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Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning 7/01, 2011, and ending 6/30, 20 12

▶ Do not send to the IRS. Keep for your records.

▶ See instructions on back.

OMB No. 1545-1878

2011

Name of exempt organization: COMMUNITY HOUSING PARTNERSHIP

Employer identification number: 62-1572386

Name and title of officer: STEPHEN MURRAY
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ [X]	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	901,216
2a Form 990-EZ check here ▶ [ ]	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ [ ]	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ [ ]	b Tax based on investment income(Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ [ ]	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize MCKERLEY & NOONAN, PC, CPA (ERO firm name) to enter my PIN 12345 as my signature (Enter five numbers, but do not enter all zeros)

on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ COPY Date ▶ 12/31/12

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62570912345
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Date ▶

ERO Must Retain This Form—See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2011)

DAA

2⁄3650 01/09/2013 8:33 AM

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
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07/01/11, and ending 06/30/12

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: COMMUNITY HOUSING PARTNERSHIP

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 129 W. FOWLKES STREET, SUITE 128 — Room/suite

City or town, state or country, and ZIP + 4: FRANKLIN TN 37064

D Employer identification number: 62-1572386

E Telephone number: 615-790-5556

G Gross receipts $ 901,216

F Name and address of principal officer:
STEPHEN MURRAY
129 W. FOWLKES STREET, SUITE 128
FRANKLIN TN 37064

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.COMMUNITYHOUSING.INFO

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1994 M State of legal domicile: TN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	4
6 Total number of volunteers (estimate if necessary)	6	700
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	254,569	585,653
9 Program service revenue (Part VIII, line 2g)	201,863	219,949
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,287	11,456
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,444	84,158
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	467,163	901,216
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	167,487	196,760
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	231,926	274,162
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	399,413	470,922
19 Revenue less expenses. Subtract line 18 from line 12	67,750	430,294

Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,975,137	2,481,637
21 Total liabilities (Part X, line 26)	712,155	788,360
22 Net assets or fund balances. Subtract line 21 from line 20	1,262,982	1,693,277

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
▶ Signature of officer — Date 12/31/2012
COPY
▶ STEPHEN MURRAY EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MICHAEL MCKERLEY		01/09/13		P00037316

Firm's name ▶ MCKERLEY & NOONAN, PC, CPA — Firm's EIN ▶

Firm's address ▶ 104 WOODMONT BLVD STE 120, NASHVILLE, TN 37205-2311 — Phone no. 615-279-0088

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.
DAA

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

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

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 services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 $ 396,272 including grants of $) (Revenue $)

TO PROVIDE AFFORDABLE HOUSING TO LOW TO MODERATE INCOME FAMILIES OF WILLIAMSON COUNTY, TN.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 396,272

Part IV Checklist of Required Schedules

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		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, Parts III and IV	16		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 (see instructions)	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? If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**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		X
b	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 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	16			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
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				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ TN

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 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

FRANKLIN TN 37064 615-790-5556

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

Check if Schedule O contains a response to any question in this Part VII ☐

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.

- 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, if any. See instructions for definition of "key employee."
- 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.

☐ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) GLEN CASADA BRD DIRECTOR	1.00	X						0	0	0
(2) GAYLE MOYER-HARRIS BRD DIRECTOR	1.00	X						0	0	0
(3) JOHN HAYS BRD DIRECTOR	1.00	X						0	0	0
(4) RYAN MCWATERS BRD DIRECTOR	1.00	X						0	0	0
(5) CHRIS GRAHAM BRD DIRECTOR	1.00	X						0	0	0
(6) KEVIN RIGGS BRD DIRECTOR	1.00	X						0	0	0
(7) LANE RHODES BRD DIRECTOR	1.00	X						0	0	0
(8) MACK GARVIN BRD DIRECTOR	1.00	X						0	0	0
(9) JOHN HAYNES BRD DIRECTOR	1.00	X						0	0	0
(10) ROBERT IANNACONE BRD DIRECTOR	1.00	X						0	0	0
(11) MARY SCOTT BRD DIRECTOR	1.00	X						0	0	0
(12) MORT STEIN BRD DIRECTOR	1.00	X						0	0	0
(13) BEVERLY TOTTY BRD DIRECTOR	1.00	X						0	0	0
(14) RAY WHITE BRD DIRECTOR	1.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) KEITH ALLEN BRD DIRECTOR	1.00	X						0	0	0
(16) STEPHEN MURRAY EXEC DIRECT	40.00			X				74,374	0	3,593
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total ▶								74,374		3,593
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								74,374		3,593

