE AFTERSCHOOL SITE OPERATED IN PERSON ON A LIMITED BASIS IN 2020.STUDENTS FOOD PROGRAMS: OFFERED AT 7 SITES PROVIDES SUMMER BREAKFAST AND LUNCH TO SCHOOL AGE CHILDREN. TAKE HOME MEALS WERE PROVIDED AT OUR 7 LARGEST MULTIFAMILY SITES AND WAS OPEN TO ALL FAMILIES IN THE COMMUNITY.THE SERVICE COORDINATION TEAM OFFERS REFERRALS AND LINKAGES FOR ALL SITE RESIDENTS. DURING 2020, WHEN THE PANDEMIC TRIGGERED STAY-AT-HOME ORDERS AND RESIDENT INCOME LOSS, SERVICE COORDINATORS FOCUSED ON SECURING RENTAL AND OTHER FINANCIAL ASSISTANCE FOR 217 HOMEPORT FAMILIES.

4c (Code: ) (Expenses \$ 715,636 including grants of \$ ) (Revenue \$ )

HOUSING ADVISORY SERVICES PROVIDE INDIVIDUALS 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 CENTRAL OHIO NEIGHBORHOODS. HOMEPORT PROGRAMS HELP POTENTIAL HOMEOWNERS UNDERSTAND THAT PURCHASING A HOME COMES WITH MANY OBLIGATIONS. HOMEPORT TEACHES ITS CLIENTS HOW TO BE RESPONSIBLE HOMEOWNERS AND GOOD NEIGHBORS. HOMEPORT HOUSING ADVISORY SERVICES INCLUDES PREPURCHASE EDUCATION AND COUNSELING, CREDIT AND BUDGET COUNSELING, FORECLOSURE PREVENTION, AND REVERSE MORTGAGE COUNSELING TO 1,467 NEW CLIENTS IN 2020. HOUSING ADVISORY SERVICES ALSO PROVIDES FINANCIAL LITERACY EDUCATION AND COUNSELING TO RESIDENTS OF HOMEPORT COMMUNITIES TO PROVIDE FINANCIAL STABILITY, FINANCIAL SECURITY AND ASSIST WITH ASSET BUILDING.

(Code: ) (Expenses \$ 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 \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,656,214

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, with sub-questions (a, b, c, d, e, f, g, h) and corresponding answer columns (Yes, No, 41, etc.).

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 or note to any line in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 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?...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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?...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed. 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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. 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, address, and telephone number of the person who possesses the organization's books and records: VALORIE SCHWARZMANN 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 (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 or note to any line 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.

See instructions for the order in which to list the persons above.

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) MARK A PRINGLE CHAIRPERSON	1.00	X		X				0	0	0
(2) MICHAEL KELLEY VICE CHAIR	1.00	X		X				0	0	0
(3) PAULA HUGHES SECRETARY	1.00	X		X				0	0	0
(4) EMMETT KELLY TREASURER	1.00	X		X				0	0	0
(5) CHRISTY HUNE PAST CHAIRPERSON	1.00	X						0	0	0
(6) LINDA FLICKINGER DIRECTOR	1.00	X						0	0	0
(7) SCOTT FAILOR DIRECTOR	1.00	X						0	0	0
(8) ROBERT CHILTON DIRECTOR	1.00	X						0	0	0
(9) STAN COLLINS DIRECTOR	1.00	X						0	0	0
(10) MARK C MCCULLOUGH DIRECTOR	1.00	X						0	0	0
(11) MICHAEL MENDEL DIRECTOR	1.00	X						0	0	0
(12) STEFANIE STEWARD-YOUNG DIRECTOR	1.00	X						0	0	0
(13) SARA NEIKIRK DIRECTOR	1.00	X						0	0	0
(14) JOHN GEHA DIRECTOR	1.00	X						0	0	0
(15) MIKE LANGE DIRECTOR	1.00	X						0	0	0
(16) ANTHONY ANZIC DIRECTOR	1.00	X						0	0	0
(17) MELISSA CENTERS DIRECTOR	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) MATTHEW KEATING DIRECTOR	1.00	X						0	0	0
(19) KRISTOPHER WAHLERS DIRECTOR	1.00	X						0	0	0
(20) STEPHEN BUCHENROTH DIRECTOR	1.00	X						0	0	0
(21) CINDY MILLISON DIRECTOR	1.00	X						0	0	0
(22) MICHAEL PURCELL DIRECTOR	1.00	X						0	0	0
(23) JOSE RODRIGUEZ DIRECTOR	1.00	X						0	0	0
(24) DAWN CARPENTER DIRECTOR	1.00	X						0	0	0
(25) LARRY PRICE DIRECTOR	1.00	X						0	0	0
(26) DENISE ROBINSON DIRECTOR	1.00	X						0	0	0
(27) JILL TANGEMAN DIRECTOR	1.00	X						0	0	0
(28) CHARLES THOMPSON DIRECTOR	1.00	X						0	0	0
(29) JULIUS COX DIRECTOR	1.00	X						0	0	0
(30) BRUCE LUECKE PRESIDENT / CEO	45.00			X				223,996	0	17,952
(31) VALORIE SCHWARZMANN CFO & SVP PROGRAM OPERATIONS	52.00			X				171,817	0	10,234
(32) MAUDE HILL VP OF COMMUNITY & GOVT. RELATIONS	42.00					X		128,297	0	9,404
(33) LEAH EVANS SVP OF REAL ESTATE DEV.	42.00					X		116,046	0	19,571
(34) DON BUTLER REAL ESTATE CONTROLLER	42.00					X		106,462	0	6,718
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								746,618	0	63,879

