IRS e-file Signature Authorization for an Exempt Organization For calendar year 2009, or fiscal year beginning 7/01, 2009, and ending 6/30, 20 10

Form **8879-EO** (2009)

OMB No. 1545-1878

Department of the Treasury	▶ Do not send to the IRS. Keep for y	our records.		2009
itemal Revenue Service	See instructions on ba	ck		
me of exempt organization	annual de la companya del companya del companya de la companya de		Employer identif	
	ommunity Housing Partnership		62-15723	86
	TEPHEN MURRAY			
	XECUTIVE DIRECTOR			
	Return and Return Information (Whole Dollars Onl			
	n for which you are using this Form 8879-EO and enter the applic		•	
•	on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line f		•	
-	k, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, b			
	n, then enter -0- on the applicable line below. Do not complete m	ore than 1 line in	Part I.	774 OF
Form 990 check here		, line 12)	1b	114,63
Form 990-EZ check ne	b Total revenue, if any (Form 990-EZ, line 9)		2D	
Form 1120-POL check	here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, F	20# \/ (500 E)		
Form 990-PF Check ne	b Dalance Dun (Form 990-PF, F	an vi, line o)	.,, 4D	
Form 8868 check here	b Balance Due (Form 8868, line 3c)		, 5b	
Part II Declarat	on and Signature Authorization of Officer		-	
	declare that I am an officer of the above organization and that I t	rave evamined a	conv of the organize	tion's
ectronic return. I consent ganization's return to the insmission, (b) an indica any refund. If applicable	her declare that the amount in Part I above is the amount shown to allow my intermediate service provider, transmitter, or electroni IRS and to receive from the IRS (a) an acknowledgement of receive for any delay in processing I authorize the U.S. Treasury and its designated Financial Agent lancial institution account indicated in the tax preparation software	c return originator ipt or reason for re g the return or refu to initiate an elect	(ERO) to send the ejection of the und, and (d) the date ronic funds withdraw e organization's	
deral taxes owed on this e U.S. Treasury Financia ithorize the financial instit ecessary to answer inqui y signature for the organ fficer's PIN: check one is I authorize MCI on the organization is being filed with a aforementioned EF As an officer of the filed return. If I have	return, and the financial institution to debit the entry to this accountagent at 1-888-353-4537 no later than 2 business days prior to trutions involved in the processing of the electronic payment of taxties and resolve issues related to the payment. I have selected a payment is electronic return and, if applicable, the organization's constitution is constituted in the payment.	t. To revoke a pay he payment (settle se to receive confi personal identificat sent to electronic to to enter my PIN h this return that a e program, I also a tion's tax year 200 with a state agen	idential information idential information number (PIN) as funds withdrawal. 12345 as n Enter five numbers, bid on ot enter all zeros copy of the return authorize the personal information of the return authorize the personal information in the personal information as a personal information in the personal inf	s ny signature
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For Paperwork Reduction Act Notice, see back of form.

990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047 2009

Department of the Treasury

Open to Public

A	F	00				1/09 , and ending 0				requa	emens	Inspection
		-			// U	1/09 , and ending C	16/30	0/10	<u> </u>	-		
_	Check if applic	una IDC						_		l D	Emp	loyer identification number
\sqsubseteq	Address chang	ge labelor			מוני	y Housing Partne:	rsnip					1550006
Ш	Name change		Doing Business A									<u>-1572386</u>
\sqcap	Initial return	type.		,		delivered to street address)			Room/suite	E		phone number
=		See Specific	129 W.	Fowlkes S	Stre	eet, Suite 128					615	5-790-5556
Ш,	Termination	Instruc-	City or town, st	ate or country, a	nd ZIF	P + 4				G	Grass red	ceipts\$ 774,852
	Amended retu	m tions.	Frankli	n.		TN 37064						
$\overline{\Box}$	Application pe	edina F Nam	e and address of p	rincipal officer:				•		н	(a) Is this	s a group return for
ш.	- ppcomon po	" St	ephen Mu	rray							affilia	ites? Yes X No
		12	9 W. Fow	lkes St	re	et, Suite 128		•		H	Are a (d)i indu	all affiliates Yes No
			anklin			TN 37064			•			o," attach a list, (see instructions)
1	Tax-exempl		501(c) (3) 4 (insert no	0.)	4947(a)(1) or 527	,					. , ,
****	-		community							— н	(c) Grou	p exemption number
		ization: X Co		Association	$\overline{}$	Other >		I Ye	ear of formation			M State of legal domicile: TN
	art I	Summa		, toodadiidii	-لــــــــــــــــــــــــــــــــــــ	24101 P			or or rounding			IN Case of legal definions.
÷				'e mission or n	most	significant activities;						
•	l Dile	iee Sche	ille organization									
č		ee sene	dare o					· · · · · · ·				.,,
rra	٠		·····									
Governance			3 -1 3									
ပိ	1					d its operations or disposed	ot more	e than	25% of its	s net as		1.10
•ರ						(Part VI, line 1a)					3	13
Activities	4 Nun	nber of inde	pendent voting n	nembers of the	e gov	eming body (Part VI, line 15	י)				4	13
Ξ	5 Tota	al number of	employees (Par	t V, line 2a) 🏢							5	3
Act	6 Tota	al number of	f volunteers (esti	mate if necess	ary)						6	
	7a Tota	al gross unre	elated business r	evenue from F	Part V	/III, column (C), line 12					7a	
	b Net	unrelated b	usiness taxable i	income from F	orm 9	990-T, line 34		<u> </u>			7b	0
	1								Pric	or Year		Current Year
<u>a</u>												541,305
Revenue	9 Program service revenue (Part VIII, fine 2g)											226,438
ě	10 Inve	estment inco	me (Part VIII, co	lumn (A), lines	3, 4	, and 7d)						6,928
Œ	11 Oth	er revenue (Part VIII, column	ı (A), lines 5, 6	6d, 8d	c, 9c, 10c, and 11e)						181
						Part VIII, column (A), line						774,852
	13 Gra	nts and simi										
	14 Ben	efits paid to	or for members	(Part IX, colur	nn (A	A), line 4)						
Ś	15 Sala	aries, other	compensation, e	mployee benef	fits (P	Part IX, column (A), lines 5-	10)	L				158,771
JSe						line 11e)						
Expenses			g expenses (Parl						aling the tipe		iner Se	Author Day (Blog of Life op h
ũ	17 Oth	er expenses	(Part IX. colum	n (A). lines 11a	a–11c	d, 11f–24f)						207,856
	18 Tota	el expenses.	Add lines 13-1	7 (must equal	Part I	IX, column (A), line 25)		… Г				366,627
	19 Rev		xpenses. Subtra					···				408,225
283			<u> </u>						Beginning o	of Currer	nt Year	End of Year
Assets or Balances	20 Tota	al assets (Pa	art X, line 16)					L		<u>597,</u>		2,035,557
A A	21 Tota	al liabilities (Part X, line 26)							<u>810,</u>		840,325
S.E.	22 Net	assets or fu	ind balances, Su	btract line 21	from	line 20				787,	<u>007</u>	1,195,232
Р	art II	Signatu	re Block			·						
		Under pena	lities of perjury, I de	eclare that, I have	ехап	nined this retum, including according of preparer (other than officer	npanying	schedul	les and stat	tements,	and to	the best of my knowledge
		and belief	it is true correct/ar	nd complette/theo	claratio	on of preparer (other than officer) is base	d on all	intormation	ot whic	n prepar	er has any knowledge.
Sig	n	IN 7	X 41111.	_ ///	V^{γ}						1	123/2010
He	-	Signati	ITE of officer	• •							Date	e ' /
	•	N ST	EPHEN MU	JR RAY	()	EX	ECU:	rive	DIR	ECTC)R
			r print name and tit		~~~							
_		· · · · · · · · · · · · · · · · · · ·	<u> </u>				Da	ate		heck if		Preparer's identifying number
Pa	id	Preparer's signature				•	- 1	<u></u> 2/22	ا ا	elf- mpioyed	, , [(see instructions) P00037316
	eparer's		Y	-Warla		Noonan, PC, C	PA	_	., <u> </u>	proyet	EIN	<u></u>
	e Only	Firm's nam	e (or yours	CKerley				^				<u>-</u>
	· · · · · · · · ·	if self-emplo		04 Wood			; ~1 I	•			Phone	。 ▶615-279-0088
		address, ar		ashvill			 -				no.	X Yes No
May	y the IRS	discuss this	return with the p	reparer shown	1 800	ove? (see instructions)	<u> </u>					

