

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
COLUMBUS HOUSING PARTNERSHIP INC

Doing business as
homeport

Number and street (or P O box if mail is not delivered to street address) Room/suite
3443 Agler Road Ste 200

City or town, state or province, country, and ZIP or foreign postal code
COLUMBUS, OH 43219

D Employer identification number
31-1208260

E Telephone number
(614) 221-8889

G Gross receipts \$ 6,814,979

F Name and address of principal officer
Bruce Luecke
3443 Agler Road Ste 200
COLUMBUS, OH 43219

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

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

J Website: ▶ www.homeportohio.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1987

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO CREATE A CORNERSTONE OF DIGNITY, SECURITY AND OPPORTUNITY THROUGH QUALITY AFFORDABLE HOMES AND STRONG COMMUNITIES

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

3 Number of voting members of the governing body (Part VI, line 1a)	25
4 Number of independent voting members of the governing body (Part VI, line 1b)	25
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	84
6 Total number of volunteers (estimate if necessary)	1,035
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	-18,536

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,887,777	2,771,457
9 Program service revenue (Part VIII, line 2g)	1,973,866	3,658,343
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	132,352	267,676
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,993,995	6,697,476
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	136,101	55,416
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,729,178	3,833,149
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 157,847		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,420,516	2,273,068
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,285,795	6,161,633
19 Revenue less expenses Subtract line 18 from line 12	-291,800	535,843

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	35,822,890	41,518,357
21 Total liabilities (Part X, line 26)	21,496,349	26,550,731
22 Net assets or fund balances Subtract line 21 from line 20	14,326,541	14,967,626

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2017-11-09
Valorie G Schwarzmann CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Matthew Shroyer
Preparer's signature: Matthew Shroyer
Date: 2017-11-09
Check if self-employed
PTIN: P00737986
Firm's name: CLARK SCHAEFER HACKETT & CO
Firm's EIN: 31-0800053
Firm's address: 14 East Main Street Suite 500
Springfield, OH 45502
Phone no: (937) 399-2000

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 \$ 2,591,575 including grants of \$ 55,416) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 982,401 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 870,937 including grants of \$) (Revenue \$)
See Additional Data

(Code) (Expenses \$ including grants of \$) (Revenue \$)
Other program services related to housing development, construction, and asset management to further the mission statement of Homeport

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

4e Total program service expenses ▶ 4,444,913

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d 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
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule M</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	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	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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 in 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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (25), 1b (25), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

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

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like Egner Construction, The Zeppernick Company, etc.

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,802,071			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	969,386			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		2,771,457			
Program Service Revenue		Business Code				
	2a Gain on sale of proper	900099	1,261,392	1,261,392		
	b Development fees	531390	1,127,424	1,127,424		
	c Program and management	531390	806,082	806,082		
	d Rental	532000	435,514	435,514		
	e Interest on program lo	900099	27,931	27,931		
	f All other program service revenue					
g Total. Add lines 2a-2f		3,658,343				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	385,179			
		b Less direct expenses	b	117,503		
c Net income or (loss) from fundraising events			267,676		267,676	
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		6,697,476	3,658,343	0	267,676	