**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 **5**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
KMM BUILDERS LLC 7316 KEMPERWOOD COURT BLACKLICK, OH 43004	CONSTRUCTION CONTRACTOR	1,562,108
M&A ARCHITECTS INC 775 YARD ST SUITE 325 COLUMBUS, OH 43212	ARCHITECTURAL SERVICES	205,152
VORYS SATER SEYMOUR & PEASE 52 EAST GAY STREET COLUMBUS, OH 43215	LEGAL SERVICES FOR DEVELOPMENT	152,588
COLUMBUS DESIGN LLC 100 SOUTH 4TH ST SUITE 100 COLUMBUS, OH 43215	ARCHITECTURAL SERVICES	125,160

**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 **4**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line 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 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>	493,726			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	3,010,870			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	891,098			
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>				
	<b>h Total.</b> Add lines 1a-1f . . . . .			4,395,694		
<b>Program Service Revenue</b>	<b>2a</b> RENTAL	Business Code				
		532000	2,445,111	2,194,806	250,305	
	<b>b</b> DEVELOPMENT FEES	531390	1,472,183	1,472,183		
	<b>c</b> PROGRAM AND MANAGEMENT FEES	531390	918,023	918,023		
	<b>d</b> INTEREST ON PROG. LOANS	900099	634,948	634,948		
	<b>e</b> OTHER OPERATING INCOME	900099	97,179	97,179		
	<b>f</b> All other program service revenue.		-1,270,824	-1,270,824		
	<b>g Total.</b> Add lines 2a-2f. . . . .		4,296,620			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .					
		(i) Real	(ii) Personal			
	<b>6a</b> Gross rents	<b>6a</b>				
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss) . . . . .					
		(i) Securities	(ii) Other			
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ 493,726 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	0			
	<b>b</b> Less: direct expenses	<b>8b</b>	86,740			
<b>c</b> Net income or (loss) from fundraising events . . . . .			-86,740		-86,740	
<b>9a</b> Gross income from gaming activities.	<b>9a</b>					
<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					
<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code					
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .						
<b>12 Total revenue.</b> See instructions . . . . .			8,605,574	4,046,315	250,305	-86,740

**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 or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	285,983	285,983		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	423,999	74,937	338,889	10,173
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,559,314	2,393,347	68,981	96,986
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	613,198	462,698	110,751	39,749
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	226,595	226,595		
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	302,369	269,686	32,683	
<b>12</b> Advertising and promotion	140,449	44,974	34,856	60,619
<b>13</b> Office expenses	307,134	273,508	33,626	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	657,405	646,917	10,488	
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	25,913	22,825	3,088	
<b>20</b> Interest	687,659	669,276	18,383	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	247,609	233,770	13,839	
<b>23</b> Insurance	199,910	183,735	16,175	
<b>24</b> 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.)				
<b>a</b> CLIENT ASSISTANCE	556,238	556,233	5	
<b>b</b> REAL ESTATE TAXES	206,199	206,199		
<b>c</b> OTHER OPERATING EXPENSE	80,459	80,459		
<b>d</b> MISCELLANEOUS	41,931	25,072	16,859	
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	7,562,364	6,656,214	698,623	207,527
<b>26</b> <b>Joint costs.</b> 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 or note to any line in this Part IX . . . . .