	1 990 (2009) Community Housing Partnership 62-15/2386 Page 2
•	Statement of Program Service Accomplishments
1 	las (Ghadala O
•	see schedule O
	· ······
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	Tues William Co.
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 329,270 including grants of \$) (Revenue \$) O provide affordable housing to low to moderate income
1	o provide affordable housing to low to moderate income
Ī	amilies of Williamson County, TN.
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4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4c	
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4c	
4 c	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4 d	(Code:) (Expenses \$ including grants of\$) (Revenue \$) Other program services. (Describe in Schedule O.)

	art iv Checklist of Required Schedules		Vez	M -
	Is the executation described in motion 504(5)(2) as 4047(5)(4) (ather than a minute foundation)? If "Ven "		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1 2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			v
	Schedule C, Part II	4		<u>_x</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	_		77
	complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	1		
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	 -
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	100	117	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more 			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets		1 1 1	*.
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			: -]
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1. 1		1.1
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	1.71.840	k fall	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		1	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	├	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	₩	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	٦,
	If "Yes." complete Schedule G, Part III	19	 	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	000	X
		Form	1 990	(2009)

			Yes	N
	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			١.
	in the United States on Part IX, column (A), fine 1? If "Yes," complete Schedule I, Parts I and II	21		3
	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			١.
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			Ι.
	employees? If "Yes," complete Schedule J	23		Ľ
1	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		L
,	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
:	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	İ		
	to defease any tax-exempt bonds?	24c		L
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
ı	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
,	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1		
	990-EZ? If "Yes," complete Schedule L, Part I	25b	Ì	
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			Г
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			Г
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			H
	Part IV instructions for applicable filling thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		┢
	·	28b		
	Schedule L, Part IV	200		H
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	-		ĺ
	Part IV	28c	77	<u> </u> -
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	┞
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Ļ
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Ļ
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١
	Schedule N, Part II	32		L
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III IV and V line 1	33		L
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	Į		l
	III, IV, and V, line 1	34		L
	III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Ĺ
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			l
	organization? If "Yes," complete Schedule R, Part V, line 2	36		L
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			آ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1		
	Part VI	37		Ĺ
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	Did the organization complete schedule of and provide explanations in schedule of or Fart VI, times 11 and		x	

18 Enter the number reported in Box 3 of Form 1086, Annual Summary and Transmittal of U.S. Information Returns. Enter 4-0- if not applicable 19 Enter the number of Forms VSQ finckded in line 1a. Enter 4-1 in oil applicable 10 C In the organization comply with backup withholding rules for reportable payments to verdors and reportable garning (garning) withing to prize winners? 20 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, Ref for the calendar year endign with or within the year covered by this noturn 21 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, Ref for the calendar year endign with or within the year covered by this noturn 22 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, File for the calendar year endign with or within the year covered by the return (see instructions) 23 In the least of end organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 24 A any time during the calendar year, did the organization have en interest it, or a signature or other authority over, a financial account in a foreign country (such as a bank socount, securities account, or other financial account in a foreign country (such as a bank socount, securities account, or other financial account in a foreign country.) 25 A West the organization apray to a prohibited tax sheller transaction at any time during the tax year? 26 If "Yes," the time face or Soc did the organization file is vas or is a party to a prohibited tax sheller transaction? 26 Dos the organization apray to a prohibited tax sheller transaction or gifts were not tax deductable? 27 Dos the organization and party to a prohibited tax sheller transaction? 28 Did the organization and party to a prohibited tax sheller transaction? 29 Did the organization and party to a prohibited tax sheller transaction? 20 Did the organization and party to a prohibited tax sheller trans	Pa	int v Statements Regarding Other IRS Filings and Tax Compliance				-		
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be Enter the number of Forms W-26 included in line 1a. Enter 0-1 in ort applicable 1b 0	18		42	24	į	ejvirá:	gaide.	gradita.
b Lit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (paming) withing to prize withouts? 2 Eater the number of amployees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year crosered by this return? 3 In the sum of lines fa and 2 as is greater than 250, you may be required to e-file this return. (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 Lit was a sit filed a Form 900-T for this year? If 'No,' provide an explanation in Schedule O 3 Lit was a sit filed a Form 900-T for this year? If 'No,' provide an explanation in Schedule O 3 Lit was a sit filed a Form 900-T for this year? If 'No,' provide an explanation in Schedule O 3 Lit was a sit filed a Form 900-T for this year? If 'No,' provide an explanation in Schedule O 3 Lit was a sit filed a Form 900-T for this year? If 'No,' provide an explanation in Schedule O 3 Lit was a sit filed a Form 900-T for this year? If 'No,' provide an explanation in Schedule O 3 Lit was a sit filed a Form 900-T for this year? If 'No,' provide an explanation in Schedule O 3 Lit was a sit filed a Form 900-T for this year? If 'No,' provide an explanation in Schedule O 3 Lit was a sit filed a Form 900-T for this year? If 'No,' provide an explanation in Schedule O 3 Lit was a sit filed a Form 900-T for this year? If 'No,' provide an explanation in Schedule O 3 Lit was a sit filed a Form 900-T for this year? If 'No,' provide an explanation in Schedule O 3 Lit was a sit filed a Form 900-T for this year? If 'No,' provide an explanation of the state and the sit filed and the schedule of the Schedule of the filed and the schedule of the Sc	ь						15 18 1	
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes" enter the amount of tax-exempt interest received or accrued during the year 12b	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes" enter the amount of tax-exempt interest received or accrued during the year 12b	11		1 1	İ	ŀ		rpidle.	
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes" enter the amount of tax-exempt interest received or accrued during the year 12b	а	Gross income from members or shareholders	11a					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes" enter the amount of tax-exempt interest received or accrued during the year 12b	b					SE	julijas Syrijas	
h If "Yes" enter the amount of tax-exempt interest received or accrued during the year 12b		amounts due or received from them.)		0412		1930	Sinda n	PN-10
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 1201 Form 990 (2009	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of the		041? 		144		1
	<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120			Form	990	(2009)

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Stephen Murray 129 W. Fowlkes, Suite 128

