Form 990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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

Open to Public Inspection

A F	or the	2002 calendar year, or tax year beginning JULY 1 , 2002, and en	ding JUN	E 30	, 20 03
		oplicable: Please C Name of organization	D	Employe	er identification number
_		change label or COMMUNITY HOUSING PARTNERSHIP	16	52-15	72386
=	ame ch	print or Number and street (or P.O. box if mail is not delivered to street address)	Room/suite E	Telepho	ne number
=	itial reti	1 'P" 1120 W FOWIKES STREET SHITTE 128	515.7	790.5556	
=	nal retu	Specific City or town state or country and 7 IP + 4	F	Accounti	ng method: Cash X Accrual
≍		treturn tions. FRANKLIN, TN. TN 37064			r (specify) ▶
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable			section 527 organizations.
^	эрпсан	trusts must attach a completed Schedule A (Form 990 or 990-EZ).	•	or affiliates? Yes X No	
G W	eb site	: -		of affiliates >	
		ation type (check only one) ► X 501(c) (3) ◄ (insert no.) 4947(a)(1) or 527	tes includ	ed? Yes XNo	
				n filed by an	
K C	heck he	re if the organization's gross receipts are normally not more than \$25,000. The organization file a return with the IRS; but if the organization received a Form 990 Package in the mail, it		by a group ruling? Yes XNo	
ne st	eed not nould fil	e a return without financial data. Some states require a complete return.	I Enter 4-digit	GEN ▶	
			M Check ▶	X if the o	rganization is not required to attach
		ceipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 235, 084			I-EZ, or 990-PF).
Pa		Revenue, Expenses, and Changes in Net Assets or Fund Bal	ances (See pa	age 17	of the instructions.)
j	1	Contributions, gifts, grants, and similar amounts received:		1 1	
İ	а	Direct public support	9,492	-	
ı	b	Indirect public support	65,000	_	
	С	Government contributions (grants)	54,313	1	
	d	Total (add lines 1a through 1c) (cash \$ noncash \$)	1d	128,805.00
	2	Program service revenue including government fees and contracts (from Page 1)	art VII, line 93)	2	105,461.00
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	818	
	5	Dividends and interest from securities	5	···	
	6a	Gross rents		_	
	b	Less: rental expenses		」 ∤	
	С	Net rental income or (loss) (subtract line 6b from line 6a)		6c	· · · · · · · · · · · · · · · · · · ·
릭	7	Other investment income (describe ▶)) 7	
Revenue	8a	Gross amount from sales of assets (A) Securities	(B) Other	-	
, Re		other than inventory		-	
	l .	Less: cost or other basis and sales expenses		_	
		Gain or (loss) (attach schedule)		- _	
		Net gain or (loss) (combine line 8c, columns (A) and (B))	• • • • • • • • • • • • • • • • • • • •	8d	
	9	Special events and activities (attach schedule) Gross revenue (not including \$			
	a	Gross revenue (not including \$ of contributions reported on line 1a)		1 1	
	Ь	Less: direct expenses other than fundraising expenses 9b		-i i	
		Net income or (loss) from special events (subtract line 9b from line 9a)		9c	
		Gross sales of inventory, less returns and allowances 10a			
		Less: cost of goods sold			
		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10b	a)	10c	
	11	Other revenue (from Part VII, line 103)		11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	235,084.00
_	13	Program services (from line 44, column (B))		13	235,043.00
ès	14 .	Management and general (from line 44, column (C))		14	28,509.00
Expenses	15	Fundraising (from line 44, column (D))		15	
찣	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses (add lines 16 and 44, column (A))		17	263,552.00
ts	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	(28,468.00)
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))		727,127.00
et A	20	Other changes in net assets or fund balances (attach explanation)			
Ž	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	698,659.00

