

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

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.

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

Form 990 header section containing organization name (COLUMBUS HOUSING PARTNERSHIP INC), EIN (31-1208260), address (3443 AGLER ROAD STE 200), and principal officer information (LEAH F EVANS).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, revenue breakdown (Total revenue: 9,893,694), expense breakdown (Total expenses: 8,064,817), and net assets (Total assets: 58,850,855).

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.

Signature block for VALORIE G SCHWARZMANN CFO, dated 2023-10-31.

Paid Preparer Use Only section for CLARK SCHAEFER HACKETT & CO, including firm name, address, and EIN.

May the IRS discuss this return with the preparer shown above? See Instructions. [X] 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 \$ 5,124,739 including grants of \$) (Revenue \$)
HOMEPORT REAL ESTATE DEVELOPMENT PROVIDES QUALITY, ENERGY EFFICIENT, SAFE, AND AFFORDABLE FOR-SALE AND RENTAL-HOME OPPORTUNITIES TO HOUSEHOLDS OF VARYING INCOMES AND, SIMULTANEOUSLY, FACILITATES NEIGHBORHOOD REVITALIZATION WITH CONCERTED EFFORTS TO FOSTER COMMUNITY AND ECONOMIC DEVELOPMENT. WORKING TO CLOSE THE GAP OF MUCH NEEDED AFFORDABLE HOUSING AVAILABLE IN CENTRAL OHIO, HOMEPORT UTILIZES THE LOW-INCOME HOUSING TAX CREDIT PROGRAM, TOGETHER WITH OTHER RELATED AFFORDABLE HOUSING FINANCING OPTIONS, TO DEVELOP BOTH SINGLE-FAMILY AND MULTI-FAMILY PROPERTIES THAT CONTINUALLY INCREASE THE AVAILABILITY OF AFFORDABLE HOUSING IN THE REGION.HOMEPORT RENTAL DEVELOPMENT DEVELOPS AND THEN MAINTAINS RENTAL HOMES TARGETING OCCUPANTS WITH 60% OR LESS OF AREA MEDIAN INCOME. IN 2022, 361 NEW RESIDENTS MOVED INTO 156 NEWLY CONSTRUCTED MULTIFAMILY HOUSING OWNED BY HOMEPORT. AN ADDITIONAL 200 MULTIFAMILY HOMES ARE UNDER CONSTRUCTION TO BECOME AVAILABLE TO NEW RESIDENTS DURING 2023 OR EARLY 2024. AS OF 12/31/2022, HOMEPORT OWNED, MANAGED, AND MAINTAINED 2,799 AFFORDABLE RENTAL UNITS HOUSING 7,129 CENTRAL OHIO CITIZENS.HOMEPORT HOME OWNERSHIP DEVELOPMENT UTILIZES SINGLE FAMILY HOME AND CONDOMINIUM DEVELOPMENT AS A MECHANISM TO CREATE HOME OWNERSHIP OPPORTUNITIES FOR CENTRAL OHIOANS WITH INCOME 120% OR LESS OF AREA MEDIAN INCOME. IN 2022, CONSTRUCTION WAS COMPLETED ON 2 HOMES AND 2 HOMES WERE SOLD. AS OF 12/31/2022, HOMEPORT HOME OWNERSHIP HAS COMPLETED CONSTRUCTION ON 216 HOMES AND HAVE SOLD A TOTAL OF 216 HOMES.

4b (Code:) (Expenses \$ 1,035,007 including grants of \$ 120,000) (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 PROVIDES SERVICES INCLUDES PREPURCHASE EDUCATION AND COUNSELING, CREDIT AND BUDGET COUNSELING, FORECLOSURE PREVENTION, AND REVERSE MORTGAGE COUNSELING TO 1,079 NEW CLIENTS IN 2022. HOUSING ADVISORY SERVICES ALSO PROVIDES FINANCIAL LITERACY EDUCATION AND COUNSELING TO RESIDENTS OF HOMEPORT COMMUNITIES TO ASSIST RESIDENTS WITH DEVELOPING THE SKILLS FOR FINANCIAL STABILITY, FINANCIAL SECURITY AND ASSIST WITH ASSET BUILDING.

