Form <b>990-T</b>	Exempt Organization Bu			ax Return	ı L	OMB No 1545-0687
-	(and proxy tax und					
	For calendar year 2018 or other tax year beginning		, and ending		_ 1	2018
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990T for ► Do not enter SSN numbers on this form as it ma				-	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed			and see instructions.)		D Emple (Emp	oyer identification number loyees' trust, see actions)
B Exempt under section	Print COLUMBUS HOUSING PARTN	VERSH	IP, INC.		3	1-1208260
<b>X</b> 501( <b>c<u>0</u>)3 )</b>	or Number, street, and room or suite no. If a P.O. b					ated business activity code instructions )
408(e) 220(e)	Type 3443 AGLER ROAD STE. 2	200			] (388)	nav detions )
408A 530(a)	City or town, state or province, country, and ZIP COLUMBUS, OH 43219	or foreign	postal code		900	0.00
		<u> </u>	<del></del>		000	000
47,098,8	F Group exemption number (See instructions.)  95. G Check organization type   X 501(c) co	rporation	501(c) trust	401(a)	trust	Other trust
	organization's unrelated trades or businesses.	1		the only (or first) un		oxilor tract
	DEBT FINANCED RENTAL REVE	ENUE		complete Parts I-V.		than one.
	plank space at the end of the previous sentence, complete F			•		•
business, then complete	Parts III-V.					
	the corporation a subsidiary in an affiliated group or a pare	ent-subsid	liary controlled group?	▶ [	Ye	s X No
	and identifying number of the parent corporation.					· · · · · · · · · · · · · · · · · · ·
	► VALORIE SCHWARZMANN			ne number 🕨 6		
	d Trade or Business Income	<del>-  </del>	(A) Income	(B) Expenses	;	(C) Net
1a Gross receipts or sale	<del></del>	1.1				ł
Cost of goods sold (S Gross profit. Subtrac		10		*		
Cost of goods sold (S	-	2		\$		
Gross profit. Subtrac		3			-	•
a Capital gain net incor		4a				<del></del>
	4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction 5 Income (loss) from a		4c				
` ′	partnership or an S corporation (attach statement)	5				
, ·	ced income (Schedule E)	7	142,336.	184,9	76	-42,640.
•	yalties, and rents from a controlled organization (Schedule F)	<del></del>	142,550.	104,3	70.	-42,040.
•	f a section 501(c)(7), (9), or (17) organization (Schedule G		<del></del>			
	vity income (Schedule I)	10				
11 Advertising income (	•	11				
= '	structions; attach schedule)	12				
13 Total. Combine lines	•	13	142,336.	184,9	76.	-42,640.
Part II Deduction	ns Not Taken Elsewhere (See instructions )	or limitat	ions on deductions )			
(Except for	contributions, deductions must be directly connected	d wite 4	e unrelated business i	ncome )		
	ficers, directors, and trustees (Schedule K)				14	
15 Salaries and wages	181 NT	W 18	2019		15	
16 Repairs and mainter	nance 8 NO	,, 10			16	
17 Bad debts	\ \				17	
•	edule) (see instructions)	<u>GDEI</u>	N, UT		18	
19 Taxes and licenses					19	
	ons (See instructions for limitation rules)			60 450	20	
21 Depreciation (attach	•		21	62,453.		•
·	aimed on Schedule A and elsewhere on return		22a	62,453.	22b	0.
23 Depletion					23	
	erred compensation plans				24	
25 Employee benefit pro	~				25	
<ul><li>26 Excess exempt expe</li><li>27 Excess readership or</li></ul>					26	
28 Other deductions (at	•				27	
	dd lines 14 through 28				29	0.
	axable income before net operating loss deduction. Subtra	ct line 20 f	from line 13		30	-42,640.
	erating loss arising in tax years beginning on or after Janua				31	12,040.
	axable income. Subtract line 31 from line 30	۰۰ ۶ ۰, ۵۰۱۱	o (and man denotia)		32	) -42,640.
	or Paperwork Reduction Act Notice, see instructions.		<u> </u>			Orm <b>990-T</b> (2018)

Form 990-		<u>-12</u>	08260	Page 2
Part	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	-42,640.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  STMT	1	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	_	"	
	lines 33 and 34		1 26	-42,640.
07			36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			40 640
Dort	enter the smaller of zero or line 36		38	-42,640.
Part I				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:			
	Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxy tax. See instructions	<b>&gt;</b>	_41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part V			1	<u> </u>
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		$\top$	-
	Other credits (see instructions)  45b		<b>⊣</b>	
			<b>⊣</b> ↓	
			$\dashv$ $\vdash$	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)  7-14 Level 11- Add Level 15- Add Level		<b></b>	
	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach so	:hedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018		<b>」</b>	
b	2018 estimated tax payments		<u>∃</u>	
C	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		7	
е	Backup withholding (see instructions) 50e		7	
	Credit for small employer health insurance premiums (attach Form 8941)  50f		7 J	
	Other credits, adjustments, and payments: Form 2439		┦	
	☐ Form 4136 ☐ Other Total ▶ <b>50g</b>		1 1	
51	Total payments. Add lines 50a through 50g		51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			
	,		52	· · · · · · · · · · · · · · · · · · ·
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	<del></del>
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	•	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		55	
Part \				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			<u> </u>
	here <b>&gt;</b>			X_
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tru	st?		X
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of m	y knowle	edge and belief	, it is true,
Sign	correct, and complete Declaration of greparer (other than taxpayer) is based on all information of which preparer has any knowledge	_		
Here	Notque J. Lillan CFO		-	cuss this return with own below (see
	Signature of officer / Date Title		nstructions)?	
	Print/Type preparer's name Preparer's signature Date Check	_	<del></del>	41 100   NU
		—	1	
Paid	rer MATTHEW SHROYER MATTHEW SHROYER 11/11/19	ployed		727006
Prepa	CLADY CONTROL VACUATION CO.	F101 -		737986
Use C		EIN -	<u> </u>	0800053
	14 EAST MAIN STREET, SUITE 500	_		
		по. 9		<u>9-2000</u>
823711 01	09-19		F	orm <b>990-T</b> (2018)