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33).

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	8,605,574
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,562,364
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,043,210
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	16,980,512
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	393,483
<b>6</b>	Donated services and use of facilities	<b>6</b>	-87,571
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-4,779
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	18,324,855

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

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

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**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.**

**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	3,156,636	2,726,980	3,269,499	2,876,536	4,395,694	16,425,345
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	3,156,636	2,726,980	3,269,499	2,876,536	4,395,694	16,425,345
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						16,425,345

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . .	3,156,636	2,726,980	3,269,499	2,876,536	4,395,694	16,425,345
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	27,931	513,496	655,308	738,852	634,948	2,570,535
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						18,995,880

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

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	86.470 %
<b>15</b> Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	89.730 %

**16a 33 1/3% support test—2020.** 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—2019.** 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—2020.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2019.** 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 VI 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 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	
<b>19a 33 1/3% support tests—2020.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2019.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2** Activities Test. **Answer lines 2a and 2b below.**

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		

**3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

	Yes	No
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

**Section C - Distributable Amount**

Current Year

<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		

- 7**  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

(continued)

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
<b>a</b> From 2015. . . . .			
<b>b</b> From 2016. . . . .			
<b>c</b> From 2017. . . . .			
<b>d</b> From 2018. . . . .			
<b>e</b> From 2019. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016. . . . .			
<b>b</b> Excess from 2017. . . . .			
<b>c</b> Excess from 2018. . . . .			
<b>d</b> Excess from 2019. . . . .			
<b>e</b> Excess from 2020. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

### Facts And Circumstances Test

Return Reference	Explanation

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

Name of the organization COLUMBUS HOUSING PARTNERSHIP INC	<b>Employer identification number</b> 31-1208260
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**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ
  - 501(c)( ) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
  - 527 political organization
- Form 990-PF
  - 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number  
31-1208260

**Part I**  
**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  
COLUMBUS HOUSING PARTNERSHIP INC

**Employer identification number**  
31-1208260

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____

Name of organization COLUMBUS HOUSING PARTNERSHIP INC	Employer identification number 31-1208260
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

2020

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number

31-1208260

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
2 Political campaign activity expenditures (see instructions)
3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6.



**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		6,212
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....		No	
<b>j</b>	Total. Add lines 1c through 1i .....			6,212
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members? .....		
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year? .....		

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	DURING 2020, THE ORGANIZATION'S OFFICERS AND OTHER STAFF SPENT 40 HOURS IN DIRECT CONTACT WITH LEGISLATORS REGARDING ISSUES AFFECTING HOMEPORT'S FUNDING FOR AND PROPOSED LEGISLATIVE CHANGES RELATING TO ITS EXEMPT PURPOSES. ADDITIONALLY, HOMEPORT IS A MEMBER OF A NATIONAL ORGANIZATION, NEIGHBORWORKS AMERICA, AND PAID \$2,750 TO THEM FOR LOBBYING SUPPORT OF AFFORDABLE HOUSING LEGISLATION ISSUES DIRECTLY RELATED TO HOMEPORT'S MISSION.

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

**SCHEDULE D**  
**(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's 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" on 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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Term endowment ▶ .....
- The percentages on 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:

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		509,509		509,509
<b>b</b> Buildings . . . . .		5,181,563	697,980	4,483,583
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		539,223	418,324	120,899
<b>e</b> Other . . . . .		11,742,046		11,742,046
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				16,856,037

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN LIMITED PARTNERSHIPS	6,837,311	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)	6,837,311	

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	585,506

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	16,570,656
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	-87,571	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	7,965,913	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	7,878,342
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	8,692,314
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-86,740	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	-86,740
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	8,605,574

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	15,482,668
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	7,920,304	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	7,920,304
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	7,562,364
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	7,562,364

**Part XIII**

**Supplemental Information**

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.