615-790-5556

Franklin

policy, and financial statements available to the public.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	Positi	(C) Position (check all that apply)					(D) Reportable	(E) Reportable compensation	(F) Estimated amount of		
	hours per week	Individual Irustee or director	Institutional trustee	Officer	Key employee	(w-2/1099-MISC) from from related of organizations compered from plants of the organizations (w-2/1099-MISC) from from from related of organizations compered from the organization (w-2/1099-MISC) from from from related of organizations compered from the organizations organization (w-2/1099-MISC)				amount or other compensation from the organization and related organizations		
GLEN CASADA		1_							•	_		
Brd Director	1.00	X		_		-		0	0	0		
GAYLE HARRIS	1 00	,,						^	o	0		
Brd Director	1.00	Х				┢		<u> </u>	<u> </u>	0		
JOHN HAYS	1 00	$ \mathbf{x} $						o	o	0		
Brd Director RYAN MCWATERS	1.00	^				-	-	0				
Brd Director	1.00	x						0	o	0		
MIKE SMITH	<u> </u>	1							<u> </u>			
Brd Director	1.00	\mathbf{x}						0	0	0		
CHARLOTTE SNYDER		1										
Brd Director	1.00	x					ļ	0	0	0		
LANE RHODES												
Brd Director	1.00	X						0	0	0		
MACK GARVIN									_	_		
Brd Director	1.00	X	L			\sqcup		0	0	0		
JOHN HAYNES	1 00							_	_	_		
Brd Director	1.00	X				1		0	0	0		
ROBERT IANNACONE	1.00	x						o	o	0		
Brd Director ELLIS SIMMONS	1.00	Α			⊢							
Brd Director	1.00	x						0	o	0		
MORT STEIN	1.00	21	-			+						
Brd Director	1.00	X				1		0	l o	0.		
BEVERLY TOTTY		1										
Brd Director	1.00	X	ļ <u> </u>					0	.0	0		
STEPHEN MURRAY EXEC DIRECT	40.00			x				61,669	0	3,165		
DAA		-1	4							Form 990 (2009)		

DAA

	009) Community	Mousin	g	Pa	rt	ne	rs	hij	62-157	2386 ted Employees (continued)	Page 8
Part VII	(A)	(B)	uste	es, I		<u>Em</u> (2)	pioy	ees,	(D)	(E)	(F)
N	ame and Title	Average hours per week	individual trustee or director			(all t	Highest compensated employee			Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
• • • • • • • • • • • • • • • • • • • •											
	· · · · · · · · · · · · · · · · · · ·										
	, . , . , . , , ,	-									
•											
			ļ								
									<u> </u>		
								▶	61,669 bove) who received more		3,165
3 Did the employ 4 For an the organized for the	yee on line 1a? If "Yes y individual listed on ling ganization and related ual	former officer, ," complete Sch ne 1a, is the su organizations g 1a receive or a anization? If "Ye	directinedule im of reate	tor coe Ji reper that	for sontation \$	uch ole (150, ensa	indivectory ,000°	ridua ens ? If ' from	nployee, or highest compe at ation and other compensa "Yes," complete Schedule n any unrelated organization	ation from J for such	Yes No
1 Compl	ete this table for your	five highest cor	npen	sate	d in	dep	ende	nt c	ontractors that received m	nore than \$100,000 of	
compe	ensation from the organ Name and	(A) d business address							Descri	(B) ption of services	(C) Compensation
						-					
								-			
		1 (1	دار دخا!	ne t		Ot 12	mitor	1 10	those listed above) who r	eceived	
2 Total	number of independent than \$100,000 in comp	ensation from t	he o	rgar	izati	on	<u> </u>		2.500 10.50 40070/ 17.10		0 Form 990 (2009)

	III Statement of Rev			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns	1a					
þ	Membership dues	1b					
c	Fundraising events	1c					
d	Related organizations	1d					
e	Government grants (contributions)	1e	413,805				todals is to
	All other contributions, gifts, grants,				16.33 (1835) (1837)		
	and similar amounts not included above	1f	127,500				
g	Noncash contributions included in lines 1	a-1f: \$	75,000				
	Total. Add lines 1a-1f		>	541,305			
			Busn. Code				
2a	RENTAL INCOME			187,966	187,966		
ь	DEVELOPMENT FEE			22,500			22,50
С	NET PROFIT FROM PRO	OPERTY SALE		15,972			15,97
d							
e							
f	All other program service rev						
	Total. Add lines 2a–2f			226,438		a jednik jednici odo	a et Result 1977 seu
	Investment income (including						
	other similar amounts)	,	_ ` ▶	6,928	6,928		
	Income from investment of ta	ax-exempt bond	proceed				
	Royalties						
-	(i) Real		ersonal			A FIGURE 18 TO SERVE	the second of the
fа	Gross Rents			of the second of the	a luarina and so the	part det	and the manage
	Less: rental exps.					A GALLES	
	Rental inc. or (loss)					lgine in idii u nobili inu oo j Baareest	
	· · · · · · · · · · · · · · · · · · ·	1	•	Life of the education are the life of the state of the			·
	d Net rental income or (loss) a Gross amount from (i) Securities (ii) Other				a da. da let eta		
	sales of assets						
	other than inventory			led a graci Springfield (1646) (46) Karaman Maria (1646)			
	Less: cost or other						
	basis & sales exps						
	Gain or (loss)						
	Net gain or (loss)		<u>P</u>	I Ingla Capaga to the transfer	Horaco Nick Stra		
	Gross income from fundraising ev	ents		la provincia de discolori	Augilia da en aceda	ing and the second of the seco	
	(not including \$						The Part Hard
	of contributions reported on line 1						g glag fyra ou jyffiliau
	See Part IV, line 18	***					
	Less: direct expenses	b				Priber i Length (1914) i Le	i i vistanti un eli libbanti i
	Net income or (loss) from fur		<u> </u>	4 - 3 (905) 10 (900) g. 3 (10 (10 (10 (10 (10 (10 (10 (10 (10 (10	To the take of which is the trapped and the	1. N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	Gross income from gaming activiti						
	See Part IV, line 19			Africa and English States			
	Less: direct expenses				germany and a second of the se	e depos politico protece de como	terra, for the end () HEST
	Net income or (loss) from gain		<u></u>		CASCASSA STATE OF THE STATE OF		
	Gross sales of inventory, less	s					
	returns and allowances						
	Less: cost of goods sold	b				医耳朵 的复数医医疗	
С	Net income or (loss) from sal			TREE Paulines and Tree as a second			
	Miscellaneous Revenue	e	Busn. Code				
11a	OTHER INCOME			181	ļ <u> </u>		18
b							
С						·	
d	All other revenue					Vay 55 - 10 - 1, 10 - 10 - 10 - 10 - 10 - 10 -	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
۵	Total. Add lines 11a-11d		>		新原规模是主要	tisk english a	
-				774,852	194,894	1 0	38,65