Par	Statement of All organizations must of Functional Expenses section 4947(a)(1) none	complete exempt c	column (A). Columns (B), haritable trusts but optional	(C), and (D) are required to	for section 501(c)(3) and (4 of the instructions.)) organizations and
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	(cash \$)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25				
26	Other salaries and wages	26	68,509	50,509	18,000	
27	Pension plan contributions	27	1,794	784	1,010	
28	Other employee benefits	28	- 101		1 440	
29	Payroll taxes	29	5,421	3,981	1,440	
30	Professional fundraising fees	30	1 500		1 500	
31	Accounting fees	31	1,500		1,500	
32	Legal fees	33	1,462	1,462		
33 34	Supplies	34	1,402	1,402		
35	Postage and shipping	35				
36	Occupancy	36	23,178	23,178		
37	Equipment rental and maintenance	37	84,478	84,478		
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41	23,079	23,079		
42	Depreciation, depletion, etc. (attach schedule)	42	41,532	38,971	2,561	
43	Other expenses not covered above (itemize): a	43a				
b	INSURANCE	43b		5,501	2,000	
С	MISCELLANEOUS	43c		3,100	1,998	
d		43d				
e	Title is all and a control of the co	43e				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 2	63,552.002	35,043.00	28,509.00	
Join	t Costs. Check ► ☐ if you are following SOP 98-2.				<u> </u>	
Are a	ry joint costs from a combined educational campaign and fundra	ising so	olicitation reported in (E	3) Program services?		☐ Yes X No
	i," enter (i) the aggregate amount of these joint costs \$					
	e amount allocated to Management and general \$			ount allocated to Fund		
· · ·	t III Statement of Program Service Accor	nplis	hments (See pag	e 24 of the instru	ctions.)	
Wha	t is the organization's primary exempt purpose?					Program Service
All or	anizations must describe their exempt purpose achievements in a	clear a	nd concise manner. Sta	ate the number of client	ts served, publications	Expenses (Required for 501(c)(3) and (4)
issue	d, etc. Discuss achievements that are not measurable. (Section 5	01(c)(3) and (4) organizations	and 4947(a)(1) nonex	empt charitable trusts	orgs., and 4947(a)(1) trusts; but
	also enter the amount of grants and allocations to others.)		PUPPOGEG	DD DDOWEDT	NIC	optional for others.)
	REHABILITATION OF HOUSES FOR					
	AFFORDABLE HOOUSING TO LOW TO	_MO.	hevate Tinci	ハロロー こわ れずずす		
			ind allocations	\$		235,043
_	(61)	uiilo d	ina anocations	Ψ		233,043
b						
						ļ
	(Gr	ants a	ind allocations	\$ \$)	
c						
_						
	(Gr	ants a	nd allocations	\$)	
d			 _			
		ante o		. \$		
_			and allocations	\$		
	Total of Program Service Expenses (should equa					235.043.00

Pa	rt IV	Balance Sheets (See page 24 of the in	nstructi	ons.)			
N	ote:	Where required, attached schedules and amounts with column should be for end-of-year amounts only.	nin the de	scription	(A) Beginning of year		(B) End of year
	45	Cash — non-interest-bearing			79,795	45	37,471
	46	Savings and temporary cash investments				46	
		Accounts receivable	47a 47b	12,053 0	3,491	47c	12,053.00
	48a	Pledges receivable Less: allowance for doubtful accounts Grants receivable	48a 48b		65,000	48c 49	65,000.00
Assets	50 51a	Receivables from officers, directors, trustees, (attach schedule)		50			
		Less: allowance for doubtful accounts Inventories for sale or use		0	6,302	51c 52	5,931.00
	53 54	Prepaid expenses and deferred charges Investments — securities (attach schedule)			5,663	53 54	
		Investments — land, buildings, and equipment: basis	55a			55c	
	56 570	Investments — other (attach schedule) Land, buildings, and equipment: basis		1,233,138		56	
		Less: accumulated depreciation (attach schedule)	57b	183,695	974,077	57c	1,049,443.00
	58	Other assets (describe ►	124 200 00	58	1.60.000.00		
	59 60	Total assets (add lines 45 through 58) (must Accounts payable and accrued expenses			15,074	_	1,169,898.00
	61	Grants payable			1370.11	61	23,32.
Liabilities	62 63	Deferred revenue	ey empl	oyees (attach		62	
abili	64a	Tax-exempt bond liabilities (attach schedule) .				64a	
Ï	I	Mortgages and other notes payable (attach so Other liabilities (describe ► TENANTS DE	hedule)	Г Т.S	388,227	64b	454,222 3,490
	65	·					
	66	Total liabilities (add lines 60 through 65)			407,201.00	66	471,239.00
Se	ļ	anizations that follow SFAS 117, check here lines 67 through 69 and lines 73 and 74.			662,127	67	633,659
anc	67 68	Unrestricted			65,000	68	65,000
Bal	69	Permanently restricted				69	
Fund	Org	anizations that do not follow SFAS 117, che complete lines 70 through 74.					
ō	70	Capital stock, trust principal, or current funds				70	
sets	71	Paid-in or capital surplus, or land, building, an				72	
Net Assets or Fund Balances	72 73	Retained earnings, endowment, accumulated Total net assets or fund balances (add lines lines 70 through 72; column (A) must equal lines 70 through 72; column (B) must equal lines 70 through 72 throug	s 67 throine 19; o	ough 69 or column (B)			400 477
2	1	must equal line 21)			727,127.00		698,659.00
	74	Total liabilities and net assets/fund balance	es (add	lines 66 and 73) .	1,134,328.00	74	1,169,898.00