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.
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. THE ORGANIZATION'S POLICY WITH REGARD TO INTEREST AND PENALTIES IS TO RECOGNIZE INTEREST THROUGH INTEREST EXPENSE AND PENALTIES THROUGH OPERATING EXPENSES. 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 7,965,913.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	FUNDRAISING DIRECT EXPENSES -86,740.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	ENTITIES NOT CONSOLIDATED ON FORM 990 7,833,564. FUNDRAISING DIRECT EXPENSES 86,740.

## **Additional Data**

[\*\*Return to Form\*\*](#)

**Software ID:**  
**Software Version:**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

**2020**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number  
31-1208260

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<b>VOICE &amp; VISION</b> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
<b>1</b> Gross receipts . . . . .	493,726			493,726
<b>2</b> Less: Contributions . . . . .	493,726			493,726
<b>3</b> Gross income (line 1 minus line 2) . . . . .				
<b>4</b> Cash prizes . . . . .				
<b>5</b> Noncash prizes . . . . .				
<b>6</b> Rent/facility costs . . . . .	11,120			11,120
<b>7</b> Food and beverages . . . . .	3,735			3,735
<b>8</b> Entertainment . . . . .	22,165			22,165
<b>9</b> Other direct expenses . . . . .	49,720			49,720
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				86,740
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-86,740

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	<b>1</b> Gross revenue . . . . .			
<b>2</b> Cash prizes . . . . .				
<b>3</b> Noncash prizes . . . . .				
<b>4</b> Rent/facility costs . . . . .				
<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% .. <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

**16** Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

<b>Part IV Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.	
Return Reference	Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 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 Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DOWN PAYMENT ASSISTANCE FOR ELIGIBLE HOMEBUYERS - FRANKLIN COUNTY GRANT	5	35,500			
(2) EVICTION PREVENTION FINANCIAL ASSISTANCE FOR ELIGIBLE RESIDNTS	154	250,483			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
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.

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

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

**Compensation Information**

OMB No. 1545-0047

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2020**

**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 Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel            | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on 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

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

**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.

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

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

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization?
  - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

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

- a** The organization?
  - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on 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.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		



**Part III Supplemental Information**

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.

Return Reference	Explanation
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## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

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

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Name of the organization  
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number

31-1208260

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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.
FORM 990, PART XI, LINE 9:	TRANSFER OF NET ASSETS -4,779.
FORM 990 PART XII LINE 2C	PROCESS IS CONSISTENT WITH PRIOR YEAR.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COLUMBUS HOUSING PARTNERSHIP INC