4c (Code:) (Expenses \$ 819,014 including grants of \$ 315,691) (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 7 COMMUNITIES WITH A FOCUS ON SERVING CHILDREN AGES 5-13, PROVIDED 3-5 AFTERNOONS A WEEK (VARYING PER SITE) FOR 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 ON-SITE PROGRAMMING AT THOSE SAME COMMUNITIES DURING THE SUMMER. ALL 7 AFTERSCHOOL SITES OPERATED IN PERSON DURING 2022.STUDENT 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 2022, AS MANY OF OUR RESIDENTS CONTINUED TO FACE HARDSHIPS INITIALLY TRIGGERED BY THE PANDEMIC AND RESIDENT INCOME LOSS, SERVICE COORDINATORS FOCUSED ON SECURING RENTAL AND OTHER FINANCIAL ASSISTANCE FOR 425 HOMEPORT FAMILIES.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 6,978,760

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)

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

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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

Table with 17 main rows (2a-17) and sub-rows (a-e). Columns include question text, input boxes (e.g., 2a, 40), and Yes/No columns. Questions cover topics like employee reporting, foreign accounts, prohibited transactions, and various organizational requirements.

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? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) EMMETT KELLY CHAIRPERSON	1.00	X		X			0	0	0	
(2) MELISSA CENTERS VICE CHAIRPERSON (1/1-3/31)	1.00	X		X			0	0	0	
(3) ROBYN JUDGE VICE CHAIRPERSON (4/1-12/31)	1.00	X		X			0	0	0	
(4) MICHAEL PURCELL 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) JOHN GEHA DIRECTOR	1.00	X					0	0	0	
(10) ANTHONY ANZIC DIRECTOR	1.00	X					0	0	0	
(11) MATTHEW KEATING DIRECTOR	1.00	X					0	0	0	
(12) KRISTOPHER WAHLERS DIRECTOR	1.00	X					0	0	0	
(13) STEPHEN BUCHENROTH DIRECTOR	1.00	X					0	0	0	
(14) CINDY MILLISON DIRECTOR	1.00	X					0	0	0	
(15) JOSE RODRIGUEZ DIRECTOR	1.00	X					0	0	0	
(16) DAWN CARPENTER DIRECTOR	1.00	X					0	0	0	
(17) LARRY PRICE 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) DENISE ROBINSON DIRECTOR	1.00	X					0	0	0
(19) JILL TANGEMAN DIRECTOR	1.00	X					0	0	0
(20) CHARLES THOMPSON DIRECTOR	1.00	X					0	0	0
(21) TASHA BOOKER DIRECTOR	1.00	X					0	0	0
(22) JOHN ROTHSCHILD DIRECTOR	1.00	X					0	0	0
(23) BRENT SWANDER DIRECTOR	1.00	X					0	0	0
(24) SAM ADAMS DIRECTOR	1.00	X					0	0	0
(25) CHARLETA TAVARES DIRECTOR	1.00	X					0	0	0
(26) JIM WEILER DIRECTOR	1.00	X					0	0	0
(27) MICHAEL KELLEY DIRECTOR	1.00	X					0	0	0
(28) LEAH F EVANS PRESIDENT/CEO	45.00			X			211,888	0	23,697
(29) VALORIE SCHWARZMANN CFO & SVP PROGRAM OPERATIO	49.00			X			180,845	0	10,809
(30) MAUDE HILL VP OF COMMUNITY & GOVT. RE	43.00				X		134,481	0	10,199
(31) DON BUTLER REAL ESTATE CONTROLLER	38.00				X		118,984	0	4,087
(32) DAVE RAWN CONTROLLER	42.00				X		103,608	0	15,866
(33) JOSHUA MARTIN ASSET MANAGER	40.00				X		102,115	0	8,983
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						851,921	0		73,641

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 **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KMM BUILDERS LLC 7316 KEMPERWOOD COURT BLACKLICK, OH 43004	CONSTRUCTION CONTRACTOR	1,952,813
ETHIOPIAN TEWAHEDO SOCIAL SERVICES 1060 MOUNT VERNON AVENUE COLUMBUS, OH 43203	SUMMER CAMP & AFTER SCHOOL PROGRAMS	243,605
MIDWEST ELEVATOR 1824 KNOX AVENUE ST LOUIS, MO 63139	ELEVATOR UPGRADE AND REPAIRS	147,687
ROY LOWENSTEIN 1722 OAK STREET COLUMBUS, OH 43205	REAL ESTATE DEVELOPMENT CONSULTING	131,811

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, Membership dues, Fundraising events, etc.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 2a RENTAL, 2b DEVELOPMENT FEES, etc.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Gain or loss, 8a-8c Fundraising events, 9a-9c Gaming activities, 10a-10c Sales of inventory.