Schedule A - Cost of Goods	s Sold. Enter meth	od of invent	ory valuation N/A	<u></u>			
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6	
2 Purchases	2		7 Cost of goods sold. S		line 6		
3 Cost of labor	3		from line 5. Enter here	e and in I	Part I,		
4a Additional section 263A costs			line 2		,	7	
(attach schedule)	4a		8 Do the rules of section	n 263A (	with respect to	Yes No	
b Other costs (attach schedule)	4b			duced or acquired for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?	•	,,,,,		
Schedule C - Rent Income (	From Real Prop	erty and	Personal Property I	Lease	d With Real Prope	erty)	
(see instructions)							
1. Description of property							
(1)					-		
(2)							
(3)			,,,,		<u>.</u> .		
(4)					, ,,,,,		
	2. Rent received or ac	crued				·	
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for pe	d personal property (if the percent rsonal property exceeds 50% or if is based on profit or income)	age		onnected with the income in 2(b) (attach schedule)	
(1)			•				
(2)						<u></u>	
(3)			· ·				
(4)							
Total	O . Total			0.		· · · · · · · · · · · · · · · · · · ·	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	1,	•		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>.</b>	
Schedule E - Unrelated Deb		me (see in	nstructions)		, (e,		
		,	2. Gross income from		3. Deductions directly conne to debt-finance		
1. Description of debt-fin	nanced property		or attocable to debt- financed property	' '	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
					TATEMENT 4	STATEMENT 5	
(1) AGLER ROAD PROPER	RTY	-	179,967.	1	62,453.	171,428.	
(2)				-			
(3)							
(4)	<del> </del>			-			
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	5. Average adjuste of or allocable debt-financed pro (attach schedu	to operty	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1) 2,004,085.	2,533	3,831.	79.09%		142,336.	184,976.	
(2)			%				
(3)			%				
(4)			%				
STATEMENT 2	STATEME	NT 3			inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals			<b>&gt;</b>		142,336.	184,976.	
Total dividends-received deductions in	icluded in column 8				<b>•</b>	0.	
						Form <b>990-T</b> (2018)	

823731 01-09-19

(3) (4)

0.

0.

Form 990-T (2018)

Totals (carry to Part II, line (5))

Form 990-T (2018) COLUMBUS HOUSING PARTNERSHIP, INC. 31-12082

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	Ì						
(2)							
(3)							
(4)	_					Ī	
Totals from Part I	•	0.	0.			*	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<b>&gt;</b>	0.	0.		•		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

	1, Name	2. Title	3. Percent of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>
(1)			%	
(2)			%	
(3)			%	
(4)	•		%	
Total. Enter her	e and on page 1, Part II, line 14		<b></b>	0.

Form 990-T (2018)

FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/11	7,506.	0.	7,506.	7,506.
12/31/12	20,315.	0.	20,315.	20,315.
12/31/13	19,151.	0.	19,151.	19,151.
12/31/14	13,407.	0.	13,407.	13,407.
12/31/15	5,290.	0.	5,290.	5,290.
12/31/16	18,536.	0.	18,536.	18,536.
12/31/17	50,742.	0.	50,742.	50,742.
NOL CARRYO	VER AVAILABLE THIS	YEAR	134,947.	134,947.

FORM 990-T	SCHEDULE E	TIME ET AMED	DEBT-FINANCED	TMOOME	CMAMDAGAM	2
FORM 330-1	SCUEDOPE E .	- ONKELATED	DEDI-LINWICED	INCOME	STATEMENT	4
	2/17	PRACE ACCITE	SITION DEBT			
	TA V I	TINGE VCCOT	STITON DEDI			

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING
AGLER ROAD PROPERTY	1	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH		167,007. 167,007. 167,007. 167,007. 167,007. 167,007. 167,007. 167,007. 167,007. 167,007.
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		2,004,084.
AVERAGE AQUISITION DEBT		167,007.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

			-		
FORM 990-T	SCHEDULE E -	UNRELATED	DEBT-FINANCED	INCOME	STATEMENT 3
	AVER	AGE ADJUSTI	ED BASIS		

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
AGLER ROAD PROPERTY	1	AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR	•	2,475,970. 2,591,692.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR	-	2,533,831.

TOTAL TO FORM.990-T, SCHEDULE E, COLUMN 5

FORM 990-T	SCHEDULE E - DEPRECIATIO	N DEDUCT	ION	STATEMENT 4
DESCRIPTION		TIVITY UMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL -	1	62,453.	62,453.
TOTAL OF FORM S	90-T, SCHEDULE E, COLUMN 3(A	.)		62,453.
FORM 990-T	SCHEDULE E - OTHER DE	DUCTIONS		STATEMENT 5
DESCRIPTION	_	TIVITY UMBER	AMOUNT	· TOTAL
PROFESSIONAL EXUTILITIES OTHER EXPENSES OFFICE EXPENSES REPAIRS AND MAI INTEREST EXPENS MANAGEMENT FEE SALARIES	NTENANCE		4,237. 29,144. 10,527. 15,878. 33,397. 58,417. 7,599. 12,229.	
	- SUBTOTAL -	1		171,428.
TOTAL OF FORM 9	90-T, SCHEDULE E, COLUMN 3(E	)		171,428.