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must co	(A) Total expenses	(B) Program service	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				Bastini, rijekt Haar Gelo
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			recovery the medium of the property of	
_	the U.S. See Part IV, line 22		·		
3	Grants and other assistance to governments				
_	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16			A vertical control of the control of	
4	Benefits paid to or for members				
- 5	Compensation of current officers, directors,				
	trustees, and key employees	68,748	58,436	10,312	, and the second
6	Compensation not included above, to disqualified	•			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	75,609	56,236	19,373	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	3,780	2,947	833	
9	Other employee benefits		-,		•
10	Payroll taxes	10,634	8,507	2,127	
11	Fees for services (non-employees);			•	
а	Management				
b	Legal	668	668		
С	Accounting	5,800	5,800		
d	Lobbying				
е	Professional fundraising services. See Part IV, line	7			
	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	10,875	8,809	2,066	
14	Information technology	-		•	
15	Royalties				
16	Occupancy	2,041	2,041		
17	Travel	4,215	3,414	801	
18	Payments of travel or entertainment expense	s			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,506	1,219	287	
20	Interest	16,434	16,434		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	52,504	52,504		
23	Insurance	10,386	10,013	373	
24	Other expenses, Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below				Indian committee and a second
а	COMMUNITY REHAB EXP	40,379	40,379		
b	MAINTENANCE & REPAIR	29,798	29,798		
c	PROPERTY TAXES	10,157	10,157		
d	UTILITIES	8,947	8,947	4 40-	
e	OTHER EXPENSES	7,324	6,139	1,185	
f	All other expenses	6,822	6,822	00 000	
25	Total functional expenses. Add lines 1 through 2	4f 366,627	329,270	37,357	
26	Joint costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization reported in column (B) joint cost	S			
	from a combined educational campaign and	_			
	fundraising solicitation				Form 990 (2009)
ĎΑΑ	,				rorm 330 (2009)

			j	(A) Beginning of year		(B) End of year
1 4	Cash—non-interest bearing			119,421	1	213,415
1				225/322	2	
2	Savings and temporary cash investments			55,000	3	50,000
3	Pledges and grants receivable, net			5,055	4	8,839
4	Accounts receivable, net			iblaca againe as an ar again again again	กับอากูสมรัก	200 (00) (\$45\$ \$45\$ \$55\$ \$55\$ \$65\$
5	Receivables from current and former officers, direct					
}	employees, and highest compensated employees.					Literativi papalajoinitiin dono 21.1907. 11
	Schedule L			la de la capantal de dissolution de dissolution de la company	5	
6	• • • • • • • • • • • • • • • • • • • •					
	4958(f)(1)) and persons described in section 4958(rayr	[14] 14. Physical 19. 1
	Part II of Schedule L		120 550	<u>6</u>	142 52	
7	Notes and loans receivable, net		139,559	7	142,52	
8	Inventories for sale or use			331,501	8	158,09
9	Prepaid expenses and deferred charges	,		· via Talent Carrent (* 1715) - A	9	N2(14) UB - 10(14) Fro - 2, 10(8) 26(16)
10a	Land, buildings, and equipment: cost or				n CSS (NVS) Programme	
1	other basis. Complete Part VI of Schedule D	10a	1,953,018			
b	Less: accumulated depreciation	10b	490,330	946,584	10c	1,462,688
11	Investments—publicly traded securities				11	
	Investments-other securities. See Part IV, line 11				12	
13	Investments-program-related. See Part IV, line 11				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal li	ne 34)		1,597,120	16	2,035,55
17			22,054	17	3,65	
18	Grants payable				18	102,33
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
i		IV of Sche	đule D	.,,,,,	21	
21 22						the second second
**	employees, highest compensated employees, and		•		·	
-	persons. Complete Part II of Schedule L				22	
1				778,636		726,65
23	Unsecured notes and loans payable to unrelated the				24	
24				9,423		7,68
25				810,113	26	840,32
26	Total liabilities. Add lines 17 through 25			<u> </u>		
	Organizations that follow SFAS 117, check here					
27	complete lines 27 through 29, and lines 33 and 3			732,007	27	1,195,23
27				55,000		1/200/20
128	Temporarily restricted net assets			33,000		<u> </u>
29	Permanently restricted net assets Organizations that do not follow SFAS 117, checking and complete lines 30 through 34			Strong on the Approximation of the	29	The street of th
<u>.</u>	Organizations that do not follow SPAS 117, chec	ck nere				
	and complete inics so arrough on.			(Marier, et estable et l'étable de l'étable L	30	. DER Jenne Pauliten (1) Mei Die Prite er b
30 31 32					30 31	· · · · · · · · · · · · · · · · · · ·
31	Paid-in or capital surplus, or land, building, or equi				32	
32				787,007		1,195,23
33	Total net assets or fund balances			1,597,120	33	2,035,55
34	Total liabilities and net assets/fund balances			1,391,120	34	Form 990 (20

Forr	n 990 (2009) Community Housing Partnership 62-15/2386		Pag	e 12
Pi	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		aguera. Usu	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	er en		
	Schedule O.	14 A	revilled	g bygt.
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	1.59	100	
	Schedule O.	1000	35245	Mesa
d	I If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		* 1	
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		Park (P	PM 417
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	-		
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990	(2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

lam	e of t	the organization	Community Ho	ousing Partnersh					62-	1572			nber	
P	art I	Reas	on for Public Charity	Status (All organizatio	ns mus	t comp	lete th	is par	<u>t.) Se</u>	e inst	ructions	<u>5. </u>		
he	orga	nization is not	t a private foundation becau	use it is: (For lines 1 through 1	1, check	only one	box.)							
1		A church, co	nvention of churches, or as	sociation of churches describe	ed in sect	ion 170(b)(1)(A)(i).						
2		A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E.)										
3				vice organization described in										
4		A medical re	search organization operate	ed in conjunction with a hospit	al descrit	ed in se	ction 17	0(b)(1)(A)(iii).	Enter t	he hospit	al's n	ame,	
		city, and state												
5		-	ion operated for the benefit (b)(1)(A)(iv). (Complete Par	of a college or university own till.)	ed or ope	erated by	a gove	rnmenta	II unit d	escribe	d in			
6	Ш			governmental unit described in										
7	X	An organizat	ion that normally receives a	substantial part of its support	from a g	ovemme	ntal unit	or from	the ge	eneral p	ublic			
	_		section 170(b)(1)(A)(vi). (0											
8	Ц			170(b)(1)(A)(vi). (Complete P										
9				(1) more than 33 1/3 % of its										
				mpt functions—subject to certa										
				and unrelated business taxable				tax) fro	om bus	inesses	i			
			_	30, 1975. See section 509(a)(
10	Ш	-		exclusively to test for public s										
11				exclusively for the benefit of,										
				orted organizations described in							ction			
				the type of supporting organiz			Г							
		a Type		c Type III-Function			d [e IIIOt					
е	\Box			rganization is not controlled dir							action			
				s and other than one or more	publicly s	supported	organia	zauons	uescrib	eu in se	sciion			
			section 509(a)(2).		ia a Tua	a I Tima	II or To	ma III a	ussadir					
f		<u> </u>		ermination from the IRS that it	isa iyp	ет, туре	ii, or i y	/ре III s	upporui	ıy				\Box
		-	check this box				of the							
g				ation accepted any gift or conf	RIBULION II	ioni any	OI IIIe							
		following pe			or with n	oroone de	ocaribod.	in (ii)				Г	Yes	No
				controls, either alone or togeth							1	1g(i)	100	
			member of a person descr	of the supported organization?								1g(ii)		
												1g(iii)		
_				described in (i) or (ii) above? the supported organization(s).								19(11)1		
(i)		e of supported anization	(H) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section	(iv) is the c in col. (i) li	organization sted in your document?	(v) Did y the organ col. (i)	ization in	organizati	is the on in col. zed in the		Amo suppo		
				(see instructions))	ļ .	ı	supp			5.?				
					Yes	No	Yes	No	Yes	No	•			
					ļ									
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	•				 	1	 		<u> </u>					_
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									1					
		·			100100	SUPPLIE:	0.44.05	Parks III.	1835	Parity.				