Table for Other Revenue Misc Amt with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 11a-11d and 12 Total revenue.

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	435,691	435,691		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	427,238	75,728	350,185	1,325
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,648,630	2,407,350	201,917	39,363
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	589,351	435,799	112,124	41,428
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	211,422	211,422		
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	167,381	131,100	36,281	
12 Advertising and promotion	309,108	133,767	62,009	113,332
13 Office expenses	325,964	276,837	49,127	
14 Information technology				
15 Royalties				
16 Occupancy	681,829	666,763	15,066	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59,690	50,721	8,969	
20 Interest	861,680	840,042	21,638	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	248,426	235,579	12,847	
23 Insurance	293,564	277,639	15,925	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	276,762	272,241	4,521	
b CLIENT ASSISTANCE	241,687	241,687		
c REAL ESTATE TAXES	208,079	208,079		
d OTHER OPERATING EXPENSE	78,315	78,315		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,064,817	6,978,760	890,609	195,448
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	6,356,652	1	7,892,311
	2 Savings and temporary cash investments	2,889,870	2	3,289,892
	3 Pledges and grants receivable, net	521,181	3	135,216
	4 Accounts receivable, net	1,615,408	4	2,765,711
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	14,833,621	7	15,916,478
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	124,243	9	115,731
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,227,871		
	b Less: accumulated depreciation	10b 1,392,896	17,608,067	10c 17,834,975
	11 Investments—publicly traded securities	181,500	11	159,000
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	13,643,862	13	10,740,112
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,429	15	1,429
16 Total assets: Add lines 1 through 15 (must equal line 33)	57,775,833	16	58,850,855	
Liabilities	17 Accounts payable and accrued expenses	8,510,167	17	8,501,319
	18 Grants payable		18	
	19 Deferred revenue	11,151,868	19	2,418,076
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	191,289	21	195,073
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	14,051,057	23	24,468,455
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	-45,405	25	-46,849
	26 Total liabilities. Add lines 17 through 25	33,858,976	26	35,536,074
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	21,182,748	27	20,643,797
	28 Net assets with donor restrictions	2,734,109	28	2,670,984
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	23,916,857	32	23,314,781
33 Total liabilities and net assets/fund balances	57,775,833	33	58,850,855	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,893,694
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,064,817
3	Revenue less expenses. Subtract line 2 from line 1	3	1,828,877
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,916,857
5	Net unrealized gains (losses) on investments	5	-1,811,032
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-619,921
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	23,314,781

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

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 for instructions and the latest information.**

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).)
- 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 on 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		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	3,269,499	2,876,536	4,395,694	8,732,379	4,945,921	24,220,029
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	3,269,499	2,876,536	4,395,694	8,732,379	4,945,921	24,220,029
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						24,220,029

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	3,269,499	2,876,536	4,395,694	8,732,379	4,945,921	24,220,029
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	655,308	738,852	634,948	635,635	435,320	3,100,063
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						27,320,092
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	88.650 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	87.380 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2021. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2022. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2021. 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022; Row 16: Public support percentage from 2021 Schedule A.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022; Row 18: Investment income percentage from 2021 Schedule A; Row 19a: 33 1/3% support tests-2022; Row 19b: 33 1/3% support tests-2021; Row 20: Private foundation.

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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	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)? If "Yes," explain in Part VI 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.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , 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).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	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? If "Yes," provide detail in Part VI .		
7	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? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	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))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	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)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

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)

- | | | | |
|---|----------|--|--|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 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) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

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

Section C - Distributable Amount

Current Year

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

- 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
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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:

Schedule B

Schedule of Contributors

OMB No. 1545-0047

2022

(Form 990)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization COLUMBUS HOUSING PARTNERSHIP INC	Employer identification number 31-1208260
--	--

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 33¹/₃% 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<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
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number
31-1208260

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	
_____		_____	
_____		_____	

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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.**

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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
1	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:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		28,680
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			28,680
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	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
1	Were substantially all (90% or more) dues received nondeductible by members?		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3	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."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	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?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

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 2022, THE ORGANIZATION'S OFFICERS AND OTHER STAFF SPENT 280 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 \$3,500 TO THEM FOR LOBBYING SUPPORT OF AFFORDABLE HOUSING LEGISLATION ISSUES DIRECTLY RELATED TO HOMEPORT'S MISSION.