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Au			econciliation of			
Financial Statements with Revenu	•		nancial Statem	ents with E	xpe	enses per
Return (See page 26 of the instruction	ons.)		eturn			
a Total revenue, gains, and other support per audited financial statements ▶ a	N/A		nses and losses p ancial statements		а	N/A
b Amounts included on line a but not on line 12, Form 990:		b Amounts in line 17, Fo	ncluded on line a rm 990:	but not on	- 1	
(1) Net unrealized gains on investments \$		(1) Donated s	ervices facilities . \$:		
(2) Donated services and		(2) Prior year	adjustments			
use of facilities \$		reported o Form 990	n line 20, \$			
year grants \$		(3) Losses rep	oorted on			
(4) Other (specify):		(4) Other (spe	orm 990 \$ ecify):			
<u> </u>						
Add amounts on lines (1) through (4) ▶ b		Add amou	<u>\$</u> nts on lines (1) th	rough (4)	ь	
c Line a minus line b	0.00		ius line b		С	0.00
d Amounts included on line 12,		(ncluded on line 1			
Form 990 but not on line a: (1) Investment expenses		(1) Investmen	but not on line a:			
not included on line		not include	•		İ	
6b, Form 990 <u>\$</u>		·	990 <u>\$</u>			
(2) Other (specify):		(2) Other (spe	ecify):	1		
<u> </u>			\$		Ì	
Add amounts on lines (1) and (2) b d		Add amou	nts on lines (1) a	nd (2) ▶	d	
e Total revenue per line 12, Form 990	0.00	1	nses per line 17, s line d)		е	0 00
	0.00	l line chia	sime uj		- 1	0.00
(line c plus line d) ▶ e			st each one even i	f not compen	sate	d: see nage 26 of
Part V List of Officers, Directors, Trustees the instructions.)			st each one even i	f not compen	sate	d; see page 26 of
Part V List of Officers, Directors, Trustee	s, and Key I		(C) Compensation (If not paid, enter -0)	f not compen: (D) Contributions employee benefit pla deferred compensa	lo ns &	d; see page 26 of (E) Expense account and other allowances
Part V List of Officers, Directors, Trustees the instructions.)	s, and Key I	Employees (Li	(C) Compensation (If not paid,	(D) Contributions employee benefit pla	lo ns &	(E) Expense account and other
Part V List of Officers, Directors, Trustees the instructions.) (A) Name and address	s, and Key I	Employees (Li	(C) Compensation (If not paid,	(D) Contributions employee benefit pla	lo ns &	(E) Expense account and other
Part V List of Officers, Directors, Trustees the instructions.) (A) Name and address	s, and Key I	Employees (Li	(C) Compensation (If not paid,	(D) Contributions employee benefit pla	lo ns &	(E) Expense account and other
Part V List of Officers, Directors, Trustees the instructions.) (A) Name and address	s, and Key I	Employees (Li	(C) Compensation (If not paid,	(D) Contributions employee benefit pla	lo ns &	(E) Expense account and other
Part V List of Officers, Directors, Trustees the instructions.) (A) Name and address	s, and Key I	Employees (Li	(C) Compensation (If not paid,	(D) Contributions employee benefit pla	lo ns &	(E) Expense account and other
Part V List of Officers, Directors, Trustees the instructions.) (A) Name and address	s, and Key I	Employees (Li	(C) Compensation (If not paid,	(D) Contributions employee benefit pla	lo ns &	(E) Expense account and other
Part V List of Officers, Directors, Trustees the instructions.) (A) Name and address	s, and Key I	Employees (Li	(C) Compensation (If not paid,	(D) Contributions employee benefit pla	lo ns &	(E) Expense account and other
Part V List of Officers, Directors, Trustees the instructions.) (A) Name and address	s, and Key I	Employees (Li	(C) Compensation (If not paid,	(D) Contributions employee benefit pla	lo ns &	(E) Expense account and other
Part V List of Officers, Directors, Trustees the instructions.) (A) Name and address	s, and Key I	Employees (Li	(C) Compensation (If not paid,	(D) Contributions employee benefit pla	lo ns &	(E) Expense account and other
Part V List of Officers, Directors, Trustees the instructions.) (A) Name and address	s, and Key I	Employees (Li	(C) Compensation (If not paid,	(D) Contributions employee benefit pla	lo ns &	(E) Expense account and other
Part V List of Officers, Directors, Trustees the instructions.) (A) Name and address	s, and Key I	Employees (Li	(C) Compensation (If not paid,	(D) Contributions employee benefit pla	lo ns &	(E) Expense account and other
Part V List of Officers, Directors, Trustees the instructions.) (A) Name and address	s, and Key I	Employees (Li	(C) Compensation (If not paid,	(D) Contributions employee benefit pla	lo ns &	(E) Expense account and other
Part V List of Officers, Directors, Trustees the instructions.) (A) Name and address SEE ATTACHED LISTING.	(B) Title an week de	mployees (Li	(C) Compensation (If not paid, enter -0)	(D) Contributions employee benefit pla deferred compensa	io	(E) Expense account and other
Part V List of Officers, Directors, Trustee: the instructions.) (A) Name and address SEE ATTACHED LISTING. 75 Did any officer, director, trustee, or key employee receive ag related organizations, of which more than \$10,000 was proven.	(B) Title and week de	d average hours pervoted to position	(C) Compensation (If not paid, enter-0) \$100,000 from your	(D) Contributions employee benefit pla deferred compensa	io	(E) Expense account and other
Part V List of Officers, Directors, Trustee: the instructions.) (A) Name and address SEE ATTACHED LISTING.	(B) Title and week de	d average hours pervoted to position	(C) Compensation (If not paid, enter-0) \$100,000 from your	(D) Contributions employee benefit pla deferred compensa	io	(E) Expense account and other allowances

