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<b>.</b>				2939316	323416 1
000 T	EXTENDED	TO NOVEMBER	16, 2020		
Form <b>990-T</b>	Exempt Organiza	tion Busines: oxy tax under sect	ion 6033(a)\	ax Return	OMB No 1545-0047
-	For calendar year 2019 or other tax year beginning	•	, and ending	917	2019
Department of the ₹reasury	•	Form990T for instructions	and the latest informa		Open to Public Inspection for 501(c)(3) Organizations Only
A Gheck box if address changed		ck box if name changed an		D Em (En	ployer identification number inployees' trust, see tructions)
B Exempt under section	Print CHN HOUSING PAR	TNERS			34-1346763
X 501(c)(3	or Number, street, and room or suite		uctions.	E Un	related business activity code e instructions )
408(e) 22 <del>0(e)</del>	Type 2999 PAYNE AVEN				o modulono y
408A 530(a)	City or town, state or province, co		ostal code		1110
529(a) C Book value of all assets	5 O (Co-	44114	<del></del>	[5 <u>3</u>	1110
at end of year  60 325 8	F Group exemption number (See  44. G Check organization type	instructions.) >	501(c) trust	401(a) trus	Other trust $\psi$
H Enter the number of the	organization's unrelated trades or business	es. > 1		the only (or first) unrelate	
	REAL ESTATE INVEST			complete Parts I-V. If mo	· ·
describe the first in the b	ank space at the end of the previous sente	nce, complete Parts I and I	, complete a Schedule	M for each additional tra-	de or
business, then complete					. <del>[1]</del>
	the corporation a subsidiary in an affiliated		ry controlled group?	<b>•</b> L.	Yes X No
	nd identifying number of the parent corpor  MARY SMIGELSKI	ation.	Telepho	one number > 216	-574-7100
	Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sale	s				
<b>b</b> Less returns and allow		nce 🕨 1c			
2 Cost of goods sold (S	chedule A, line 7)	2			
3 Gross profit, Subtract		3	00 500		92 500
4a Capital gain net incom		4a	82,500.		82,500.
	4797, Part II, line 17) (attach Form 4797)	4b 4c			<del> </del>
•	partnership or an S corporation (attach sta		···	/	
6 Rent income (Schedu		6			
•	ed income (Schedule E)	7			
8 Interest, annuities, roy	alties, and rents from a controlled organiza	tion (Schedule F) 8			<u> </u>
	a section 501(c)(7), (9), or (17) organizati	2			
	vity income (Schedule I)	10			
11 Advertising income (S	chequie J) tructions; attach schedule)	11 12			<del></del>
12 Other income (See insome Income In		13	82,500.		82,500.
Part II Deduction	ns Not Taken Flsewhere (See	instructions for limitation	ns on deductions )		<u></u>
(Deductions	must be directly connected with the	inrelated business incor	ne.)		
·	cers, directors, and trustees (Schedule K)	Pacelication of Participation of the Participation	Service	14	
15 Salaries and wages		626	W - 02B	15	
<ul><li>16 Repairs and mainten</li><li>17 Bad debts</li></ul>	ance	MOV a - a-	<b>.</b>	16 17	
	dule) (see instructions)	NOV 3020	<b>120</b>	18	
19 Taxes and licenses	dute, (see instructions)	,		. 19	
20 Depreciation (attach	Form 4562)	Ogden, UT	- [20]		
21 Less depreciation cla	umed on Schedule A and elsewhere on retu	irn 👫	. 21a	211	)
22 Depletion				22	
	rred compensation plans			23	
24 Employee benefit pro				24	
25 Excess exempt experi 26 Excess readership co				26	
27 Other deductions (at				27	
	dd lines 14 through 27			28	0.
	axable income before net operating loss de	duction. Subtract line 28 fr	om line 13	29	82,500.
/	erating loss arising in tax years beginning				
(see instructions)				30	
	axable income. Subtract line 30 from line 2				82,500. Form <b>990-T</b> (2019)
923701 01-27-20 LHA F0	r Paperwork Reduction Act Notice, see in	STRUCTIONS.			roini 330-1 (2019)

Schedule A - Cost of Goods S	old. Enter	method of invent	tory va	aluation 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					ine 6				
3 Cost of labor	3		from line 5. Enter here and in Part I,					<u> </u>			
4a Additional section 263A costs			line 2					7	] _		
(attach schedule)	4a		8 Do the rules of section 263A (with respect to						Y	es	No
b Other costs (attach schedule)	4b		]	property produced	or ac	quired	for resale) apply to				
5 Total. Add lines 1 through 4b											
Schedule C - Rent Income (Fro	om Real	Property and	Pers	sonal Propert	y Le	ease	d With Real Prop	erty)			
1. Description of property											
(1)											
(2)											
(3)											
(4)							<u></u>				
2.	Rent receiv	ed or accrued									
rent for personal property is more than of rent for pe			ersonal	onal property (if the perc property exceeds 50% o ed on profit or income)	entage or if		3(a) Deductions directly columns 2(a) ar	connec nd 2(b) (a	eted with the incom attach schedule)	e in	
(1)							_		· · · · · ·	-	
(2)								_			
(3)											
(4)											
Total	0.	Total				0.					
(c) Total income. Add totals of columns 2(a) here and on page 1, Part I, line 6, column (A)	and 2(b). En	ter				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>			0.
Schedule E - Unrelated Debt-F	inanced	Income (see i	nstruc	ctions)							
			,		- 1		3. Deductions directly cont to debt-finance	nected v	with or allocable		
1.0				Gross income from or allocable to debt-	⊢	(a)	Straight line depreciation	- GG PI OP	(b) Other deduct	ions	
Description of debt-financer	a property			financed property		ν-/	(attach schedule)		(attach schedu		
(1)	<del></del>										
(2)											
(3)											
(4)											
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis allocable to nced property a schedule)	6.	Column 4 divided by column 5			7, Gross income reportable (column 2 x column 6)	(	8. Allocable dedi column 6 x total of 3(a) and 3(b	colur	
(1)				0	%		····	1			
(2)	<del></del> .				%		· -				
(3)	·				%						
(4)					%		-				
<u> </u>		· <del>-</del>					ater here and on page 1, art I, line 7, column (A)		Enter here and on p Part I, line 7, colum	-	
Totals							0.	.			0.
Total dividends-received deductions include	ed in column	8									0.