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Supplemental Financial Statements

2022

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 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.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a 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.

Table with 2 columns: Description, Held at the End of the Year. Rows 2a, 2b, 2c, 2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06.

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** 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
3a(i)		
3a(ii)		
3b		

- 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
1a Land		509,509		509,509
b Buildings		5,723,346	1,113,595	4,609,751
c Leasehold improvements				
d Equipment		354,855	279,301	75,554
e Other		12,640,161		12,640,161
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				17,834,975

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, (A) through (H), and a Total row.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Row (1) shows INVESTMENT IN LIMITED PARTNERSHIPS with a book value of 10,740,112 and method C. Includes a Total row.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and a Total row.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 shows Federal income taxes. Includes a Total row with a value of -46,849.

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.

1	Total revenue, gains, and other support per audited financial statements		1	19,171,205
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	-23,056	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	9,139,169	
e	Add lines 2a through 2d		2e	9,116,113
3	Subtract line 2e from line 1		3	10,055,092
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-161,398	
c	Add lines 4a and 4b		4c	-161,398
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	9,893,694

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.

1	Total expenses and losses per audited financial statements		1	19,879,807
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	23,056	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	11,791,934	
e	Add lines 2a through 2d		2e	11,814,990
3	Subtract line 2e from line 1		3	8,064,817
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	8,064,817

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 9,139,169.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	FUNDRAISING DIRECT EXPENSES -161,398.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	ENTITIES NOT CONSOLIDATED ON FORM 990 11,630,536. FUNDRAISING DIRECT EXPENSES 161,398.

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**Supplemental Information Regarding
Fundraising or Gaming Activities**

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 for instructions and the latest information.

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.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <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						
Total						

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.

		(a) Event #1 VOICE & VISION (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	711,198			711,198
	2 Less: Contributions	711,198			711,198
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	49,451			49,451
	8 Entertainment	4,875			4,875
	9 Other direct expenses	107,072			107,072
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				161,398
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-161,398	

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 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		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 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:

a	The organization's facility	13a	%
b	An outside facility	13b	%

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 ▶ \$ _____

Part IV Supplemental Information. 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
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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

2022

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	8	120,000			
(2) EVICTION PREVENTION FINANCIAL ASSISTANCE FOR ELIGIBLE RESIDENTS	192	315,691			
(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

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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 for instructions and the latest information.**

2022

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

Part III Supplemental Information

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

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2022

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Inspection**SCHEDULE O**
(Form 990)**Supplemental Information to Form 990 or 990-EZ**

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 for the latest information.

Department of the Treasury
Internal Revenue Service

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 -173,302. NONCONTROLLING INTEREST -217,246. FAIR VALUE OF NET ASSETS ACQUIRED OVER (UNDER) CV -337,000. CARRYING VALUE IN EXCESS 107,627.
FORM 990 PART XII LINE 2C	PROCESS IS CONSISTENT WITH PRIOR YEAR.