Sche	dule A (Form 990 or 990-EZ) 2009 Com	munity H	<u>ousing Pa</u>	rtnership	62	<u>-1572386 </u>	Page 2
Pa	art II Support Schedule for C	Organizations	Described in	Sections 170)(b)(1)(A)(iv) a	ind 170(b)(1)(A	.)(vi)
	(Complete only if you ch	necked the bo	<u>x on line 5, 7,</u>	or 8 of Part I	.)		
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	132,116	151,993	143,607	160,261	541,305	1,129,282
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total, Add lines 1 through 3	132,116	151,993	143,607	160,261	541,305	1,129,282
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						564,382
6	Public support. Subtract line 5 from line 4						564,900
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	132,116	151,993	143,607	160,261	541,305	1,129,282
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	152	1,281	2,204	8,164		11,801
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					38,653	38,653
11	Total support. Add lines 7 through 10			·	<u> </u>	1	1,179,736
12	Gross receipts from related activities, etc.	c. (see instructions	S)			12	585,728
13	First five years. If the Form 990 is for the	_					, m
-	organization, check this box and stop he			<u></u>			<u> </u>
	tion C. Computation of Public S						47 00.0/
14	Public support percentage for 2009 (line	6, column (f) divi	ded by line 11, co	olumn (f))			47.88%
15	Public support percentage from 2008 Sc	thedule A, Part II,	line 14			15	96.90 %
16a	33 1/3 % support test-2009. If the orga	anization did not d	theck the box on I	ine 13, and line 1	4 is 33 1/3 % or m	nore, check this box	` . .
	and stop here. The organization qualifie 33 1/3 % support test—2008. If the organization	s as a publicly su	ipported organizat	ion			▶ 🗓
b	33 1/3 % support test—2008. If the orga	anization did not o	check a box on lin	e 13 or 16a, and l	line 15 is 33 1/3 %	6 or more, check th	is
	box and stop here. The organization qu						▶ ⊔
17a	10%-facts-and-circumstances test-20	009. If the organiz	ation did not chec	k a box on line 10	3, 16a, or 16b, an	d line 14 is 10% or	
	more, and if the organization meets the organization meets the "facts-and-circum	stances" test. Th	e organization qu	alifies as a public	ly supported orga	nization	▶ 🗆
þ	10%-facts-and-circumstances test—20)08. If the organiz	ation did not ched	k a box on line 1	3, 16a, 16b, or 17	a, and line 15 is 10	% Of
40	more, and if the organization meets the organization meets the "facts-and-circum Private foundation. If the organization of	nstances" test. Th	e organization qu	alifies as a public	ly supported orga	nization ,	
18	Private toundation. If the organization to	and thou critechy a by	,, on mid 13, 10a	, ,50, 110, 01 110	, 5,1001, 4110 00% 4		—

Sche	dule A (Form 990 or 990-EZ) 2009 Com	munity H	ousing Pa	rtnershi	62	-1572386	Page 3
	irt III Support Schedule for C						
	(Complete only if you ch				, , ,		
Sec	tion A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	, , ,	(,	(4) 2000	(=/ ====	(4, 2000	(4,	(47 :
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the					1	
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cal	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6			İ			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					1	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b			ļ			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			,		,	
14	First five years. If the Form 990 is for the	ne organization's t	first, second, third	, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	. 🗀
_	organization, check this box and stop he	ere				<u> </u>	<u></u>
Sec	tion C. Computation of Public						
15	Public support percentage for 2009 (line						<u>%</u>
16	Public support percentage from 2008 Sc			<u> </u>			<u>%</u>
Sec	ction D. Computation of Investment	<u>rent Income F</u>	Percentage	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2009						
18	Investment income percentage from 200	8 Schedule A, Pa	art III, line 17 \dots			18	%
19a	33 1/3 % support tests—2009. If the on	ganization did not	check the box or	line 14, and line	15 is more than 3	33 1/3 %, and line	<u> </u>
	17 is not more than 33 1/3 % check this	box and stop he	re. The organizat	tion qualifies as a	publicly supporte	d organization	▶ 🗀
b	33 1/3 % support tests-2008. If the on	ganization did not	check a box on li	ine 14 or line 19a	, and line 16 is m	ore than 33 1/3 %,	and
	line 18 is not more than 33 1/3 %, check	this box and sto	p here. The orga	nization qualifies :	as a publicly supp	orted organization	[H
20	Private foundation. If the organization	did not check a bo	ox on line 14, 19a	, or 19b, check th	is box and see in	structions	00 or 000.EZ) 200

Schedule A (f	Form 990 or 990-E2) 2009 Commun	lity Housi	ing Par	tnership	62-1572	2386	Page 4
Part IV	Supplemental	Information.	Complete this	part to pro	ovide the exp	62-1572 lanations required t ditional information.	y Part II, line	e 10;
-	rait ii, iiile 17	a vi 17b, anu	raitiii, iiile i.	z. Flovide	any other ad	didonal information.	Oce mstruct	ioris.
								• • • • • • • • • •
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

Community Hor	Community Housing Partnership 62-1572386								
Organization type (check one):									
Filers of:	Section:								
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	•							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
•	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
Check if your organization in Note. Only a section 501(c) instructions.	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule. See							
General Rule									
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more one contributor. Complete Parts I and II.	(in money or							
Special Rules		,							
sections 509(a)(1) a)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a cont 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Col	tribution of the greater							
the year, aggregate)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use exclusively for religious, charitable, scies, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
the year, contribution aggregate to more year for an exclusive applies to this orga	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year								
990-EZ, or 990-PF), but it r	nat is not covered by the General Rule and/or the Special Rules does not file Scheonust answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading form 990-PF, to certify that it does not meet the filing requirements of Schedule B (g of its Form							

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Page 1 of 1 of Part I Name of organization Employer identification number Community Housing Partnership 62-1572386 Part I Contributors (see instructions) (a) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 1 United Way-Williamson County Person 209 Gothic Ct. #107 Payroll 50,000 Noncash Franklin TN 37067-2810 (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution City of Franklin 2 Person P.O. Box 295 Payroll 35,400 Noncash Franklin TN 37065 (Complete Part II if there is a noncash contribution.) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. 3 Williamson County Person X 1320 W. Main Street Payroll 38,131 Noncash TN 37064 Franklin (Complete Part II if there is a noncash contribution.) (b) (d) (a) (c) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. TN Housing Development Agency Person 404 James Robertson Pkwy, Suite 1200 Payroll 332,313 Noncash Nashville TN 37243-0900 (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Rev. William F. Scruggs . 5... Person 926 Green St. Payroll $\overline{\mathbf{x}}$ \$ 75,000 Noncash Franklin TN 37064 (Complete Part II if there is a noncash contribution.) (d) (b) (c) (a) Type of contribution Aggregate contributions Name, address, and ZIP + 4 No. Person Payroll Noncash

(Complete Part II if there is a noncash contribution.)

of 1 of Part II Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Name of organization Employer identification number Community Housing Partnership 62-1572386 Part II Noncash Property (see instructions) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) Reduction of Sales Price 5 \$ 75,000 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I \$

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047 Open to Public

▶ Attach to Form 990. ▶ See separate instructions.