Par	t VI Other Information (See page 27 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶			ļ
	and check whether it is exempt or nonexempt.			
81a	Enter direct or indirect political expenditures. See line 81 instructions			ļ
b	Did the organization file Form 1120-POL for this year?	81b		
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or			İ
	at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount			
	as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	<u> </u>
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
_	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			ĺ
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			ł
	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to			
••	its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following			
	tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			1
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders			ĺ
b	Gross income from other sources. (Do not net amounts due or paid to other	1		
	sources against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			1
	partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		x
90-	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	- 50		1
osa	section 4911 ▶; section 4912 ▶; section 4955 ▶			İ
h	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during	1		
b	the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement			
	explaining each transaction	89b		X
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	List the states with which a copy of this return is filed ▶ NONE			
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)			_3_
91	The books are in care of ▶ DANA NELMS Telephone no. ▶ 615.79	U.5!	556	
	Located at ► FRANKLIN, TN. ZIP+4► 37064			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here			▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

	VIII Analysis of Income-Producing Ac		usiness income	Evaluded by sec	lion 512, 513, or 514	/E\
indica	e: Enter gross amounts unless otherwise			 		(E) Related or
	Program service revenue:	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt function income
a	RENTAL INCOME				105,461	
b						
С						
d						
e	A. J					
	Medicare/Medicaid payments Fees and contracts from government agencies			+		
	Membership dues and assessments			+		
	Interest on savings and temporary cash investments			1 -	818	
	Dividends and interest from securities					
97	Net rental income or (loss) from real estate:					
	debt-financed property					
	not debt-financed property					
	Net rental income or (loss) from personal property Other investment income					
	Gain or (loss) from sales of assets other than inventory			 		
	Net income or (loss) from special events			 		
	Gross profit or (loss) from sales of inventory			 		
	Other revenue: a					
b						
С						
d						
e	Cultural (add salumas (D) (D) and (E)			 	0.6.070.00	
104 105	Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E			7.9	06,279.00	06 270 00
	Line 105 plus line 1d, Part I, should equal the			• • • • • • • • • • • • • • • • • • • •	10	16,219.00
	VIII Relationship of Activities to the A			poses (See pa	age 32 of the instruc	tions.)
Line						
	lada a a a a a a a a a a a a a a a a a a	other than by provid	ding funds for su	ch purposes).	·	<u> </u>
93.	A RENTAL INCOME FOR LOWE	R INCOME IN	DIVIDUALS	•		
95	5 INTEREST ON SAVINGS AC	COUNTS.				
Dord	IX Information Regarding Taxable S	ubaidiariaa and [Distantian E	atition (Canad	as 22 of the instruct	ione \
Part	IX Information Regarding Taxable S (A)	(B)	Jisregarded Ei	Tittles (See pa	(D)	(E)
	Name, address, and EIN of corporation,	Percentage of	Nature of ac	tivities	Total income	End-of-year
	partnership, or disregarded entity	ownership interest	 			assets
		%				
		%				
		%				
Part	X Information Regarding Transfers	%	Personal Ben	efit Contrac	ts (See page 33 of	the instructions.)
(a)	Did the organization, during the year, receive any funds,	% Associated with directly or indirectly, to	pay premiums on a p	ersonal benefit c	ontract?	the instructions.) Yes X No
(a) (b)	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pre	Associated with directly or indirectly or indirectly or indirectly or i	pay premiums on a peindirectly, on a pe	ersonal benefit c	ontract?	
(a) (b)	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pree: If "Yes" to (b), file Form 8870 and Form 47.	Associated with directly or indirectly or indirectly or in 20 (see instructions)	pay premiums on a peindirectly, on a pe).	personal benefit coersonal benefit	ontract?	Yes X No
(a) (b) Not	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pre e: If "Yes" to (b), file Form 8870 and Form 47. Under penalties of perjury, I declare that I have example belief, it is true, correct, and complete. Declaration of	Associated with directly or indirectly or indirectly or in 20 (see instructions) tined this return, including	pay premiums on a peindirectly, on a pe). g accompanying schee	personal benefit control benefit control benefit dules and stateme	ontract?[t contract?[Yes X No Yes X No of my knowledge and