Additional Data

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

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 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
(1) CENTRAL CITY DEVELOPMENT FUND I LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1208260	PROVIDE LOANS TO EXPAND AFFORDABLE HOUSING OPPORTUNITIES	OH	-33,586	1,778,669	METRO CITY HOMES INC
(2) CHP AGLER ROAD OFFICE LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 47-1943723	HOLDS COLUMBUS HOUSING PARTNERSHIP'S OFFICE BUILDING	OH	3,198	2,680,694	COLUMBUS HOUSING PARTNERSHIP INC
(3) CHP BARRETT SINGLE FAMILY LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 47-4484464	COMMUNITY REVITALIZATION	OH	0	0	COLUMBUS HOUSING PARTNERSHIP INC
(4) CHP DESHLER AVENUE LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 47-1905134	COMMUNITY REVITALIZATION	OH	0	0	COLUMBUS HOUSING PARTNERSHIP INC
(5) 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
(6) 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
(7) 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
(8) 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
(9) 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
(10) 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
(11) 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
(12) CHP HOMEPORT HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 47-2106062	LOW-INCOME HOUSING	OH	-12,411	2,695,705	COLUMBUS HOUSING PARTNERSHIP INC
(13) HKS ASSOCIATES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 51-0545995	LOW-INCOME HOUSING	OH	13,500	152,529	COLUMBUS HOUSING PARTNERSHIP INC
(14) CHP HOMEPORT KILLARNEY LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 87-1696091	WORKFORCE HOUSING	OH	0	0	COLUMBUS HOUSING PARTNERSHIP INC
(15) CHP HOMEPORT GRACELAND LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 83-3401589	LOW-INCOME HOUSING	OH	8,063	597,291	COLUMBUS HOUSING PARTNERSHIP INC
(16) CHP EQUITY URBANCREST LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 87-3665423	LOW-INCOME HOUSING	OH	0	0	COLUMBUS HOUSING PARTNERSHIP INC
(17) CHP EQUITY FIELDSTONE COURT HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 88-4245454	LOW-INCOME HOUSING	OH	23,563	1,552,696	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
(1) 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	
(2) 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	
(3) 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	
(4) 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 IV 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 29 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AGLER ELDERLY ACQUISITION LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 65-2898431	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED	-195,072	1,157,298				No	No	50.00 %
(2) AGLER ELDERLY HOUSING LLC 2100 AGLER ROAD COLUMBUS, OH 43224 31-1540803	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED	-3,277	330,828				No	No	51.00 %
(3) AGLER ELDERLY HOUSING LP 2100 AGLER ROAD COLUMBUS, OH 43224 31-1531607	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED	-3,277	330,828		No		No	No	0.51 %
(4) AGLER FAMILY ACQUISITION LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 85-2709517	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED	-157,873	2,151,038				No	No	50.00 %
(5) AGLER FAMILY HOUSING LLC 2100 AGLER ROAD COLUMBUS, OH 43224 31-1540807	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED	-1,394	349,891				No	No	51.00 %
(6) AGLER FAMILY HOUSING LP 2100 AGLER ROAD COLUMBUS, OH 43224	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	RELATED	-1,394	349,891				No	No	0.51 %
(7) ARROWLEAF APARTMENTS LP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 87-027220	LOW-INCOME HOUSING	OH	ARROWLEAF PARTNERSHIP GP LLC	RELATED						No	No	0.05 %
(8) BARRETT NB LLC 250 CIVIC CENTER DRIVE SUITE 500 COLUMBUS, OH 43215 47-1905134	COMMUNITY REVITALIZATION	OH	CHP DRESHLER AVENUE LLC	RELATED						No	No	52.00 %
(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	52.00 %
(10) BARRETT SF LLC 250 CIVIC CENTER DRIVE SUITE 500 COLUMBUS, OH 43215	COMMUNITY REVITALIZATION	OH	CHP BARRETT MULTIFAMILY LLC	RELATED						No	No	52.00 %
(11) BLACKCLICK CROSSING HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 82-2647944	LOW-INCOME HOUSING	OH	BLACKCLICK CROSSING HOUSING INC	RELATED	-161	1,303,968				No	No	0.10 %
(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	52.00 %