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.	55,416	55,416		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	596,868	130,014	432,401	34,453
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.	2,687,014	1,958,521	636,984	91,509
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	466,520	391,313	48,125	27,082
10 Payroll taxes.	82,747	69,408	8,536	4,803
11 Fees for services (non-employees)				
a Management.				
b Legal.	47,046	18,761	28,285	
c Accounting.	56,547	22,550	33,997	
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).	112,463	44,848	67,615	
12 Advertising and promotion.	171,151	133,304	37,847	
13 Office expenses.	187,530	139,417	48,113	
14 Information technology.				
15 Royalties.				
16 Occupancy.	419,299	277,263	142,036	
17 Travel.	48,722	42,573	6,149	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	51,158	44,701	6,457	
20 Interest.	387,545	363,541	24,004	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	112,293	91,705	20,588	
23 Insurance.	85,688	69,142	16,546	
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 Professional and Other.	206,702	206,702		
b bad debt.	205,615	205,615		
c Client Assistance.	181,309	180,119	1,190	
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	6,161,633	4,444,913	1,558,873	157,847
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) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,395,106	1	4,489,932
	2 Savings and temporary cash investments	470,656	2	2,759,088
	3 Pledges and grants receivable, net	920,086	3	608,385
	4 Accounts receivable, net	1,692,476	4	2,097,055
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	17,916,545	7	18,811,104
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,167	9	25,452
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	6,639,609		
	b Less accumulated depreciation	458,624		
	11 Investments—publicly traded securities	104,107	11	113,519
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	6,878,123	13	6,416,531
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	16,306	15	16,306
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,822,890	16	41,518,357	
Liabilities	17 Accounts payable and accrued expenses	804,351	17	2,976,839
	18 Grants payable		18	
	19 Deferred revenue	14,356,482	19	14,179,310
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	19,352	21	74,495
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,103,832	23	8,782,957
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,212,332	25	537,130
	26 Total liabilities. Add lines 17 through 25	21,496,349	26	26,550,731
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	8,748,609	27	9,137,059
	28 Temporarily restricted net assets	3,699,871	28	3,602,506
	29 Permanently restricted net assets	1,878,061	29	2,228,061
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	14,326,541	33	14,967,626
	34 Total liabilities and net assets/fund balances	35,822,890	34	41,518,357

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	6,697,476
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,161,633
3	Revenue less expenses Subtract line 2 from line 1	3	535,843
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,326,541
5	Net unrealized gains (losses) on investments	5	156,826
6	Donated services and use of facilities	6	-51,584
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,967,626

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 31-1208260

Name: COLUMBUS HOUSING PARTNERSHIP INC

Form 990 (2016)

Form 990, Part III, Line 4a:

HOMEPORT HOME OWNERSHIP PROVIDES QUALITY, ENERGY EFFICIENT, AFFORDABLE, HOME OWNERSHIP OPPORTUNITIES TO HOUSEHOLDS OF VARYING INCOMES AND FACILITATES NEIGHBORHOOD REVITALIZATION HOMEPORT HOME OWNERSHIP UTILIZES SINGLE FAMILY HOME AND CONDOMINIUM DEVELOPMENT AS A MECHANISM TO ACHIEVE THESE GOALS AND COUPLES IT WITH CONCERTED AND TARGETED EFFORTS TO FOSTER COMMUNITY AND ECONOMIC DEVELOPMENT IN ITS FOCUS AREAS THESE EFFORTS COMBINED CREATE STABLE FAMILIES LIVING IN SUSTAINABLE, MIXED INCOME, VIBRANT COMMUNITIES In 2016, construction was completed on 5 homes and 9 homes were sold As of 12/31/16 Homeport home ownership had completed construction on 183 homes and sold 183 homes

Form 990, Part III, Line 4b:

Homeport provides programs that offer residents support and the opportunity to keep their homes and families stable, safe and secure. Homeport's Resident Services Department provides Out of School Programming. Offered at 4 sites for children ages 5-18, provides 5 afternoons a week of homework assistance, tutoring from local college students at least 2 afternoons a week, computer lab and special programs throughout the year to assist families with working parents when school is out including 5 day a week programming in the summer. Students Food Programs. Offered at 5 sites provides summer breakfast and lunch to school age children. Also provides after school snacks at 4 sites 5 days a week during the school year. Resident Council/Community Leadership Institutes, Community Conversations. Offered at more than 12 sites with various levels of participation, creates a forum for residents to actively discuss and problem solve issues in their communities as well as socialize with one another. The Service Coordination team offers referrals and linkages for all site residents.