(a) (b) Not	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pre e: If "Yes" to (b), file Form 8870 and Form 47. Under penalties of perjury, I declare that I have example belief, it is true, correct, and complete. Declaration of	Associated with directly or indirectly or indirectly or in 20 (see instructions) tined this return, including	pay premiums on a peindirectly, on a pe). g accompanying schee	personal benefit control benefit control benefit dules and stateme	ontract?[t contract?[Yes X No Yes X No of my knowledge and
(a) (b) Not Pleas Sign	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pre e: If "Yes" to (b), file Form 8870 and Form 47. Under penalties of perjury, I declare that I have example belief, it is true, correct, and complete. Declaration of	Associated with directly or indirectly or indirectly or in 20 (see instructions) tined this return, including	pay premiums on a peindirectly, on a pe). g accompanying schee	personal benefit control benefit control benefit dules and stateme	ontract? t contract?[nts, and to the best opreparer has any kno	Yes X No Yes X No
(a) (b) Not	Did the organization, during the year, receive any funds, Did the organization, during the year, pay prese: If "Yes" to (b), file Form 8870 and Form 47. Under penalties of perjury, I declare that I have example belief, it is true, correct, and complete. Declaration of Signature of officer	Associated with directly or indirectly or indirectly or in 20 (see instructions) tined this return, including	pay premiums on a peindirectly, on a pe). g accompanying schee	personal benefit control benefit control benefit dules and stateme ormation of which	ontract? t contract?[nts, and to the best opreparer has any kno	Yes X No Yes X No of my knowledge and
(a) (b) Not Pleas Sign	Did the organization, during the year, receive any funds, Did the organization, during the year, pay prese: If "Yes" to (b), file Form 8870 and Form 47. Under penalties of perjury, I declare that I have example belief, it is true, correct, and complete. Declaration of the complete is the contract of the complete is the contract of	Associated with directly or indirectly or indirectly or in 20 (see instructions) intended this return, including preparer (other than office	pay premiums on a pindirectly, on a pe). g accompanying schee er) is based on all info	personal benefit or ersonal benefit dules and stateme ormation of which Da	ontract? [t contract? [nts, and to the best of preparer has any known the	Yes X No Yes X No of my knowledge and wledge.
(a) (b) Not Pleas Sign	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pre ee: If "Yes" to (b), file Form 8870 and Form 47. Under penalties of perjury, I declare that I have example belief, it is true, correct, and complete. Declaration of Signature of officer Type or print name and title.	Associated with directly or indirectly or in	pay premiums on a paindirectly, on a pa indirectly, on a pa). g accompanying sched parties based on all info	personal benefit corsonal benefit dules and stateme ormation of which Da	ontract? [t contract? [nts, and to the best opreparer has any known te	Yes X No Yes X No of my knowledge and wledge.
(a) (b) Not Pleas Sign Here Paid Prepar	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pre- ee: If "Yes" to (b), file Form 8870 and Form 47. Under penalties of perjury, I declare that I have example belief, it is true, correct, and complete. Declaration of Signature of officer Type or print name and title. Preparer's signature Firm's name for yours A. TOLIN, P. DO	Associated with directly or indirectly or in	pay premiums on a pindirectly, on a pe). g accompanying schee er) is based on all info	personal benefit corsonal benefit corsonal benefit dules and stateme permation of which Da	ontract? [t contract? [nts, and to the best of preparer has any known the	Yes X No Yes X No of my knowledge and wledge.
(a) (b) Not Pleas Sign Here	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pre- ee: If "Yes" to (b), file Form 8870 and Form 47. Under penalties of perjury, I declare that I have example belief, it is true, correct, and complete. Declaration of Signature of officer Type or print name and title. Preparer's signature Firm's name for yours A. TOLIN, P. DO	Associated with directly or indirectly or in	pay premiums on a paindirectly, on a pa indirectly, on a pa). g accompanying sched parties based on all info	ersonal benefit corsonal benefit dules and stateme ormation of which Da Check if self-employed EIN	ontract? [t contract? [nts, and to the best opreparer has any known te	Yes X No Yes X No of my knowledge and wledge.