(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	21.70 %
(14) CITY VIEW HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 87-0272112	LOW-INCOME HOUSING	OH	CITY VIEW HOUSING INC	RELATED	-176	133,869				No	Yes	0.08 %
(15) DUNROBIN HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 55-0890824	LOW-INCOME HOUSING	OH	DUNROBIN HOUSING INC	RELATED						No	Yes	0.07 %
(16) DUXBERRY LANDING HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 45-2501440	LOW-INCOME HOUSING	OH	DUXBERRY LANDING HOUSING INC	RELATED	-186	-39,233				No	Yes	0.10 %
(17) EASTWAY VILLAGE HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 45-1561946	LOW-INCOME HOUSING	OH	EASTWAY VILLAGE HOUSING INC	RELATED	-202	-9,807				No	Yes	0.08 %
(18) ELM ESTATES HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 26-3255056	LOW-INCOME HOUSING	OH	ELM ESTATES HOUSING INC	RELATED	-196	-1,905				No	Yes	0.08 %
(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	-6	59,354				No	Yes	0.05 %
(20) ELM MANOR HOMES LP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 27-0854342	LOW-INCOME HOUSING	OH	ELM SENIOR HOUSING INC	RELATED	-116	4,349,350				No	Yes	0.51 %
(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	-1,316	-481,249				No	Yes	100.00 %
(22) FAIRVIEW HOMES LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 52-0004472	LOW-INCOME HOUSING	OH	FAIRVIEW HOUSING INC	RELATED	-113	180,924				No	Yes	0.08 %
(23) FIELDSTONE COURT HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 55-0890825	LOW-INCOME HOUSING	OH	FIELDSTONE COURT HOUSING INC	RELATED	-36	369,866				No	Yes	0.03 %
(24) FRAMINGHAM VILLAGE LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 47-320822	LOW-INCOME HOUSING	OH	CHP EQUITY FRAMINGHAM HOUSING LLC	RELATED						No	Yes	50.00 %
(25) GEORGE'S CREEK LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1417899	LOW-INCOME HOUSING	OH	GENDER ROAD HOUSING INC	RELATED	-179	-1,003,645				No	Yes	100.00 %
(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	0.10 %
(27) GREATER LINDEN HOMES LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1636611	LOW-INCOME HOUSING	OH	LINDEN HOUSING INC	RELATED	-190	72,091				No	Yes	0.08 %
(28) JOYCE AVENUE HOMES LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1261596	LOW-INCOME HOUSING	OH	JOYCE AVENUE HOUSING INC	RELATED	-100	279,868				No	Yes	0.08 %
(29) KENLAWN PLACE HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 84-1314078	LOW-INCOME HOUSING	OH	KENLAWN PLACE HOMES INC	RELATED	-1,375	10,832,789				No	No	0.01 %
(30) KIMCOURT II LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1403563	LOW-INCOME HOUSING	OH	POR LOS NINOS INC	RELATED	926	1,753,402	Yes			Yes	Yes	0.70 %
(31) KIMCOURT LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1326691	LOW-INCOME HOUSING	OH	POR LOS NINOS INC	RELATED	-1,732	183,060				No	Yes	100.00 %
(32) KINGSFORD HOMES LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1097373	LOW-INCOME HOUSING	OH	KINGSFORD HOUSING INC	RELATED	-90	96,663				No	Yes	0.08 %
(33) MAPLE MEADOWS HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 85-2814795	LOW-INCOME HOUSING	OH	MAPLE MEADOWS HOUSING INC	RELATED	-1,459	9,288,904				No	Yes	100.00 %
(34) MAPLEGREEN HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 90-0171902	LOW-INCOME HOUSING	OH	MAPLEGREEN HOUSING INC	RELATED	-436	-2,091				No	Yes	0.08 %
(35) MARIEMONT HOMES LP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1261725	LOW-INCOME HOUSING	OH	MARIEMONT HOUSING INC	RELATED	-223	37,836				No	Yes	0.08 %
(36) MCDOWELL PLACE HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 85-3614932	LOW-INCOME HOUSING	OH	MCDOWELL PLACE HOUSING INC	RELATED		467,527				No	Yes	100.00 %
(37) MILO-GROGAN HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 81-3533178	LOW-INCOME HOUSING	OH	MILO-GROGAN HOUSING INC	RELATED						No	Yes	0.10 %
(38) MULBY PLACE HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 85-3987113	LOW-INCOME HOUSING	OH	MULBY PLACE HOUSING INC	RELATED		1,356,696				No	Yes	100.00 %
(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	Yes	0.01 %
(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	99.99 %
(41) NHSS LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1482829	LOW-INCOME HOUSING	OH	EAST SIDE HOUSING INC	RELATED			Yes			Yes	Yes	0.01 %
(42) OBETZ VILLAGE LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1204272	LOW-INCOME HOUSING	OH	POR LOS NINOS INC	RELATED	-247,732	1,584,978				No	Yes	100.00 %