**Employer identification number**

31-1208260

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

(a) Name, address, and EIN (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
<b>(1)</b> CENTRAL CITY DEVELOPMENT FUND I LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1208260	PROVIDE LOANS TO EXPAND AFFORDABLE HOUSING OPPORTUNITIES	OH	-34,992	1,776,450	METRO CITY HOMES INC
<b>(2)</b> CHP AGLER ROAD OFFICE LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 47-1943723	HOLDS COLUMBUS HOUSING PARTNERSHIP'S OFFICE BUILDING	OH	-63,096	2,909,423	COLUMBUS HOUSING PARTNERSHIP INC
<b>(3)</b> CHP BARRETT SINGLE FAMILY LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 47-4484464	COMMUNITY REVITALIZATION	OH	0	0	COLUMBUS HOUSING PARTNERSHIP INC
<b>(4)</b> CHP DESHLER AVENUE LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 47-1905134	COMMUNITY REVITALIZATION	OH	0	0	COLUMBUS HOUSING PARTNERSHIP INC
<b>(5)</b> CHP ELIM ADMINISTRATIVE SERVICES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219	INVESTMENT IN LOW-INCOME HOUSING	OH	0	0	COLUMBUS HOUSING PARTNERSHIP INC
<b>(6)</b> CHP EQUITY FRAMINGHAM HOUSING LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 47-3281201	INVESTMENT IN LOW-INCOME HOUSING	OH	0	0	COLUMBUS HOUSING PARTNERSHIP INC
<b>(7)</b> CHP EQUITY HOUSING LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 30-0248515	INVESTMENTS IN LOW AND MODERATE INCOME HOUSING DEVELOPMENTS	OH	0	0	COLUMBUS HOUSING PARTNERSHIP INC
<b>(8)</b> CHP EQUITY KIMCOURT II LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 81-0900257	INVESTMENT IN LOW-INCOME HOUSING	OH	0	0	COLUMBUS HOUSING PARTNERSHIP INC
<b>(9)</b> CHP EQUITY LEASE OPTION HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 81-3071669	INVESTMENT IN LOW-INCOME HOUSING	OH	0	0	COLUMBUS HOUSING PARTNERSHIP INC
<b>(10)</b> CHP EQUITY NEW SALEM HOUSING LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 46-2277893	INVESTMENT IN LOW-INCOME HOUSING	OH	0	0	COLUMBUS HOUSING PARTNERSHIP INC
<b>(11)</b> CHP EQUITY TUSSING LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 81-0733582	INVESTMENT IN LOW-INCOME HOUSING	OH	0	0	COLUMBUS HOUSING PARTNERSHIP INC
<b>(12)</b> CHP HOMEPORT HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 47-2106062	LOW-INCOME HOUSING	OH	-80,629	2,377,781	COLUMBUS HOUSING PARTNERSHIP INC
<b>(13)</b> HKS ASSOCIATES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 51-0545995	LOW-INCOME HOUSING	OH	0	455,601	COLUMBUS HOUSING PARTNERSHIP INC
<b>(14)</b> CHP HOMEPORT KILLARNEY LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 87-1696091	LOW-INCOME HOUSING	OH	0	0	COLUMBUS HOUSING PARTNERSHIP INC
<b>(15)</b> CHP HOMEPORT GRACELAND LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 83-3401589	LOW-INCOME HOUSING	OH	0	607,211	COLUMBUS HOUSING PARTNERSHIP INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> CHP KIMBERLY INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1558619	OPERATION OF A 184 UNIT AFFORDABLE HOUSING PROJECT	OH	501(C)(3)	LINE 7	COLUMBUS HOUSING PARTNERSHIP INC	Yes	
<b>(2)</b> METRO CITY HOMES INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 30-0283818	PROVIDE LOANS TO EXPAND AFFORDABLE HOUSING OPPORTUNITIES	OH	501(C)(3)	LINE 7	COLUMBUS HOUSING PARTNERSHIP INC	Yes	
<b>(3)</b> ELIM SENIOR HOUSING INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 26-4765403	NONPROFIT OWNER OF AFFORDABLE HOUSING	OH	501(C)(3)	LINE 7	COLUMBUS HOUSING PARTNERSHIP INC	Yes	
<b>(4)</b> FRIENDSVVA APARTMENTS INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1275157	OPERATION OF A 16 UNIT AFFORDABLE HOUSING PROJECT	OH	501(C)(3)	LINE 7	COLUMBUS HOUSING PARTNERSHIP INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General or managing partner?		(k) Percentage ownership
							Yes	No	Yes	No	Yes	No	
(1) AGLER ELDERLY ACQUISITION LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 85-2698431	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED	-54,526	999,949		No			No	No	50.000 %
(2) AGLER ELDERLY HOUSING LLC 2100 AGLER ROAD COLUMBUS, OH 43224	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED				No			No	No	51.000 %