Form 990, Part III, Line 4c:

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 people understand that purchasing a home comes with many obligations. Homeport teaches its clients how to be responsible homeowners and good neighbors. Homeport Housing Advisory Services provides services, including foreclosure prevention, to 1,545 clients.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Christy Hune Chairperson	1 00	X		X				0	0	0
Mark A Pringle Vice Chair	1 00	X		X				0	0	0
Linda FLICKINGER SECRETARY	1 00	X		X				0	0	0
SaMANTHA DYE treasurer beginning in December	1 00	X		X				0	0	0
TJ Conger Treasurer through December	1 00	X						0	0	0
HANK EVANS TRUSTEE	1 00	X						0	0	0
Thomas O'Hara Jr Trustee	1 00	X						0	0	0
STAN COLLINS Trustee	1 00	X						0	0	0
SUSAN Fuller McDonough TRUSTEE	1 00	X						0	0	0
KIMBER PERFECT Trustee	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK C MCCULLOUGH TRUSTEE	1 00	X						0	0	0
MICHAEL MENDEL TRUSTEE	1 00	X						0	0	0
STEFANIE STEWARD-YOUNG TRUSTEE	1 00	X						0	0	0
Sara Neikirk trustEE	1 00	X						0	0	0
Julee Stephenson trustEE	1 00	X						0	0	0
Michael Kelley trustEE	1 00	X						0	0	0
EMMETT KELLY TRUSTEE	1 00	X						0	0	0
KAREN FIORILE TRUSTEE	1 00	X						0	0	0
CHARLIE MCSHANE TRUSTEE	1 00	X						0	0	0
KAI MONAHAN TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MIKE LANGE TRUSTEE	1 00	X						0	0	0
Anthony ANzic TruSTEE	1 00	X						0	0	0
Melissa Centers Trustee	1 00	X						0	0	0
Paula Hughes Trustee	1 00	X						0	0	0
Kristopher Wahlers Trustee	1 00	X						0	0	0
Stephen Buchenroth Trustee	1 00	X						0	0	0
Bruce Luecke President / CEO	45 00			X				199,323	0	10,225
VALORIE SCHWARZMANN CFO	50 00			X				145,093	0	7,316
CRAIG MURPHY Chief Strategy Officer	48 00					X		106,895	0	15,625
Maude Hill Vice President of Community	49 00					X		105,236	0	7,156

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number

31-1208260

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	4,271,111	4,896,636	7,377,232	5,113,047	3,156,636	24,814,662
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	4,271,111	4,896,636	7,377,232	5,113,047	3,156,636	24,814,662
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						24,814,662

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	4,271,111	4,896,636	7,377,232	5,113,047	3,156,636	24,814,662
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	71,886	521,601	205,001	27,170	27,931	853,589
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						25,668,251
12	Gross receipts from related activities, etc. (see instructions)					12	7,244,954

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	96.670%
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	96.760%

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 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.		
	1		
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).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
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 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
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.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
		2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
		2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
		3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		3b	

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. **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 (explain in detail in Part VI)		
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 1-1/2% 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 .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 <input type="checkbox"/> 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016

Open to Public Inspection

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.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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? Yes No
- 4a Was a correction made? Yes 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? Yes 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-
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

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?

Yes 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) 2013	(b) 2014	(c) 2015	(d) 2016	(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		21,636
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			21,636
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?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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 2016, The organization's officers and other staff spent 133 hours in direct contact with legislators regarding issues affecting Homeport's Funding for and proposed legislative changes relating to its exempt purposes

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number
31-1208260

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

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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** Temporarily restricted 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 | Yes | No |
| 3a(i) | | |
| (ii) related organizations | | |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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		193,161		193,161
b Buildings		5,069,350	118,974	4,950,376
c Leasehold improvements				
d Equipment		395,337	339,650	55,687
e Other		981,761		981,761
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				6,180,985

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Investment in limited partnerships	6,416,531	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	6,416,531	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Line of credit	650,233
Unamortized debt issuance costs	-113,103
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	537,130

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	14,183,257
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	156,826
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	7,211,452
e	Add lines 2a through 2d	2e	7,368,278
3	Subtract line 2e from line 1	3	6,814,979
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	-117,503
c	Add lines 4a and 4b	4c	-117,503
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	6,697,476

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	14,263,549
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	51,584
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	8,050,332
e	Add lines 2a through 2d	2e	8,101,916
3	Subtract line 2e from line 1	3	6,161,633
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	6,161,633

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 31-1208260

Name: COLUMBUS HOUSING PARTNERSHIP INC

Supplemental 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 two organizations

Supplemental Information

Return Reference	Explanation
Part X, Line 2	<p>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</p> <p>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.</p>

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	entities not consolidated on form 990 7,211,452

