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.
Go to www.irs.gov/Form990 for instructions and the latest information.

For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

B Name of organization
COLUMBUS HOUSE, INC

Doing business as
COLUMBUS HOUSE, INC

D Employer identification number
22-2511873

Address change

Number and street (or P.O. box if mail is not delivered to street address)
586 ELA T GRASSO BOULEVARD

City or town, state or province, county, and ZIP or foreign postal code
NEW HAVEN, CT 06519

E Telephone number
203-401-4400

F Name and address of principal officer
CYNTHIA FOX
SAME AS C ABOVE

G Gross receipts
12,264,737.

H(a) Is this a group return for subordinates? Yes
H(b) Are all subordinates included? Yes

I Tax-exempt status
Check if applicable:

(f) 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527

J Website:
HTTP://WWW.COLUMBUSHOUSE.ORG/

K Form of organization
Corporation

L Year of formation
1982

M State of legal domicile
CT

Part I Summary

1 Briefly describe the organization’s mission or most significant activities: TO SERVE PEOPLE WHO ARE HOMELESS, OR AT RISK OF BECOMING HOMELESS, BY PROVIDING SHELTER AND

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 38

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

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
CYNTHIA FOX, INTERIM EXECUTIVE DIRECTOR

Type or print name and title

Print/Type preparer’s name
MARY KAY CURTISS

Preparer’s signature
MARY KAY CURTISS

Date
11/12/19

Chex

PTIN
P01551484

Paid

Firm’s name
BLUM, SHAPIRO & COMPANY, P.C., CPA’S

Firm’s EIN
06-1009205

Use Only

Firm’s address
29 S. MAIN STREET, P.O. BOX 272000

WEST HARTFORD, CT 06127-2000

Phone no.
203 944-2100

May the IRS discuss this return with the preparer shown above? (see instructions)
X Yes

For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

OMB No. 1545-0047

Open to Public Inspection

2018

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.