(3) AGLER ELDERLY HOUSING LP 2100 AGLER ROAD COLUMBUS, OH 43224	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED				No			No	No	0.510 %
(4) AGLER FAMILY ACQUISITION LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 85-2709517	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED	-49,446	1,722,650		No			No	No	50.000 %
(5) AGLER FAMILY HOUSING LLC 2100 AGLER ROAD COLUMBUS, OH 43224	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED				No			No	No	51.000 %
(6) AGLER FAMILY HOUSING LP 2100 AGLER ROAD COLUMBUS, OH 43224	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED				No			No	No	0.510 %
(7) ARROWLEAF APARTMENTS LP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 83-0772720	LOW-INCOME HOUSING	OH	ARROWLEAF APARTMENT GP LLC	RELATED				No			No	No	0.050 %
(8) BARRETT NBR LLC 250 CIVIC CENTER DRIVE SUITE 500 COLUMBUS, OH 43215 47-1903134	COMMUNITY REVITALIZATION	OH	CHP DRESHLER AVENUE LLC	RELATED				No			No	No	52.000 %
(9) BARRETT SCHOOL MANAGING MEMBER LLC 250 CIVIC CENTER DRIVE SUITE 500 COLUMBUS, OH 43215 37-1785283	COMMUNITY REVITALIZATION	OH	CHP BARRETT MULTIFAMILY LLC	RELATED				No			No	No	52.000 %
(10) BARRETT SF LLC 250 CIVIC CENTER DRIVE SUITE 500 COLUMBUS, OH 43215	COMMUNITY REVITALIZATION	OH	CHP BARRETT SINGLE FAMILY LLC	RELATED				No			No	No	52.000 %
(11) BLACKLICK CROSSING HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 82-2647944	LOW-INCOME HOUSING	OH	BLACKLICK CROSSING HOUSING INC	RELATED				No			No	No	0.100 %
(12) CHP CASTO BARRETT DEVELOPER LLC 250 CIVIC CENTER DRIVE SUITE 500 COLUMBUS, OH 43215 35-2534893	COMMUNITY REVITALIZATION	OH	CHP DRESHLER AVENUE LLC	RELATED				No			No	No	52.000 %
(13) CHP CASTO BARRETT SCHOOL ENTERPRISES LLC 250 CIVIC CENTER DRIVE SUITE 500 COLUMBUS, OH 43215 47-1903796	COMMUNITY REVITALIZATION	OH	BARRETT SCHOOL MANAGING MEMBER LLC	RELATED				No			No	No	21.700 %
(14) CITY VIEW HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 87-0271112	LOW-INCOME HOUSING	OH	CITY VIEW HOUSING INC	RELATED	-167	134,241		No			Yes	No	0.080 %
(15) DUNROBIN HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 55-0890824	LOW-INCOME HOUSING	OH	DUNROBIN HOUSING INC	RELATED				No			Yes	No	0.070 %
(16) DUXBERRY LANDING HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 82-2647944	LOW-INCOME HOUSING	OH	DUXBERRY LANDING HOUSING INC	RELATED	-237	-22,103		No			Yes	No	0.100 %
(17) EASTWAY VILLAGE HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 45-1561946	LOW-INCOME HOUSING	OH	EASTWAY VILLAGE	RELATED	-150	-9,193		No			Yes	No	0.080 %
(18) ELM ESTATES HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 26-3255011	LOW-INCOME HOUSING	OH	ELM ESTATES HOUSING INC	RELATED	-337	-1,213		No			Yes	No	0.080 %
(19) ELM MANOR ELDERLY HOUSING LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 80-0516168	LOW-INCOME HOUSING	OH	ELM SENIOR HOUSING INC	RELATED	-3	234,191		No			Yes	No	0.050 %
(20) ELM MANOR HOMES LP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 27-0654342	LOW-INCOME HOUSING	OH	ELM SENIOR HOUSING INC	RELATED	-60	4,268,869		No			Yes	No	0.510 %
(21) EMERALD GLEN HOUSING LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1356828	LOW-INCOME HOUSING	OH	EMERALD GLEN HOUSING INC	RELATED	324	-275,810		No			Yes	No	100.000 %
(22) FAIRVIEW HOMES LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 32-0004472	LOW-INCOME HOUSING	OH	FAIRVIEW HOUSING INC	RELATED	-181	167,772		No			Yes	No	0.080 %
(23) FIELDSTONE COURT HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 55-0890825	LOW-INCOME HOUSING	OH	FIELDSTONE COURT HOUSING INC	RELATED	-25	369,903		No			Yes	No	0.030 %
(24) FRAMINGHAM VILLAGE LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 47-3290822	LOW-INCOME HOUSING	OH	CHP EQUITY FRAMINGHAM HOUSING LLC	RELATED				No			Yes	No	50.000 %
(25) GEORGE'S CREEK LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1437899	LOW-INCOME HOUSING	OH	GENDER ROAD HOUSING INC	RELATED	-93	-1,160,933		No			Yes	No	100.000 %
(26) GRACE WALK HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 74-3161385	LOW-INCOME HOUSING	OH	GRACE WALK HOUSING INC	RELATED				No			Yes	No	0.100 %