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	FUNDRAISING DIRECT EXPENSES -117,503

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	entities not consolidated on form 990 7,932,829 FUNDRAISING DIRECT EXPENSES 117,503

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number

31-1208260

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 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 ten 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		Voice & Vision (event type)	Strong Kids (event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	284,644	100,535		385,179
2	Less Contributions				
3	Gross income (line 1 minus line 2)	284,644	100,535		385,179
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,100	1,200		3,300
	7 Food and beverages	12,864	8,202		21,066
	8 Entertainment	34,060	7,650		41,710
	9 Other direct expenses	16,782	34,645		51,427
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				117,503
11	Net income summary Subtract line 10 from line 3, column (d) ▶				267,676

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		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 complete this part to provide any additional information (see instructions).

Return Reference

Explanation

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2016

**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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number
31-1208260

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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. Part II can be duplicated if additional space is needed.

(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 (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) DOWN PAYMENT ASSISTANCE FOR ELIGIBLE HOMEBUYERS - Franklin County Grant	10	48,096			
(2) DOWN PAYMENT ASSISTANCE FOR ELIGIBLE HOMEBUYERS - Ohio Housing Trust Fund Grant	3	7,320			
(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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

2015
Open to Public Inspection

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number
31-1208260

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p>		
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p><input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract</p> <p><input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study</p> <p><input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee</p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	No
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p>	5a	No
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No
<p>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:</p> <p>a The organization?</p>	6a	No
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No
<p>8 Were any amounts reported 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.</p>	8	No
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Bruce Luecke President / CEO	(i)	196,822 -----	2,501 -----	0 -----	552 -----	9,673 -----	209,548 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 VALORIE SCHWARZMANN CFO	(i)	142,778 -----	2,315 -----	0 -----	2,945 -----	4,371 -----	152,409 -----	0 -----
	(ii)	0	0	0	0	0	0	0

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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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COLUMBUS HOUSING PARTNERSHIP INC

Employer identification number

31-1208260

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The Organization's policy and procedures require immediate disclosure to the President/CEO of any potential conflicts of interest

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The Organization makes the governing documents, conflict of interest policy and financial statements available to the public upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part XII Line 2c	Process is consistent with prior year

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

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Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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.

See Additional Data Table

(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

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

See Additional Data Table

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

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.

See Additional Data Table

(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

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

	Yes	No
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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)	Yes	
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		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
(1)Obetz Village Limited Partnership	D		outstanding balance
(2)kimcourt limited partnership	D		outstanding balance
(3)StarrHigh limited partnership	D		outstanding balance
(4)EMERALD GLEN HOUSING LIMITED PARTNERSHIP	D		OUTSTANDING BALANCE
(5)GEORGE'S CREEK LIMITED PARTNERSHIP	D		OUTstanding balance

Part VII **Supplemental Information**

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

Return Reference**Explanation**

Additional Data

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

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) CHP Equity Housing LLC 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
(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	0	0	Metro City Homes Inc
(2) HKS ASSOCIATES LLC 3443 AGLER ROAD SUITE 200 COLumbus, OH 43219 51-0545995	LOW-INCOME HOUSING	OH	0	0	COLumbus Housing Partnership Inc
(3) CHP HOMEPORT HOMES LLC 3443 AGLER ROAD SUITE 200 Columbus, OH 43219 47-2106062	LOW-INCOME HOUSING	OH	0	0	COLumbus Housing Partnership Inc
(4) CHP AGLER ROAD OFFICE LLC 3443 AGLER ROAD SUITE 200 Columbus, OH 43219 47-1943723	HOLDS COLUMBUS HOUSING PARTNERSHIP'S OFFICE BUILDING	OH	0	0	Columbus Housing Partnership Inc
(5) 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
(6) 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
(7) CHP Barrett Single Family LLC 3443 AGLER ROAD SUITE 200 columbus, OH 43219 47-4484464	Community Revitalization	OH	0	0	columbus Housing Partnership Inc
(8) CHP Deshler Avenue LLC 3443 AGLER ROAD SUITE 200 columbus, OH 43219 47-1905134	community Revitalization	OH	0	0	columbus Housing Partnership Inc
(9) 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
(10) CHP Equity Kimcourt II LLC 3443 AGLER ROAD SUITE 200 columbus, OH 43219	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	INVESTMENT IN LOW-INCOME HOUSING	OH	0	0	columbus Housing Partnership Inc

