

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.

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COLUMBUS HOUSE, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 586 ELLA T GRASSO BOULEVARD City or town, state or province, country, and ZIP or foreign postal code NEW HAVEN, CT 06519 F Name and address of principal officer: CYNTHIA FOX SAME AS C ABOVE	D Employer identification number 22-2511873 E Telephone number 203-401-4400 G Gross receipts \$ 12,264,737. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ HTTP://WWW.COLUMBUSHOUSE.ORG/		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1982 M State of legal domicile: CT

Part I Summary

Activities & Governance	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 <input type="checkbox"/> 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) 3 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 235 6 Total number of volunteers (estimate if necessary) 6 1000 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 38 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 10,995,791. 11,288,323. 9 Program service revenue (Part VIII, line 2g) 719,347. 791,267. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 28,367. 14,531. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 187,131. 156,375. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,930,636. 12,250,496.	Prior Year Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 189,589. 132,302. 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) 7,632,028. 7,889,177. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 345,051. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,960,687. 4,173,700. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,782,304. 12,195,179. 19 Revenue less expenses. Subtract line 18 from line 12 148,332. 55,317.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 12,559,421. 13,895,615. 21 Total liabilities (Part X, line 26) 5,144,400. 5,902,886. 22 Net assets or fund balances. Subtract line 21 from line 20 7,415,021. 7,992,729.	Beginning of Current Year End of Year

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	Date 			
Paid Preparer Use Only	Print/Type preparer's name MARY KAY CURTISS	Preparer's signature MARY KAY CURTISS	Date 11/12/19	Check if self-employed <input type="checkbox"/>	PTIN P01551484
	Firm's name ▶ BLUM, SHAPIRO & COMPANY, P.C., CPA'S	Firm's EIN ▶ 06-1009205	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) Yes No