(27) GREATER LINDEN HOMES LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 21-1036611	LOW-INCOME HOUSING	OH	LINDEN HOUSING INC	RELATED	-127	78,175		No			Yes	No	0.080 %
(28) JOYCE AVENUE HOMES LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1761906	LOW-INCOME HOUSING	OH	JOYCE AVENUE HOUSING INC	RELATED	-121	240,171		No			Yes	No	0.080 %
(29) KENLAWN PLACE HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 84-1914078	LOW-INCOME HOUSING	OH	KENLAWN PLACE HOMES INC	RELATED		2,027,836		No			No	No	0.010 %
(30) KIMCOURT II LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1403563	LOW-INCOME HOUSING	OH	POR LOS NINOS INC	RELATED	-1,931	145,329	Yes				Yes	No	0.700 %
(31) KIMCOURT LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1326491	LOW-INCOME HOUSING	OH	POR LOS NINOS INC	RELATED	-2,104	234,234		No			Yes	No	100.000 %
(32) KINGSFORD HOMES LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1697373	LOW-INCOME HOUSING	OH	KINGSFORD HOUSING INC	RELATED	-75	68,681		No			Yes	No	0.080 %
(33) MAPLE MEADOWS HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 85-2814759	LOW-INCOME HOUSING	OH	MAPLE MEADOWS HOUSING INC	RELATED		259,032		No			Yes	No	100.000 %
(34) MAPLEGREEN HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 90-0171902	LOW-INCOME HOUSING	OH	MAPLEGREEN HOUSING INC	RELATED	-665	-1,607		No			Yes	No	0.080 %
(35) MARIEMONT HOMES LP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1761775	LOW-INCOME HOUSING	OH	MARIEMONT HOUSING INC	RELATED	-209	41,066		No			Yes	No	0.080 %
(36) MCDOWELL PLACE HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 85-3614932	LOW-INCOME HOUSING	OH	MCDOWELL PLACE HOUSING INC	RELATED		225,167		No			Yes	No	100.000 %
(37) MILO-GROGAN HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 81-353178	LOW-INCOME HOUSING	OH	MILO-GROGAN HOUSING INC	RELATED				No			Yes	No	0.100 %
(38) MULBY PLACE HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 85-3987113	LOW-INCOME HOUSING	OH	MULBY PLACE HOUSING INC	RELATED		354,102		No			Yes	No	100.000 %
(39) NEW SALEM HOMES LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1482829	LOW-INCOME HOUSING	OH	NEW SALEM HOUSING INC	RELATED			Yes				Yes	No	0.010 %
(40) NEW SALEM HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 30-0892026	LOW-INCOME HOUSING	OH	CHP EQUITY NEW SALEM HOUSING LLC	RELATED				No			Yes	No	99.990 %
(41) NISS LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1482829	LOW-INCOME HOUSING	OH	EAST SIDE HOUSING INC	RELATED			Yes				Yes	No	0.010 %
(42) OBETZ VILLAGE LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1292472	LOW-INCOME HOUSING	OH	POR LOS NINOS INC	RELATED	-1,871	1,678,445		No			Yes	No	100.000 %
(43) PARKMEAD APARTMENTS LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1349854	LOW-INCOME HOUSING	OH	PARKMEAD APARTMENTS INC	RELATED	-59	903,270		No			Yes	No	100.000 %
(44) PARKMEAD HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 20-8313200	LOW-INCOME HOUSING	OH	PARKMEAD HOUSING INC	RELATED				No			Yes	No	100.000 %
(45) RICH STREET CONDOS LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 20-3568518	LOW-INCOME HOUSING	OH	CHP HOUSING INC	RELATED			Yes				Yes	No	100.000 %
(46) SOUTH EAST COLUMBUS HOMES LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1697374	LOW-INCOME HOUSING	OH	SOUTH EAST HOUSING INC	RELATED	-27,052	144,212		No			Yes	No	0.070 %
(47) SOUTH OF MAIN HOMES LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1414939	LOW-INCOME HOUSING	OH	MAIN STREET HOUSING INC	RELATED				No			No	No	0.080 %
(48) SOUTHSIDE HOMES LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1761778	LOW-INCOME HOUSING	OH	SOUTHSIDE HOUSING INC	RELATED	-168	466,949		No			Yes	No	0.080 %
(49) SPRUCE BOUGH HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 16-1660098	LOW-INCOME HOUSING	OH	SPRUCE BOUGH HOUSING INC	RELATED		3,278		No			Yes	No	0.100 %
(50) STARRHIGH LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1354388	LOW-INCOME HOUSING	OH	HIGH STREET HOUSING INC	RELATED				No			Yes	No	100.000 %
(51) SUMMERFIELD HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 87-0271109	LOW-INCOME HOUSING	OH	SUMMERFIELD HOUSING INC	RELATED	-701	324,406		No			Yes	No	0.100 %