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Agler Elderly Housing LLC 2100 Agler Road Columbus, OH 43224	Low-income housing	OH	Columbus Housing Partnership Inc	related				No			No	51 000 %
(1) Agler Elderly Housing LP 2100 Agler Road columbus, OH 43224	low-income housing	OH	columbus Housing Partnership Inc	related				No			No	0 510 %
(2) Agler Family HOusing LLC 2100 Agler Road columbus, OH 43224	low-income housing	OH	columbus Housing Partnership Inc	related				No			No	51 000 %
(3) Agler Family HOusing LP 2100 Agler Road columbus, OH 43224	low-income housing	OH	columbus Housing Partnership Inc	related				No			No	0 510 %
(4) City View Homes LLC 3443 AGLER ROAD SUITE 200 columbus, OH 43219 87-0721112	low-income housing	OH	City View Housing Inc	Related	-232	135,141		No		Yes		0 080 %
(5) Dunrobin Homes LLC 3443 AGLER ROAD SUITE 200 columbus, OH 43219 55-0890824	low-income housing	OH	Dunrobin Housing Inc	related				No		Yes		0 070 %
(6) Emerald Glen Housing Limited Partnership 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1356828	low-income housing	OH	Emerald Glen Housing Inc	Related	617	935,253		No		Yes		100 000 %
(7) Fairview Homes Limited Partnership 3443 AGLER ROAD SUITE 200 columbus, OH 43219 32-0004472	low-income housing	OH	Fairview Housing Inc	related	-222	1,021,063		No		Yes		0 080 %
(8) Fieldstone Court Homes LLC 3443 AGLER ROAD SUITE 200 columbus, OH 43219 55-0890825	low-income housing	OH	Fieldstone Court Housing Inc	related	-16	369,972		No		Yes		0 030 %
(9) George's Creek Limited Partnership 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1417899	low-income housing	OH	Gender Road Housing inc	Related	-80	187,286		No		Yes		100 000 %
(10) 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		0 100 %
(11) Greater Linden Homes Limited Partnership 3443 AGLER ROAD SUITE 200 Columbus, OH 43219 31-1636611	low-income housing	OH	Linden Housing Inc	Related	-34	87,451		No		Yes		0 080 %
(12) Joyce Avenue Homes Limited Partnership 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1761906	low-income housing	OH	Joyce Avenue Housing Inc	related	-195	183,222		No		Yes		0 080 %
(13) Kimcourt Limited Partnership 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1326691	low-income housing	OH	Por Los Ninos Inc	related	-1,575	131,072		No		Yes		100 000 %
(14) Kimcourt II Limited Partnership 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1403563	low-income housing	OH	Por Los Ninos Inc	related	-4,446	481,044	Yes			Yes		0 700 %