(43) PARKMEAD APARTMENTS LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1349854	LOW-INCOME HOUSING	OH	PARKMEAD APARTMENTS INC	RELATED	-45,178	847,600				No	Yes	100.00 %
(44) PARKMEAD HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 20-8313200	LOW-INCOME HOUSING	OH	PARKMEAD HOUSING INC	RELATED						No	Yes	100.00 %
(45) RICH STREET CONDOS LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 29-3585818	LOW-INCOME HOUSING	OH	CHP HOUSING INC	RELATED						No	Yes	100.00 %
(46) SOUTH EAST COLUMBUS HOMES LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1097374	LOW-INCOME HOUSING	OH	SOUTH EAST HOUSING INC	RELATED	-107	152,159				No	Yes	0.07 %
(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	0.08 %
(48) SOUTHSIDE HOMES LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1761778	LOW-INCOME HOUSING	OH	SOUTHSIDE HOUSING INC	RELATED	-115	489,428				No	Yes	0.08 %
(49) SPRUCE BOUGH HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 16-1660098	LOW-INCOME HOUSING	OH	SPRUCE BOUGH HOUSING INC	RELATED		173,926				No	Yes	0.10 %
(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	100.00 %
(51) SUMMERFIELD HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 87-0721109	LOW-INCOME HOUSING	OH	SUMMERFIELD HOUSING INC	RELATED	-596	476,533				No	Yes	0.10 %
(52) TRABUE CROSSING HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 61-1699912	LOW-INCOME HOUSING	OH	TRABUE CROSSING HOUSING INC	RELATED	-304	163,990				No	Yes	0.10 %
(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	-418	49,829				No	Yes	0.07 %
(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	-249	373,948	Yes			Yes	Yes	0.07 %
(55) VICTORIAN HERITAGE HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 38-3913853	LOW-INCOME HOUSING	OH	VICTORIAN HERITAGE HOUSING INC	RELATED	-350	795,131				No	Yes	0.10 %
(56) WHITEHALL ELDERLY FACILITIES LIMITED PARTNERSHIP 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 90-0839598	LOW-INCOME HOUSING	OH	WHITEHALL ELDERLY FACILITIES INC	RELATED	-176	4,872,365				No	Yes	0.10 %
(57) WHITTIER LANDING HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 27-0644214	LOW-INCOME HOUSING	OH	WHITTIER LANDING HOUSING INC	RELATED	-192	1,535				No	Yes	0.08 %
(58) THORWOOD COMMONS HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 87-1530558	LOW-INCOME HOUSING	OH	THORWOOD COMMONS HOUSING INC	RELATED		489,476				No	Yes	100.00 %
(59) GH EASTON AFFORDABLE HOUSING JV LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 86-3914622	LOW-INCOME HOUSING	OH	EASTON PLACE VENTURE INC	RELATED		943,872				No	Yes	90.00 %
(60) EASTON PLACE HOMES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 85-3614932	LOW-INCOME HOUSING	OH	EASTON PLACE HOUSING LLC	RELATED		911,527				No	Yes	100.00 %
(61) EASTON LOOP APARTMENTS II LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 87-3386392	LOW-INCOME HOUSING	OH	EASTON PLACE HOUSING II LLC	RELATED		525,310				No	Yes	100.00 %
(62) FIELDSTONE COTTAGES LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 92-0266058	LOW-INCOME HOUSING	OH	FIELDSTONE COTTAGES INC	RELATED	249,701					No	Yes	100.00 %

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
								Yes	No
(1) BLACKCLICK CROSSING HOUSING INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 82-2647789	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-161	957,809	100.00 %		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			100.00 %		No
(3) CHP BARRETT MULTIFAMILY LLC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 47-4449192	COMMUNITY REVITALIZATION	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100.00 %		No
(4) CHP HOUSING INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1812852	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100.00 %		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	-185	100,198	76.00 %	Yes	Yes
(6) DUNROBIN HOUSING INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 55-0890825	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C			100.00 %		Yes
(7) DUXBERRY LANDING HOUSING INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 45-2501422	LOW-INCOME HOUSING	OH	COLUMBUS HOUSING PARTNERSHIP INC	C	-4,564	-34,187	76.00 %		No
(8) EAST SIDE HOUSING INC 3443 AGLER ROAD SUITE 200 COLUMBUS, OH 43219 31-1442897	LOW-INCOME HOUSING	OH							

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

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

(a) Name of 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) 2021

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