Inspection Employer identification number Name of the organization 62-1572386 Community Housing Partnership Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. Part I (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ __ _ _ _ _ _ Number of states where property subject to conservation easement is located 📐 _ _ _ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ______ Yes ___ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	dule D (Form 990) 2009 Colluit CITLLY	housing Pa	rthership	62-	-15/23	00		Page ∠
	rt III Organizations Maintaining						sets (cont	inued)
3	Using the organization's acquisition, accessic collection items (check all that apply):	in, and other records,	check any of the fo	illowing that are	a significa	nt use of its		
а	Public exhibition	d Loa	n or exchange progr	rams				
b	Scholarly research	e Othe						
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further the	e organization's	exempt pu	rpose in		
5	During the year, did the organization solicit cassets to be sold to raise funds rather than to	r receive donations of	art, historical treas	ures, or other single	milar		☐ Yes [□ No
Pa	rt IV Escrow and Custodial Arra	angements Com	nlete if the ora	anization an	swered '	Yes" to Fo	rm 990	
	IV, line 9, or reported an ar				onorda	100 10 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Q., t
1a	Is the organization an agent, trustee, custodi				not			·····
	included on Form 990, Part X?						Yes	No
h	If "Yes," explain the arrangement in Part XIV	and complete the foil	owing table:				☐ .co [
-	in too, explain the divergentant in that xit	and complete the foll	owng woo.				Amount	
	Beginning balance					1c		
						-		
u	Additions during the year				<i>.</i>	10		
	Distributions during the year		,,,,,.,.,.,.			1e		
f	Ending balance					11 1		
2a	Did the organization include an amount on F	orm 990, Part X, line :	217				☐ Yes [No
	If "Yes," explain the arrangement in Part XIV	-4- if		" + - C	000 -	4 13 / Pos a d		
Pa	rt V Endowment Funds. Comp							
		(a) Current year	(b) Prior year			ree years back	 	rs back
	Beginning of year balance					<u> </u>	ARTECAL FO	<u></u>
ь	Contributions						Markette.	
С	Net investment earnings, gains,			- โรการูส รู้กระจักสถึง - โรรู้กระทุ่ม - เกิดอัง	หาสัง และประส - สารราชสำคัญ	ddered galy, a 20 ailios an		in a second
	and losses			In the partie of agricing the			Material and the	
	Grants or scholarships			edige file is la			r Different joern.	
е	Other expenditures for facilities							
	and programs			The country beauty	ggiotti - diggio	BRAND OF L		<u> </u>
f	Administrative expenses							
g	End of year balance				1757 696	Britislan i Ag - Ass -		
2	Provide the estimated percentage of the year		!					
а	Board designated or quasi-endowment ▶_	%						
	Permanent endowment ▶ %							
	Term endowment ▶%							
	Are there endowment funds not in the posse	ssion of the organizati	on that are held an	d administered f	or the			
	organization by:	· ·					Yes	s No
	(i) unrelated organizations						3a(i)	\top
	(ii) related organizations	*******					3a(ii)	+
ь	If "Yes" to 3a(ii), are the related organization:	s listed as required on	Schedule R?				3b	+
	Describe in Part XIV the intended uses of the						<u></u>	
	rt VI Investments—Land, Buildi			990. Part X	. line 10			
	Description of investment	(a) Cost or other basis			c) Accumulat		(d) Book valu	e
		(investment)	basis (other	•	depreciation	I .	` '	
13	l and		156	5,777	rin 2000 List	ing or a state of the	156	777
	Land			2		-24,2 37 2		
	Buildings							
	Leasehold improvements		 					
	Equipment							
	Other		V salumn (D) Kinn	10(a)			156	777
rotal	. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	A, column (B), line	10(C).)				
						Schedule	D (Form 99)	J 2009

	rtnership	62-1572386 Page 3
Part VII Investments—Other Securities. See Form 9	90, Part X, line 12.	
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments-Program Related. See Form 9	990. Part X. line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation:
(4, 2000)		Cost or end-of-year market value
	1	
		
	<u> </u>	
A STATE OF THE STA		
A CONTRACT OF THE PARTY OF THE		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>	
Part IX Other Assets. See Form 990, Part X, line 15	<u>. </u>	
	<u>. </u>	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15	<u> </u>	
Part IX Other Assets. See Form 990, Part X, line 15),	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15	5.	
Part IX Other Assets. See Form 990, Part X, line 15	5.	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15	j.	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15	j.	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line	25.	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X: Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability Federal income taxes	25. (b) Amount	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability Federal income taxes Tenant deposits	25. (b) Amount	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability Federal income taxes	25. (b) Amount	(b) Book value
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Part IX Other Assets. See Form 990, Part X, line 15 (a) Description Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability Federal income taxes Tenant deposits	25. (b) Amount	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability Federal income taxes Tenant deposits	25. (b) Amount	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability Federal income taxes Tenant deposits	25. (b) Amount	(b) Book value
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Part IX Other Assets. See Form 990, Part X, line 15 (a) Description Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability Federal income taxes Tenant deposits	25. (b) Amount	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability Federal income taxes Tenant deposits	25. (b) Amount	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15 (a) Description Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 1. (a) Description of liability Federal income taxes Tenant deposits	25. (b) Amount	(b) Book value

organization's liability for uncertain tax positions under FIN 48.

	dule D (Form 990) 2009 Community Housing Partnershi		8 <u>6</u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited Financial St	tatements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	774,852
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	366,627
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	408,225
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	nd 9	10	408,225
Pa	rt XII Reconciliation of Revenue per Audited Financial Staten	nents With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements		1	774,852
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1,0,00	
а	Net unrealized gains on investments	2a	Signar .	
b	Donated services and use of facilities	2b	-1000	
c	Recoveries of prior year grants	20		
d	Other (Describe in Part XIV.)	2d	181.79.1	
e	Add lines 2a through 2d	20	2e	
3	Subtract line 2e from line 1	******	3	774,852
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1;	J		114,032
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b	+1000	
			- 1	
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	• • • • • • • • • • • • • • • • • • • •	4c 5	774,852
Pa	rt XIII Reconciliation of Expenses per Audited Financial State	monte With Exponence		1/4,652
1	Total expenses and losses per audited financial statements	menta vitit Expenses	1	366,627
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			300,027
_ _a	Donated services and use of facilities	_{2a}		
- Ь	Prior year adjustments			
c	Other Insees	2c	1444	
d	Other losses	2d	- Section 1	
	Other (Describe in Part XIV.)	[_20]	∤ ୁ	
3	Add lines 2a through 2d		2e	266 607
	Subtract line 2e from line 1	l · · · · · · · · · · · · · · · · · · ·	3	366,627
~	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1.545	
a	Investment expenses not included on Form 990, Part VIII, line 7b		- 1	
b	Other (Describe in Part XIV.)	4b	Sector 1	
	Add lines 4a and 4b		4c	555 455
<u>5</u>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	5	366,627
	t XIV Supplemental Information			<u> </u>
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III			
and z	b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII	f, lines 2d and 4b. Also comple	te	
тв р	art to provide any additional information.			
			-	
		_		

Schedule D (F	orm 990) 2009	Community	Housing	Partnership	62-1572386	Page 5
Part XIV	Supplemen	tal Information	(continued)			
						
						
						