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) Kingsford Homes Limited Partnership 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1697373	low-income housing	OH	Kingsford Housing Inc	related	-142			No		Yes		0.080 %
(1) Maplegreen Homes LLC 3443 AGLER ROAD SUITE 200 columbus, OH 43219 90-0171902	low-income housing	OH	Maplegreen Housing Inc	related	-391	-532		No		Yes		0.080 %
(2) Mariemont homes LP 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1761775	low-income housing	OH	mariemont housing inc	related	-138	48,178		No		Yes		0.080 %
(3) New Salem Homes Limited Partnership 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1482829	low-income housing	OH	New Salem Housing inc	related	-101		Yes			Yes		0.010 %
(4) NHSS Limited Partnership 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1482829	low-income housing	OH	East Side Housing Inc	related	-10,176	-341,131	Yes			Yes		0.010 %
(5) Obetz Village Limited Partnership 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1292472	low-income housing	OH	por Los Ninos Inc	related	-1,295	1,354,505		No		Yes		100.000 %
(6) Parkmead Apartments Limited Partnership 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1349854	low-income housing	OH	Parkmead apartments inc	related	-209	1,338,060		No		Yes		100.000 %
(7) Parkmead homes llc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 20-8313200	low-income housing	OH	parkmead housing inc	related				No		Yes		100.000 %
(8) Rich Street Condos Limited Partnership 3443 AGLER ROAD SUITE 200 columbus, OH 43219 20-3568518	low-income housing	OH	CHP Housing Inc	related				No		Yes		100.000 %
(9) South East Columbus Homes Limited Partnership 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1697374	low-income housing	OH	South East Housing Inc	related	-66,507	203,796		No		Yes		0.070 %
(10) Southside Homes Limited partnership 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1761778	low-income housing	OH	southside housing inc	related	-217	447,374		No		Yes		0.080 %
(11) Spruce Bough homes LLC 3443 AGLER ROAD SUITE 200 columbus, OH 43219 16-1660098	low-income housing	OH	Spruce Bough Housing Inc	related	1	3,273		No		Yes		0.100 %
(12) StarrHigh Limited Partnership 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1354388	low-income housing	OH	High Street Housing inc	related	-450	49,539		No		Yes		100.000 %
(13) Summerfield Homes LLC 3443 AGLER ROAD SUITE 200 columbus, OH 43219 87-0721109	low-income housing	OH	Summerfield Housing inc	related	-491	325,833		No		Yes		0.100 %
(14) Tussing Road Homes Limited Partnership 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1587686	low-income housing	OH	Tussing Road Housing Inc	related	-88	192,161		No		Yes		0.070 %