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2002

OMB No. 1545-0047

Name of the organization			Employer identificat	ion number
COMMUNITY HOUSING PARTNERSHIP			62-157238	6
Part I Compensation of the Five Highe	st Paid Employees Othe	r Than Officers	, Directors, and	Trustees
(See page 1 of the instructions. Lis	t each one. If there are no	ne, enter "None.	.")	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶ Part II Compensation of the Five Highe	st Paid Independent Co.	atractors for Pr	ofessional Serv	ires
(See page 2 of the instructions. Lis				
(a) Name and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE				
			Ų	
Total number of others receiving over \$50,000 for professional services				,.

Pa	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \(\bigs\) \(\bigs\) (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b	-	_X_
С	Furnishing of goods, services, or facilities?	2c	_	<u>X</u>
đ	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	_	X
е	Transfer of any part of its income or assets?	2e	-	X
	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	3 4		X
Pa	Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.) organization is not a private foundation because it is: (Please check only ONE applicable box.)			
5	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hocity, and state ▶			
10	An organization operated for the benefit of a college or university owned or operated by a government 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)			
11a	An organization that normally receives a substantial part of its support from a governmental unit or from the Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	gener	al p	ublic.
11b				
12	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more its support from gross investment income and unrelated business taxable income (less section 511 tax) from acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedulin or suppor	e than rom bu	/ 33 1 usine	₃% of esses
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and suppor described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section section 509(a)(3).)			
	Provide the following information about the supported organizations. (See page 5 of the instructions.)		_	
	(a) Name(s) of supported organization(s) (b) Line r from al		r 	
14	An organization organized and operated to test for public safety, Section 509(a)(4), (See page 5 of the instruc	ctions.))	