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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization Employer identification number Community Housing Partnership 62-1572386 Part I Types of Property (a) (b) (c) Check if Number of Contributions Revenues reported on Method of determining applicable Form 990, Part VIII, line 1g revenues Art—Works of art Art—Historical treasures 2 Art—Fractional interests 3 Books and publications 4 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities—Publicly traded Securities—Closely held stock 10 Securities—Partnership, LLC, 11 or trust interests Securities—Miscellaneous 12 Qualified conservation 13 contribution—Historic structures Qualified conservation contribution—Other Real estate—Residential 75,000 X 1 15 Real estate—Commercial 16 Real estate—Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other ►(26 Other ►(....) 27 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes Νo 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be X used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 X 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a X 32a contributions? If "Yes," describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Schedule M (Fo	rm 990) 2009	Commun	ity Ho	using	Partne	rship	1	62-15723	36	Page Z
Part II	Suppler	mental Info d 33. Also	rmation.	Complete	this part	to provid	e the info	ormation req	uired by Pa	Page 2 rt I, lines 30b,
	52D, an	u 55. Also	complete	инэ ран	ioi ally ac	iditional ii	lioimado	11.		
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization Employer identification number 62-1572386 Community Housing Partnership Form 990 - Organization's Mission or Most Significant Activities To establish a public/private partnership as Williamson County's leading agency in achieving quality affordable housing for elderly, low income, disabled and work force families of Williamson County Tennessee through housing alternatives to create, supply and maintain appropriate housing by rehabilitation, maintenance and restoration. Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 The tax return is reviewed by the Executive Director prior to filing Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy If the Board has reasonable cause to believe that there has been a violation of the Conflict of Interest Policy, it shall investigate the matter and take appropriate disciplinary or corrective action. Form 990, Part VI, Line 15a - Compensation Process for Top Official Salaries are determined by the board of directors from comparisons with other nonprofit organizations and the local business community for similar work. Form 990, Part VI, Line 15b - Compensation Process for Officers Salaries are determined by the board of directors from comparisons with other nonprofit organizations and the local business community for similar

work.

Schedule O (Form 990) 2009	Page 2
Name of the organization Community Housing Partnership	Employer identification number 62-1572386
Form 990, Part VI, Line 19 - Governing Documents Discl	losure Explanation
Upon request.	•••••
· · · · · · · · · · · · · · · · · · ·	
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990 / 990-PF	Oth		d Loans Receiv		2009
Name		· · · · · · · · · · · · · · · · · · ·			loyer Identification Number
Community Ho	using Partners	hip		62-	1572386
Form 990, Par	rt X, Line 7 -	Addition	<u>al Informati</u>	on	
	Name of borrower			Relationship to disqualifi	ed person
	loans				
(2) N/R - Forme (3) N/R - Prope	er Employee				
(3) N/R - Prope	erry sales				· · · · · · · · · · · · · · · · · · ·
(5)					
(6)					
(7)			<u> </u>		
(8) (9)					
(10)					
Original amount borrowed	Date of loan	Maturity date	Par	payment terms	Interest rate
(1)	Date of Ioan	uate	176	payment terms	late
(2)					
(3)					
(4)	, , , , , , , , , , , , , , , , , , ,		·		
(5) (6)					
(7)					
(8)					
(9)					
(10)		en en jarren er en jarriget.			
		<u> </u>		<u></u>	· · · · · · · · · · · · · · · · · · ·
	urity provided by borrower			Purpose of loan	
(1)					
(2)					THE PARTY OF THE P
(4)					
(5)					
(6)					
(7)					
(8) (9)					
(10)					1
					ajin wajatiji ja katin ja jayana. T
Considers	tion furnished by lender		Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	non furnished by lender		4,660	1,557	(990-Fr diliy)
(2)			3,421	2,913	
(3)			131,478	138,052	
(4)					
(5) (6)					
(7)					
(8)					
(9)					
(10) Totals			139,559	142,522	
i otals					· · · · · · · · · · · · · · · · · · ·

	90 / 9	90-PF			gages and Ot or tax year beginning	•		06/30/10	2009		
Nam	ie		r or oalondar you	2000,	or tax year beginning	01,02,03	, and ending		ntification Number		
_		. 4 4 77						60 4 5 70	005		
<u> </u>	ommur	nity Hou	sing Partn	ersi	11p	62-1572386					
_F	orm 9	990, Par	t X, Line	23	- Additiona	al Informa	tion				
			Name of lender				Relationship t	o disqualified perso	วก		
<u>(1)</u>	Regi	ons Bar					- Nordegation in p	o dioqualinou poroc	···		
(2)		Commcerc									
(3)		ue Bank									
(<u>4</u>)		Commerce COMMERCE				ļ		•			
(5) (6)		COMMERCE					·				
(7)		Commerce				<u> </u>	•				
(8)											
(9)											
(10)					The second of the second secon						
									a dijere jager (2007-2014)		
		riginal amount		an	Maturity		Danaumant tam		Interest		
(1)		140,00	Date of los 0 11/08/		date 11/10/14		Repayment term Install		rate		
(2)		128,00			11/05/10			t + Balloo	n 8.500		
(3)		210,00	0 08/31/	09	08/31/14			reduction			
(4)		104,00	0 03/16/		11/05/09						
<u>(5)</u>		110,17	3 04/14/		04/14/09		Install				
(6)		278,82 103,30			03/05/12 12/22/09	Monthly	Install	nent			
(7) (8)		103,30	06/22/	09	12/22/09						
(9)											
(10)											
	D1		curity provided by bo	rrower		G		se of loan			
(1)	Real	. Proper . Proper				Construct Purchase					
(2) (3)		. Proper				Purchase					
(4)	1,041	. IIOpei	<u> </u>	· · · ·		1 42 011456	rroperc	¥			
(5)	Real	Proper	ty			Purchase	Property	γ			
(6)	Real	Proper	ty			Purchase					
<u>(7)</u>											
<u>(8)</u>											
(9) (10)											
(10)		1 10 10 10		- Filter	i de grendi i e registră d			. Barrer de la la	· Baggaren arg		
			· · · · · · · · · · · · · · · · · · ·			Balance	due at	Bala	ance due at		
		Consider	ation furnished by le	nder		beginnir	ng of year		nd of year		
<u>(1)</u>							33,774		130,546		
(2)						12	21,017	<u> </u>	125,867 198,330		
(3)						11	04,000	-	170,330		
(4) (5)		<u></u>					38.105		75,687		
(6)						22	28,440		75,687 196,226		
(7)						10	3,300				
(8)											
<u>(9)</u>											
<u>(10)</u>			-			7-	78,636		726,656		
l.o	tals					1			,		

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

➤ See separate instructions. Attach to your tax return. OMB No. 1545-0172

Name(s) shown on return Identifying number Community Housing Partnership 62-1572386 Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 250,000 Maximum amount. See the instructions for a higher limit for certain businesses Total cost of section 179 property placed in service (see instructions) 2 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation, Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-, If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction, Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2010, Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) Property subject to section 168(f)(1) election 15 52,504 Other depreciation (including ACRS) 16 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 0 MACRS deductions for assets placed in service in tax years beginning before 2009 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (b) Month and year (d) Recovery (e) Convention (a) Classification of property placed in (f) Method (g) Depreciation deduction only-see instructions) 3-year property 19a **b** 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. S/L Residential rental 27.5 yrs. property MM 27.5 yrs. ММ Nonresidential real 39 yrs. S/L ММ property S/L Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. S/L **b** 12-year S/L 40 yrs. c 40-year Summary (See instructions.) Part IV Listed property, Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 52,504 and on the appropriate lines of your return. Partnerships and S corporations—see instructions أوأرود الزاران فأراتنون For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form 4562 (2009)