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(31) Urbancrest Affordable Housing LLC 3443 AGLER ROAD SUITE 200 columbus, OH 43219 55-0890829	low-income housing	OH	Urbancrest Affordable housing partners inc	related	-113	375,316	Yes			Yes		0.070 %
(1) ELIM ESTATES HOMES LLC 3443 AGLER ROAD SUITE 200 Columbus, OH 43219 26-3255056	low-income housing	OH	ELIM ESTATES HOUSING INC	related	-220	77		No		Yes		0.080 %
(2) WHITTIER LANDING Homes LLC 3443 AGLER ROAD SUITE 200 Columbus, OH 43219 27-0644214	low-income housing	OH	WHITTIER LANDING HOUSING INC	Related	-247	3,095		No		Yes		0.080 %
(3) EASTWAY VILLAGE HOMES LLC 3443 AGLER ROAD SUITE 200 Columbus, OH 43219 45-1561946	LOW-income housing	OH	EASTWAY VILLAGE	RElated	-184	-8,035		No		Yes		0.080 %
(4) ELIM MANOR ELDERLY HOUSING LLC 3443 AGLER ROAD SUITE 200 Columbus, OH 43219 80-0516168	LOW-income housing	OH	ELIM SENIOR HOUSING INC	RElated	-16	544,355		No		Yes		0.050 %
(5) DUXBERRY LANDING HOMES LLC 3443 AGLER ROAD SUITE 200 Columbus, OH 43219 45-2501440	LOW-income housing	OH	DUXBERRY LANDING HOUSING INC	RElated	-162	142,984		No		Yes		0.100 %
(6) ELIM MANOR HOMES LP 3443 AGLER ROAD SUITE 200 Columbus, OH 43219 27-0854342	LOW-income housing	OH	ELIM SENIOR HOUSING INC	RElated	-27	4,207,942		No		Yes		0.510 %
(7) whitehall elderly facilities limited partnership 3443 AGLER ROAD SUITE 200 columbus, OH 43219 90-0838998	low-income housing	OH	whitehall elderly housing facilities inc	related	-288	4,838,321		No		Yes		0.100 %
(8) trabue crossing homes LLC 3443 AGLER ROAD SUITE 200 columbus, OH 43219 61-1695912	low-income housing	OH	trabue crossing housing inc	related	-240	349,152		No		Yes		0.100 %
(9) VICTORIAN HERITAGE HOMES LLC 3443 AGLER ROAD SUITE 200 Columbus, OH 43219 38-3913853	Low-income housing	OH	VICTORIAN HERITAGE HOUSING INC	Related	-608	2,763,620		No		Yes		0.100 %
(10) FRAMINGHAM VILLAGE LLC 3443 AGLER ROAD SUITE 200 Columbus, OH 43219 47-3290822	Low-income housing	OH	CHP EQUITY FRAMINGHAM HOUSING LLC	Related				No		Yes		50.000 %
(11) 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		99.990 %
(12) 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	52.000 %
(13) 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	52.000 %
(14) Barrett NB LLC 250 Civic Center Drive Suite 500 columbus, OH 43215 47-1905134	community Revitalization	OH	CHP Dreshler Avenue LLC	related				No			No	52.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(46) Barrett SF LLC 250 Civic Center Drive Suite 500 columbus, OH 43215	community Revitalization	OH	chp Barrett Single Family LLC	related				No			No	52 000 %
(1) 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	21 700 %
(2) South of main homes Limited Partnership 3443 AGLER ROAD SUITE 200 columbus, OH 43215 31-1414939	low-income housing	OH	Main Street Housing Inc	related				No			No	0 080 %
(3) 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		100 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHP Housing Inc 3443 AGLER ROAD SUITE 200 Columbus, OH 43219 31-1812852	low-income housing	OH	Columbus Housing Partnership Inc	C		100	100 000 %	Yes	
(1) City View Housing Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 41-2128679	low-income housing	OH	columbus Housing Partnership Inc	C	-232	101,414	76 000 %	Yes	
(2) Dunrobin Housing inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 55-0890823	low-income housing	OH	columbus Housing Partnership Inc	C			100 000 %	Yes	
(3) East Side housing Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1442897	low-income housing	OH	columbus Housing Partnership Inc	C	-10,176	-93,732	25 000 %		No
(4) Elim Estates Housing inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 26-3255011	low-income housing	OH	columbus Housing Partnership Inc	C	-220	-1,958	76 000 %	Yes	
(5) Emerald Glen Housing inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1372426	low-income housing	OH	columbus Housing Partnership Inc	C	617	540,828	100 000 %	Yes	
(6) Fairview Housing Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 35-2161265	low-income housing	OH	columbus Housing Partnership Inc	C	-222	17,833	76 000 %	Yes	
(7) Fieldstone Court Housing Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 55-0890820	low-income housing	OH	columbus Housing Partnership Inc	C	-16	281,093	76 000 %	Yes	
(8) Fourth Street Housing inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1388095	low-income housing	OH	columbus Housing Partnership Inc	C			75 000 %	Yes	
(9) Framingham Housing inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1473233	low-income housing	OH	columbus Housing Partnership Inc	C			25 000 %		No
(10) Gender Road Housing Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1417815	low-income housing	OH	columbus Housing Partnership Inc	C	-80	16,217	100 000 %	Yes	
(11) gender road GP corp 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1487728	low-income housing	OH	columbus Housing Partnership Inc	C			100 000 %	Yes	
(12) Grace Walk Housing Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 74-3161380	low-income housing	OH	columbus Housing Partnership Inc	C			100 000 %	Yes	
