

Form 990-T

EXTENDED TO NOVEMBER 16, 2020
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning 1912 and ending
Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed
B Exempt under section 501(c)(3)
Name of organization: COLUMBUS HOUSING PARTNERSHIP, INC.
Address: 3443 AGLER ROAD STE. 200, COLUMBUS, OH 43219
Employer identification number: 31-1208260
Unrelated business activity code: 900000

C Book value of all assets at end of year: 49,337,355.
F Group exemption number
G Check organization type: 501(c) corporation

H Enter the number of the organization's unrelated trades or businesses: 1
DEBT FINANCED RENTAL REVENUE

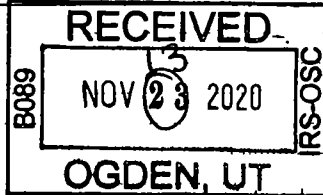
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of: VALORIE SCHWARZMANN
Telephone number: 614-221-8889

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Row 7 shows 195,467 income and 240,407 expenses resulting in -44,940 net.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)
(Deductions must be directly connected with the unrelated business income)

Table with 4 columns: Line number, Description, Amount, and Total. Row 20 shows 62,453 depreciation. Row 28 shows total deductions of 0. Row 29 shows unrelated business taxable income before net operating loss deduction of -44,940.



SCANNED SEP 28 2021

69 50

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32 through 39.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40 through 45.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a through 56.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Description, and Yes/No response. Includes questions 57, 58, and 59.

Sign Here section containing the signature of the officer, date, title, and a declaration of preparer.

Paid Preparer Use Only section containing preparer's name, signature, date, firm's name, address, and EIN.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

|    |   |    |  |   |  |     |    |
|----|---|----|--|---|--|-----|----|
| 1  | Inventory at beginning of year                  | 1  |  | 6 | Inventory at end of year   | 6   |    |
| 2  | Purchases                                       | 2  |  | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2                                  | 7   |    |
| 3  | Cost of labor                                   | 3  |  |   |  |     |    |
| 4a | Additional section 263A costs (attach schedule) | 4a |  |   |  |     |    |
| b  | Other costs (attach schedule)                   | 4b |  | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| 5  | Total. Add lines 1 through 4b                   | 5  |  |   |  |     |    |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

| 2. Rent received or accrued   |   | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |   |
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total 0.  |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► 0.

(b) Total deductions Enter here and on page 1, Part I, line 6, column (B) ► 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1 Description of debt-financed property   | 2 Gross income from or allocable to debt-financed property                            | 3. Deductions directly connected with or allocable to debt-financed property |  |   |
|---|---|--|--|---|
|   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)           |   |
|   |   | <b>STATEMENT 5</b>   | <b>STATEMENT 6</b>                               |   |
| (1) <b>AGLER ROAD PROPERTY</b>  | 251,858.  | 62,453.  | 247,310.   |   |
| (2)   |   |  |  |   |
| (3)   |   |  |  |   |
| (4)   |   |  |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 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) 1,978,853.  | 2,549,765.  | 77.61%   | 195,467.   | 240,407.  |
| (2)   |   | %  |  |   |
| (3)   |   | %  |  |   |
| (4)   |   | %  |  |   |
| <b>STATEMENT 3</b>  |   | <b>STATEMENT 4</b>   |  |   |
| <b>Totals</b>   |   | Enter here and on page 1, Part I, line 7, column (A)                         |  | Enter here and on page 1, Part I, line 7, column (B)                |
|   |   | 195,467.   |  | 240,407.  |
| <b>Total dividends-received deductions</b> included in column 8                                   |   |  |  | 0.  |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

**Nonexempt Controlled Organizations**

| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1)               |   |                                     |  |  |
| (2)               |   |                                     |  |  |
| (3)               |   |                                     |  |  |
| (4)               |   |                                     |  |  |

|               |  |  |   |   |
|---------------|--|--|---|---|
| <b>Totals</b> |  |  | Add columns 5 and 10<br>Enter here and on page 1, Part I,<br>line 8, column (A) | Add columns 6 and 11<br>Enter here and on page 1, Part I,<br>line 8, column (B) |
|               |  |  | <b>0.</b>   | <b>0.</b>   |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule)      | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col 3 plus col 4)   |
|--------------------------|---------------------|---|---------------------------------|---|
| (1)                      |                     |   |                                 |   |
| (2)                      |                     |   |                                 |   |
| (3)                      |                     |   |                                 |   |
| (4)                      |                     |   |                                 |   |
| <b>Totals</b>            |                     | Enter here and on page 1,<br>Part I, line 9, column (A) |                                 | Enter here and on page 1,<br>Part I, line 9, column (B) |
|                          |                     | <b>0.</b>   |                                 | <b>0.</b>   |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--------------------------------------|---|---|---|---|--------------------------------------|---|
| (1)                                  |   |   |   |   |                                      |   |
| (2)                                  |   |   |   |   |                                      |   |
| (3)                                  |   |   |   |   |                                      |   |
| (4)                                  |   |   |   |   |                                      |   |
| <b>Totals</b>                        |   | Enter here and on page 1, Part I,<br>line 10, col (A)                       | Enter here and on page 1, Part I,<br>line 10, col (B)   |   |                                      | Enter here and on page 1,<br>Part II, line 25                                   |
|                                      |   | <b>0.</b>   | <b>0.</b>   |   |                                      | <b>0.</b>   |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated 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)  |                             |                             |   |                       |                     |  |
| (2)  |                             |                             |   |                       |                     |  |
| (3)  |                             |                             |   |                       |                     |  |
| (4)  |                             |                             |   |                       |                     |  |
| <b>Totals (carry to Part II, line (5))</b> |                             | <b>0.</b>                   | <b>0.</b>   |                       |                     | <b>0.</b>  |