269650 Community Housing Partnership

62-1572386

FYE: 6/30/2010

Federal Asset Report

12/22/2010 5:03 PM

Form 990, Page 1

Date Bus Sec Basis Description Asset Cost % 179 Bonus for Depr Per Conv Meth In Service Prior Other Depreciation: 6/30/00 Land 71,671 71,671 0 -- Land Edgewood Triplex 6/30/00 25 25 106,623 106,623 MO S/L 46,914 4.265 Fairview Duplex 7/01/98 100,647 100,647 MO S/L 44,285 4,026 25 30 Executive House 7/01/98 28,842 28,842 MO S/L 12,690 1,154 Pleasant Hills 7/01/98 776,319 776,319 MO S/L 276,665 25,877 Furniture and Fixtures 6/30/04 16,402 16,402 MO S/L 16,402 Computers and Equipment 3/01/08 2,854 2,854 MO S/L 1,902 952 Chestnut Lane 8/01/02 116,004 116,004 30 MO S/L 27,068 3,866 7107 Timberline Court 11/08/06 141,406 141,406 30 MO S/L 11,119 4,713 Improvements to Timberline 6,695 7/01/07 6,695 15 MO S/L 447 Fire Proof Filing Cabinet 5/10/09 1,734 248 1,734 MO S/L 41 Fairview Duplex Repairs 30 11/12/08 2,278 2,278 MO S/L 51 76 Carpet for 252 Chestnut 6/01/09 3,000 3,000 MO S/L 428 Flooring on 265 Chestnut 11/16/08 2,353 2,353 MO S/L 196 336 HVAC Timberlane Court 6/16/09 4,641 30 MO S/L 155 15 4.641 5 MO S/L 7 MO S/L 17 Computer 6/30/09 605 605 0 121 Dryer for Pleasant Hills #8 6/30/09 339 339 0 49 85,106 19 8/01/09 85,106 0 Land - Scruggs Property Land 0 30 MO S/L 20 Scrugss Property 2/18/10 482,270 482,270 5,359 Refrigerator for 258 Chestnut 12/02/09 450 450 MO S/L 38 5 MO S/L 5 MO S/L HP Computer 12/01/09 930 930 109 Computer 12/29/09 850 850 5 MO S/L Computer - In Kind Donation 6/30/09 1,000 000,1 200 1,953,019 **Total Other Depreciation** 1,953,019 437.815 52,504 Total ACRS and Other Depreciation 1,953,019 1,953.019 437,815 52,504 **Grand Totals** 1,953,019 1,953,019 437,815 52,504 Less: Dispositions and Transfers 0 0 0 0 Less: Start-up/Org Expense **Net Grand Totals** 1,953,019 1,953,019 437,815 52,504

FYE: 6/30/2010

269650 Community Housing Partnership 62-1572386 AMT Asset Report Form 990, Page 1

12/22/2010 5:03 PM

Asset	Description	Date In Service	Cost	Bus <u>%</u>	Sec 179 Bonus	Basis for Depr	<u>Per</u>	Conv Meth	<u>Prior</u>	Current
1 2 3 4 5 6 7 8 9	Depreciation: Land Edgewood Triplex Fairview Duplex Executive House Pleasant Hills Furniture and Fixtures Computers and Equipment Chestnut Lane 7107 Timberline Court Improvements to Timberline	6/30/00 6/30/00 7/01/98 7/01/98 7/01/98 6/30/04 3/01/08 8/01/02 11/08/06 7/01/07	0 106,623 100,647 28,842 776,319 16,402 2,854 116,004 141,406 6,695			0 106,623 100,647 28,842 776,319 16,402 2,854 116,004 141,406 6,695	25 25 30 7 3 30 30	MO S/L MO S/L MO S/L MO S/L MO S/L MO S/L	0 4,265 29,083 8,334 219,148 16,402 2,854 21,342 10,605 446	0 4,265 4,026 1,154 25,878 0 0 3,867 4,714 447
11 12 13 14 15 17 18 19 20 21 23 24 25	Fire Proof Filing Cabinet Fairview Duplex Repairs Carpet for 252 Chestnut Flooring on 265 Chestnut HVAC Timberlane Court Computer Dryer for Pleasant Hills #8 Land - Scruggs Property Scrugss Property Refrigerator for 258 Chestnut HP Computer Computer Computer Computer In Kind Donation	5/10/09 11/12/08 6/01/09 11/16/08 6/16/09 6/30/09 8/01/09 2/18/10 12/02/09 12/01/09 12/29/09 6/30/09	1,734 2,278 3,000 2,353 4,641 0 0 0 0 0			1,734 2,278 3,000 2,353 4,641 0 0 0 0 0	7 30 7 7 30 0 0 0 0 0 0	MO S/L MO S/L MO S/L MO S/L MO S/L HY HY HY HY HY	41 51 36 196 0 0 0 0 0	248 76 428 336 155 0 0 0 0
	Total ACRS and Other Deprec		1,309,798			1,309,798	U	-	312,803	45,594 45,594
	Grand Totals Less: Dispositions and Transfe Net Grand Totals	ers	1,309,798 0 1,309,798		-	1,309,798 0 1,309,798			312,803 0 312,803	45,594 0 45,594

269650 Community Housing Partnership
62-1572386 Depreciation Adjustment Report
FYE: 6/30/2010 All Business Activities

Form Unit Asset

12/22/2010 5:03 PM

AMT
Adjustments/
stion Tax AMT Preferences

There are no assets that meet the criteria of this report

269650 Community Housing Partnership 1
62-1572386 Future Depreciation Report FYE: 6/30/11

FYE: 6/30/2010

Form 990, Page 1

12/22/2010 5:03 PM

Asset	Description	Date In Service	Cost	Tax	AMT
Other I	Depreciation:				
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 17 18 19 20 21 23 24	Land Edgewood Triplex Fairview Duplex Executive House Pleasant Hills Furniture and Fixtures Computers and Equipment Chestnut Lane 7107 Timberline Court Improvements to Timberline Fire Proof Filing Cabinet Fairview Duplex Repairs Carpet for 252 Chestnut Flooring on 265 Chestnut Flooring on 265 Chestnut HVAC Timberlane Court Computer Dryer for Pleasant Hills #8 Land - Scruggs Property Scrugss Property Refrigerator for 258 Chestnut HP Computer Computer Computer	6/30/00 6/30/00 7/01/98 7/01/98 7/01/98 6/30/04 3/01/08 8/01/02 11/08/06 7/01/07 5/10/09 11/12/08 6/01/09 11/16/08 6/16/09 6/30/09 8/01/09 2/18/10 12/02/09 12/01/09 12/29/09	71,671 106,623 100,647 28,842 776,319 16,402 2,854 116,004 141,406 6,695 1,734 2,278 3,000 2,353 4,641 605 339 85,106 482,270 450 930 850	0 4,265 4,026 1,154 25,877 0 0 3,867 4,714 446 248 75 429 336 154 121 48 0 16,075 64 186 170	0 4,265 4,026 1,153 25,877 0 0 3,866 4,714 446 248 75 429 336 154 0 0
25	Computer - In Kind Donation Total Other Depreciation	6/30/09	1,953,019	200 62,455	0 45,589
	Total ACRS and Other Depre	ciation	1,953,019	62,455	45,589 45,589

12/22/2010 5:03 PM Fund Raising Management & General Form 990, Part IX, Line 24f - All Other Expenses 6,822 6,822 Program Service Federal Statements 6,822 6,822 Total Expenses S 269650 Community Housing Partnership Description FYE: 6/30/2010 62-1572386 Total BAD DEBT

269650 Community Housing Partnership
62-1572386 Federal Statements

12/22/2010 5:03 PM

FYE: 6/30/2010

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	 Totał	Excess		
	\$ 587,977	\$	564,382	
Total	\$ 587,977	\$	564,382	