(13) High Street Housing Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1354387	low-income housing	OH	columbus Housing Partnership Inc	C	204	-10,563	100 000 %	Yes	
(14) Homes on the Hill Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1324316	low-income housing	OH	columbus Housing Partnership Inc	C			75 000 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
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								Yes	No
(16) Joyce Avenue Housing Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1761942	low-income housing	OH	columbus Housing Partnership Inc	C	-195	-1,769	76 000 %	Yes	
(1) Kingsford Housing Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1694899	low-income housing	OH	columbus Housing Partnership Inc	C	-142	-3,962	75 000 %	Yes	
(2) Linden Housing inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1636689	low-income housing	OH	columbus Housing Partnership Inc	C	-149	2,486	76 000 %	Yes	
(3) Luke's Crossing Project Corp 3443 AGLER ROAD SUITE 200 columbus, OH 43219 26-2698858	low-income housing	OH	columbus Housing Partnership Inc	C			75 000 %	Yes	
(4) Main Street Housing Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1654529	low-income housing	OH	columbus Housing Partnership Inc	C		-466,066	100 000 %	Yes	
(5) Maplegreen Housing Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 51-0450488	low-income housing	OH	columbus Housing Partnership Inc	C	-391	-3,764	76 000 %	Yes	
(6) Mariemont Housing inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1762101	low-income housing	OH	columbus Housing Partnership Inc	C	-138	9,100	76 000 %	Yes	
(7) New salem housing inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1482263	low-income housing	OH	columbus Housing Partnership Inc	C	100	26	51 000 %	Yes	
(8) Parkmead Apartments Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1349852	low-income housing	OH	columbus Housing Partnership Inc	C	-279	1,207,694	100 000 %	Yes	
(9) Parkmead Housing Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 20-8313023	low-income housing	OH	columbus Housing Partnership Inc	C			100 000 %	Yes	
(10) Por Los Ninos Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1300081	low-income housing	OH	columbus Housing Partnership Inc	C	-7,316	-135,593	100 000 %	Yes	
(11) Rosewind GP Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1487726	low-income housing	OH	columbus Housing Partnership Inc	C			100 000 %	Yes	
(12) South East Housing Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1694902	low-income housing	OH	columbus Housing Partnership Inc	C	-66,507	-87,901	75 000 %	Yes	
(13) Southside Housing inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1761898	low-income housing	OH	columbus Housing Partnership Inc	C	-217	229,220	76 000 %	Yes	
(14) Spruce Bough Housing LLC 3443 AGLER ROAD SUITE 200 columbus, OH 43219 51-0450542	low-income housing	OH	columbus Housing Partnership Inc	C	1	-1,917	100 000 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(31) Summerfield Housing Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 41-2128676	low-income housing	OH	columbus Housing Partnership Inc	C	-491	321,294	100 000 %	Yes	
(1) Tussing Road Housing Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 31-1587052	low-income housing	OH	columbus Housing Partnership Inc	C	-88	-198,743	66 000 %	Yes	
(2) Urbancrest Affordable housing Partners Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 55-0890821	low-income housing	OH	columbus Housing Partnership Inc	C	-113	284,624	76 000 %	Yes	
(3) WHITTIER LANDING HOUSING INC 3443 AGLER ROAD SUITE 200 Columbus, OH 43219 27-0644143	low-income housing	OH	Columbus Housing Partnership Inc	C	-247	-1,569	76 000 %	Yes	
(4) Enclave at Hilliard Run Housing Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 27-3031914	low-income housing	OH	columbus Housing Partnership Inc	C			100 000 %	Yes	
(5) EASTWAY VILLAGE HOUSING INC 3443 AGLER ROAD SUITE 200 COLumbus, OH 43219 45-1561889	LOW-income housing	OH	COLumbus Housing Partnership Inc	C	-184	-7,528	76 000 %		No
(6) DUXBERRY LANDING HOUSING INC 3443 AGLER ROAD SUITE 200 COLumbus, OH 43219 45-2501422	LOW-income housing	OH	Columbus Housing Partnership Inc	C	-162	-909	76 000 %		No
(7) ELIM MANOR ELDERLY FACILITIES INC 3443 AGLER ROAD SUITE 200 columbus, OH 43219 27-1453870	low-income housing	OH	columbus Housing Partnership Inc	C	-16	-60	24 000 %		No
(8) whitehall elderly housing facilities Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 45-5217585	low-income housing	OH	columbus Housing Partnership Inc	C	-288	4,387,585	100 000 %		No
(9) trabue crossing housing Inc 3443 AGLER ROAD SUITE 200 columbus, OH 43219 46-1246728	low-income housing	OH	columbus Housing Partnership Inc	C	-240	164,615	100 000 %		No
(10) VICTORIAN HERITAGE HOUSING INC 3443 AGLER ROAD SUITE 200 Columbus, OH 43219 46-3427372	Low-income housing	OH	Columbus Housing Partnership Inc	C	-608	15,871	100 000 %	Yes	
(11) CHP Barrett Multifamily LLC 3443 AGLER ROAD SUITE 200 columbus, OH 43219 47-4449192	Community Revitalization	OH	columbus Housing Partnership Inc	C	-1,298	157,100	100 000 %		No
(12) Milo-grogan HOusing Inc 3443 AGLER ROAD SUITE 200 Columbus, OH 43219 81-3519170	Low-income housing	OH	columbus Housing Partnership Inc	C			100 000 %		No