Pa	rt IV-A Support Schedule (Complete only if	you checked a b	ox on line 10, 11	, or 12.) <i>Use ca</i>	sh method of a	ccounting.
	e: You may use the worksheet in the instructions to				od of accounting	
Cale	endar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	232,707	235,687	265,378	434,0119	7,791.00
16	Membership fees received					
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
40	organization's charitable, etc., purpose Gross income from interest, dividends,					
18	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, and					
	unrelated business taxable income (less					
	section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,305	465		870	2,640.00
19	Net income from unrelated business activities			-		
	not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on	}				
	its behalf					
21	The value of services or facilities furnished to]		
	the organization by a governmental unit without charge. Do not include the value of services					
	or facilities generally furnished to the public					
	without charge					
22	Other income. Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets Total of lines 15 through 22	4 012 00	6 152 004	55 378 00	4 889100	70 431 00
23 24	Line 23 minus line 17	4 012 00	152.020	55 378 04	4 889100	70,431.00
25	Enter 1% of line 23	2 340 12	2,361.52	2.653.78	4.348.89	0,131.00
	Organizations described on lines 10 or 11:					23,408.62
26 h	Prepare a list for your records to show the name of and amount					7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
b	publicly supported organization) whose total gifts for 1998 th	rough 2001 exceed	ed the amount show	n in line 26a. Do no	t file	
	this list with your return. Enter the total of all these excess	amounts			▶ <u>26b</u>	
С	Total support for section 509(a)(1) test: Enter lin	e 24, column (e			▶ <u>1 26</u> c	70,431.00
d	Add: Amounts from column (e) for lines: $18 \frac{2}{100}$,640.00	19			2 640 00
	22		26b		▶ 26d	2,640.00
e	Public support (line 26c minus line 26d total)				266	00 77 0
	Public support percentage (line 26e (numera Organizations described on line 12: a For a					
27	person," prepare a list for your records to show	the name of, a	nd total amount	s received in ea	ich year from, e	ach "disqualified
	person." Do not file this list with your return.	Enter the sum o	f such amounts	for each year:	•	·
	(2001)(2000)		(1999)		(1998)	
b	For any amount included in line 17 that was rec					
	records to show the name of, and amount receive year or (2) \$5,000. (Include in the list organization	ed for each year,	that was more the	han the larger of	f (1) the amount	on line 25 for the
	your return. After computing the difference between	veen the amoun	t received and th	e larger amount	described in (1)	or (2), enter the
	sum of these differences (the excess amounts) f			J		
	(2001)(2000)		(1999)		(1998)	 .
~	Add: Amounts from column (e) for lines: 15		16			
·	17 20		21		> 27c	1
d	Add: Line 27a total an					
	Public support (line 27c total minus line 27d total					
f	Total support for section 509(a)(2) test: Enter ar	nount from line	23, column (e)	▶ 27f		
	Public support percentage (line 27e (numera					
h	Investment income percentage (line 18, column (e) (numer					
28	Unusual Grants: For an organization described prepare a list for your records to show, for each	i in line 10, 11, o	or 12 that receive	ed any unusual g or the date and	rants during 199 amount of the c	eo inrough 2001, brant, and a brief
	description of the nature of the grant. Do not fil	e this list with	your return. Do	not include thes	se grants in line	15.

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,	20		
	programs, and scholarships?	30		-
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		ļ
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		<u> </u>
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		-
f	Use of facilities?	33f		
g	Athletic programs?	33g		-
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		-
b	Has the organization's right to such aid ever been revoked or suspended?	34b	-	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		
	,			Ь