**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)                                |                             |                             |   |                       |                     |  |
| (2)                                |                             |                             |   |                       |                     |  |
| (3)                                |                             |                             |   |                       |                     |  |
| (4)                                |                             |                             |   |                       |                     |  |
| <b>Totals from Part I</b>          | <b>0.</b>                   | <b>0.</b>                   |   |                       |                     | <b>0.</b>  |
| <b>Totals, Part II (lines 1-5)</b> | <b>0.</b>                   | <b>0.</b>                   |   |                       |                     | <b>0.</b>  |

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

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



FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT 3  
 AVERAGE ACQUISITION DEBT

| DESCRIPTION OF DEBT-FINANCED PROPERTY | ACTIVITY NUMBER | AMOUNT OF OUTSTANDING DEBT |
|---------------------------------------|-----------------|----------------------------|
| AGLER ROAD PROPERTY                   | 1               |                            |
| BEGINNING FIRST MONTH                 |                 | 164,904.                   |
| BEGINNING SECOND MONTH                |                 | 164,904.                   |
| BEGINNING THIRD MONTH                 |                 | 164,904.                   |
| BEGINNING FOURTH MONTH                |                 | 164,904.                   |
| BEGINNING FIFTH MONTH                 |                 | 164,904.                   |
| BEGINNING SIXTH MONTH                 |                 | 164,904.                   |
| BEGINNING SEVENTH MONTH               |                 | 164,904.                   |
| BEGINNING EIGHTH MONTH                |                 | 164,904.                   |
| BEGINNING NINTH MONTH                 |                 | 164,904.                   |
| BEGINNING TENTH MONTH                 |                 | 164,904.                   |
| BEGINNING ELEVENTH MONTH              |                 | 164,904.                   |
| BEGINNING TWELFTH MONTH               |                 | 164,904.                   |
| TOTAL OF ALL MONTHS                   |                 | 1,978,848.                 |
| NUMBER OF MONTHS IN YEAR              |                 | 12                         |
| AVERAGE AQUISITION DEBT               |                 | 164,904.                   |

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

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT 4  
 AVERAGE ADJUSTED BASIS

| DESCRIPTION OF DEBT-FINANCED PROPERTY                | ACTIVITY NUMBER | AMOUNT     |
|--|-----------------|------------|
| AGLER ROAD PROPERTY                                  | 1               |            |
| AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR |                 | 2,591,692. |
| AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR  |                 | 2,507,837. |
| AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR      |                 | 2,549,765. |

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

FORM 990-T                      SCHEDULE E - DEPRECIATION DEDUCTION                      STATEMENT 5

| DESCRIPTION                                   | ACTIVITY NUMBER | AMOUNT  | TOTAL          |
|---|-----------------|---------|----------------|
| DEPRECIATION                                  |                 | 62,453. |                |
| - SUBTOTAL -                                  | 1               |         | 62,453.        |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A). |                 |         | <u>62,453.</u> |

FORM 990-T                      SCHEDULE E - OTHER DEDUCTIONS                      STATEMENT 6

| DESCRIPTION                                  | ACTIVITY NUMBER | AMOUNT   | TOTAL           |
|--|-----------------|----------|-----------------|
| PROFESSIONAL EXPENSES                        |                 | 5,015.   |                 |
| UTILITIES                                    |                 | 34,830.  |                 |
| OTHER EXPENSES                               |                 | 17,659.  |                 |
| OFFICE EXPENSES                              |                 | 22,394.  |                 |
| REPAIRS AND MAINTENANCE                      |                 | 41,213.  |                 |
| INTEREST EXPENSE                             |                 | 107,015. |                 |
| MANAGEMENT FEE                               |                 | 13,042.  |                 |
| SALARIES                                     |                 | 6,142.   |                 |
| - SUBTOTAL -                                 | 1               |          | 247,310.        |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B) |                 |          | <u>247,310.</u> |