(52) TRABUE CROSSING HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 61-1695912	LOW-INCOME HOUSING	OH	TRABUE CROSSING HOUSING INC	RELATED	-308	204,324		No			Yes	No	0.100 %
(53) TUSSING ROAD HOMES LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1587686	LOW-INCOME HOUSING	OH	TUSSING ROAD HOUSING INC	RELATED	-210	-55,216		No			Yes	No	0.070 %
(54) URBANCREST AFFORDABLE HOUSING LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 55-0890829	LOW-INCOME HOUSING	OH	URBANCREST AFFORDABLE HOUSING PARTNERS INC	RELATED	63	374,925	Yes				Yes	No	0.070 %
(55) VICTORIAN HERITAGE HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 38-3913853	LOW-INCOME HOUSING	OH	VICTORIAN HERITAGE HOUSING INC	RELATED	-277	1,003,529		No			Yes	No	0.100 %
(56) WHITEHALL ELDERLY FACILITIES LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 90-0838998	LOW-INCOME HOUSING	OH	WHITEHALL ELDERLY FACILITIES INC	RELATED	-188	4,866,536		No			Yes	No	0.100 %
(57) WHITTIER LANDING HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 27-0644143	LOW-INCOME HOUSING	OH	WHITTIER LANDING HOUSING INC	RELATED	-233	2,026		No			Yes	No	0.080 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) BLACKLICK CROSSING HOUSING INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 82-2647789	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100.000 %		No
(2) CHP ARROWLEAF OF HOUSING INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 83-0719715	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100.000 %		No
(3) CHP BARRETT MULTIFAMILY LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 47-4449192	COMMUNITY REVITALIZATION	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100.000 %		No
(4) CHP HOUSING INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1812852	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100.000 %		Yes
(5) CITY VIEW HOUSING INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 41-2128679	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-289	100,574	76.000 %		Yes
(6) DUNROBIN HOUSING INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 55-0890823	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100.000 %		Yes
(7) DUXBERRY LANDING HOUSING INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 45-2504422	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-302	-21,116	76.000 %		No
(8) EAST SIDE HOUSING INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1442897	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			25.000 %		No
(9) EASTWAY VILLAGE HOUSING INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 45-1561889	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-173	-8,151	76.000 %		No
(10) ELM ESTATES HOUSING INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 26-3255011	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-462	-2,909	76.000 %		Yes
(11) ELM MANOR ELDERLY FACILITIES INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 27-1453870	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-3	-81	24.000 %		No
(12) EMERALD GLEN HOUSING INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1372426	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	324	-655,450	100.000 %		Yes
(13) ENCLAVE AT HILLIARD RUN HOUSING INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 27-2633114	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100.000 %		Yes
(14) FAIRVIEW HOUSING INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 35-2161265	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-181	22,559	100.000 %		Yes
(15) FIELDSTONE COURT HOUSING INC 3443 AGLER									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on 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
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>	Yes	
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>	Yes	
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>	Yes	
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>		No
<b>1q</b>	Yes	
<b>1r</b>	Yes	
<b>1s</b>		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference

Explanation

Schedule R (Form 990) 2020

**Additional Data**[Return to Form](#)**Software ID:****Software Version:**