Par	Lobbying Expenditures by Elect (To be completed ONLY by an elig				e ins	tructions.)		
Chec	▶ a	oup. Check	k ▶ b ☐ if you	checked "a"	and "li	mited control*	provi	sions apply.
	Limits on Lobbyin	g Expenditure	s			(a) Affiliated gro totals	oup	(b) To be completed for ALL electing
	(The term "expenditures" means							organizations
36	Total lobbying expenditures to influence public of				36		 -∤	
37	Total lobbying expenditures to influence a legisla	• •			37		\longrightarrow	-
38	Total lobbying expenditures (add lines 36 and 3				38		\longrightarrow	
39	Other exempt purpose expenditures				39			
40	Total exempt purpose expenditures (add lines 3				40		$-\!\!\!-\!\!\!\!+$	
41	Lobbying nontaxable amount. Enter the amount							
	If the amount on line 40 is — The lob! Not over \$500,000		le amount is —					
	Over \$500,000 but not over \$1,000,000 \$100,000						İ	
	Over \$1,000,000 but not over \$1,500,000 \$175,000			, }	41			
	Over \$1,500,000 but not over \$17,000,000 \$225,000							
	Over \$17,000,000 \$1,000,00	0						
42	Grassroots nontaxable amount (enter 25% of lin	ne 41)			42			
43	Subtract line 42 from line 36. Enter -0- if line 42	is more than lin	e 36		43			
44	Subtract line 41 from line 38. Enter -0- if line 41	is more than lin	e 38		44			
	Caution: If there is an amount on either line 43	or line 44. vou n	nust file Form 47	20.	-		ļ	
						L		
	(Some organizations that made a section		Under Section		of the	a five colum	ne he	alow
	See the instructions for						113 50	310 11.
		I .	ying Expenditu				ng P	eriod
	Calendar year (or	(a)	(b)	(c)		(d)		(e)
	fiscal year beginning in) ▶	2002	2001	2000		1999		Total
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e)).					:		
<u>47</u>	Total lobbying expenditures							-
48	Grassroots nontaxable amount							
49	Grassroots ceiling amount (150% of line 48(e))	: :						
50	Grassroots lobbying expenditures			1				
	t VI-B Lobbying Activity by Nonelectin	g Public Cha	rities	<u>. </u>				
<u></u>	(For reporting only by organization			√I-A) (See	page	e 11 of the	instr	uctions.)
Duri	ng the year, did the organization attempt to influe							<u> </u>
	ppt to influence public opinion on a legislative m				3	res	No	Amount
а	Volunteers							
b	Paid staff or management (Include compensation	on in expenses r	eported on lines	c through I	า.)			
С	Media advertisements							
d	Mailings to members, legislators, or the public .							
	Publications, or published or broadcast stateme							
	Grants to other organizations for lobbying purpo							
g	Direct contact with legislators, their staffs, gove		_	-				
	Rallies, demonstrations, seminars, conventions	•	· ·					
i	Total lobbying expenditures (Add lines c through	•						L
	If "Yes" to any of the above, also attach a stater	nent giving a de	taried description	n of the lobb	bying	activities.		·

Part VII

Do-4 1/1	I Information	Pogardine Terr	ofore To and Transaction	and Deletionships 14741 At	-34-11 ÷	rage 0
Part VI			of the instructions.)	s and Relationships With Noncha	iritable E	xempt
501	(c) of the Code (o	ther than section 50	1(c)(3) organizations) or in se	following with any other organization dection 527, relating to political organizati	escribed in	section
a Tra	nsfers from the re	porting organization	to a noncharitable exempt org	ganization of:		es No
(i)	Cash			·	51a(i)	X
(ii)	Other assets			• • • • • • • • • • • • • • • • • • • •	a(ii)	X
b Oth	er transactions:					
(i)	Sales or exchan	ges of assets with a	noncharitable exempt organiz	zation	b(i)	X
(ii) Purchases of assets from a noncharitable exempt organization						
(iii)					b(iii)	X
(iv)					b(iv)	X
(v)					b(v)	X
(vi)				s		X
c Sha				loyees	С	X
				ule. Column (b) should always show the		et value
of t	he goods, other as	sets, or services giv	ven by the reporting organization	on. If the organization received less that e of the goods, other assets, or service	n fair mark	et value
(a)	(b)		(c)	(d)		
Line no.	Amount involved	Name of noncr	naritable exempt organization	Description of transfers, transactions, and sha	aring arrangen	nents
			 			
						
-						
			 			
						
des	cribed in section 5		other than section 501(c)(3)) o	or more tax-exempt organizations r in section 527?	☐ Yes	X No
	Name of organi	zation	Type of organization	Description of relationship		
		·				
						D EZV 2003
			\	Schedule A (F	orm 990 or 99	90-EZ) 2002