Schedule F - Interest, /		<del></del>	<del></del>		Controlled O					truction	
Name of controlled organizat	lame of controlled organization  2. Employer identification number  3. Net unre (loss) (see in		elated income instructions)	elated income instructions)  4. Total of specific payments made			of column 4 led in the contration's gross i	olling	6. Deductions directly connected with income in column 5		
(2)											
_(3)											
	l							<u> </u>			
Nonexempt Controlled Organi	zations										
7. Taxable Income		related income e instructions)		Total	of specified paym made	nents	10. Part of colur in the controlli gross	nn 9 tha ng orgar i income	uzation's	11. De with	ductions directly connected income in column 10
_(1)									_		<u></u>
(2)		-									
(3)											
							Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						<u>▶</u>			0.		0.
Schedule G - Investme (see instr		e of a S	ection 501	(c)(7)	), (9), or (1	7) Org	anization				
1. Descr	ription of incom	ne			2. Amount of income direct		3. Deduction directly connected (attach sched	tly connected 4. Set-at			5. Total deductions and set-asides (col 3 plus col 4)
_(1)											
(2)									<u> </u>		
(3)											
(4)											
					Enter here and o Part I, line 9, col						Enter here and on page 1, Part I, line 9, column (B)
Totals				▶		0.					0.
Schedule I - Exploited I (see instru	_	Activity I	ncome, Ot	her	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gr unrelated b income trade or bi	rusiness from	3. Expenses directly connect with production of unrelated business incom	ed n	4. Net incom- from unrelated business (col- minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inco from activity the is not unrelated business incom-	nat ed	6. Exprattributa	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
Totals <b>•</b>	Enter here page 1, I line 10, c	Part I,	Enter here and o page 1, Part I, line 10, col (B)								Enter here and on page 1, Part II, line 25
Schedule J - Advertisir	ng Incom		structions)			· · - · · · ·					<u> </u>
Part I Income From F	Periodica	ls Repo	rted on a C	ons	olidated I	Basis					
1. Name of periodical		2. Gross advertising income	3. Dire		4. Advertis or (loss) (co col 3) If a gas cols 5 thr	l 2 minus in, compute	5. Circulati income	on	6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)					_						
(3)					_				_		
(4)											
Totals (carry to Part II, line (5))	•	0		0.							0.
, , , , , , , , , , , , , , , , , , , ,					•		•				Form 990-T (2019)

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	· (== :=) • · · · · · · · · · · · · · · · · · ·			
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)							-
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 26
Totals, Part II (lines 1-5)		0.	0.				0.

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

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

Form 990-T (2019)

## SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

CHN HOUSING PARTNE	RS			<u> 34 – </u>	<u> 1346763                                    </u>				
Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?									
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.									
Part I Short-Term Capital Ga	ins and Losses (See	instructions.)			<del>,</del>				
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gail or loss from Form(s) 894 Part I, line 2, column (g	9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)				
round off cents to whole dollars.	(44.100 p.1100)								
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b									
1b Totals for all transactions reported on									
Form(s) 8949 with Box A checked									
2 Totals for all transactions reported on									
Form(s) 8949 with Box B checked		<u> </u>							
3 Totals for all transactions reported on									
Form(s) 8949 with Box C checked									
4 Short-term capital gain from installment sale	s from Form 6252, line 26 or 37	7		4					
5 Short-term capital gain or (loss) from like-kii	nd exchanges from Form 8824			5					
6 Unused capital loss carryover (attach compu	tation)			6	(				
7 Net short-term capital gain or (loss). Combin	ne lines 1a through 6 in column	h		7					
Part II Long-Term Capital Ga	ins and Losses (See I	nstructions.)							
See instructions for how to figure the amounts to enter on the lines below.	(4)	(e)	(0) Adjustments to gain	n	(h) Gain or (loss) Subtract				
This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gail or loss from Form(s) 894 Part II, line 2, column (g	9, )	column (e) from column (d) and combine the result with column (g)				
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b									
8b Totals for all transactions reported on									
Form(s) 8949 with Box D checked		<del></del>	<del></del>						
9 Totals for all transactions reported on									
Form(s) 8949 with Box E checked									
10 Totals for all transactions reported on									
Form(s) 8949 with Box F checked		<del></del>		- 44	82,500.				
11 Enter gain from Form 4797, line 7 or 9		_			82,500.				
12 Long-term capital gain from installment sale		7		12					
13 Long-term capital gain or (loss) from like-kir	nd exchanges from Form 8824			13					
14 Capital gain distributions	14	00 500							
15 Net long-term capital gain or (loss). Combin	15	82,500.							
Part III   Summary of Parts I an									
16 Enter excess of net short-term capital gain (I	16	00 500							
17 Net capital gain. Enter excess of net long-term			ne 7)	17	82,500. 82,500.				
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 82									
Note: If losses exceed gains, see Capital Losses in the instructions.									

LHA