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e 483,166				
f All other contributions, gifts, grants, and similar amounts not included above	1f 102,487				
g Noncash contributions included in lines 1a-1f: $ 32,841					
h Total. Add lines 1a–1f ▶		585,653			
Program Service Revenue	Busn. Code				
2a RENTAL INCOME		200,838	200,838		
b GAIN-SALE OF REHAB PROP		19,111			19,111
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a–2f ▶		219,949			
3 Investment income (including dividends, interest, and other similar amounts) ▶		11,456			11,456
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
	(i) Real / (ii) Personal				
6a Gross rents					
b Less: rental exps.					
c Rental inc. or (loss)					
d Net rental income or (loss) ▶					
7a Gross amount from sales of assets other than inventory	(i) Securities / (ii) Other				
b Less: cost or other basis & sales exps.					
c Gain or (loss)					
d Net gain or (loss) ▶					
Other Revenue					
8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events ▶					
9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Busn. Code				
11a OTHER INCOME		84,158			84,158
b					
c					
d All other revenue					
e Total. Add lines 11a–11d ▶		84,158			
12 Total revenue. See instructions. ▶		901,216	200,838	0	114,725

Part IX Statement of Functional Expenses

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).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in 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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	75,443	61,109	14,334	
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	102,668	83,161	19,507	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,122	4,149	973	
9 Other employee benefits	176	143	33	
10 Payroll taxes	13,351	10,814	2,537	
11 Fees for services (non-employees):				
a Management				
b Legal	1,370		1,370	
c Accounting	7,200		7,200	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,724		1,724	
12 Advertising and promotion				
13 Office expenses	10,671	8,644	2,027	
14 Information technology				
15 Royalties				
16 Occupancy	55,640	51,686	3,954	
17 Travel	3,679	2,980	699	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,962	4,829	1,133	
20 Interest	23,970	23,970		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,237	52,842	12,395	
23 Insurance	19,059	14,080	4,979	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNITY REHAB EXP	54,343	54,343		
b PROPERTY TAXES	10,790	10,790		
c OTHER EXPENSES	9,394	7,609	1,785	
d BAD DEBT	3,900	3,900		
e All other expenses	1,223	1,223		
25 Total functional expenses. Add lines 1 through 24e	470,922	396,272	74,650	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		107,677	1	66,331
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		55,000	3	55,000
	4	Accounts receivable, net		10,561	4	17,907
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net		155,646	7	161,426
	8	Inventories for sale or use		245,917	8	261,515
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,374,482			
	b	Less: accumulated depreciation	10b 596,426	1,292,890	10c	1,778,056
	11	Investments—publicly traded securities		107,446	11	141,402
	12	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 line 34)		1,975,137	16	2,481,637
Liabilities	17	Accounts payable and accrued expenses		12,337	17	16,916
	18	Grants payable		132,861	18	20,655
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		557,752	23	740,659
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		9,205	25	10,130
	26	**Total liabilities.** Add lines 17 through 25		712,155	26	788,360
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,262,982	27	1,638,277
	28	Temporarily restricted net assets			28	55,000
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,262,982	33	1,693,277
	34	Total liabilities and net assets/fund balances		1,975,137	34	2,481,637

Part XI **Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	901,216
2	Total expenses (must equal Part IX, column (A), line 25)	2	470,922
3	Revenue less expenses. Subtract line 2 from line 1	3	430,294
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,262,982
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,693,277

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other ____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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		X
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		

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

2011

Open to Public Inspection

Name of the organization: COMMUNITY HOUSING PARTNERSHIP

Employer identification number: 62-1572386

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of support
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	143,607	160,261	541,305	254,569	585,653	1,685,395
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	143,607	160,261	541,305	254,569	585,653	1,685,395
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)						
6 **Public support.** Subtract line 5 from line 4						1,685,395

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	143,607	160,261	541,305	254,569	585,653	1,685,395
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,204	8,164	6,928	14,861	11,456	43,613
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			38,653	6,444	103,269	148,366
11 **Total support.** Add lines 7 through 10						1,877,374

12 Gross receipts from related activities, etc. (see instructions) 12 | 200,838

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 | 89.77 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 15 | 92.36 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test—2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | 15 | %

16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f)) | 17 | %

18 Investment income percentage from **2010** Schedule A, Part III, line 17 | 18 | %

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME	$	129,255
GAIN ON SALE OF REHAB PROP	$	19,111

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization: COMMUNITY HOUSING PARTNERSHIP

Employer identification number: 62-1572386

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(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? ☐ Yes ☐ No

6 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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $

8 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

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 ▶ $

2 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ .... %

b Permanent endowment ▶ .... %

c Temporarily restricted endowment ▶ .... %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		203,493		203,493
b Buildings		2,136,299	570,832	1,565,467
c Leasehold improvements				
d Equipment		10,183	5,529	4,654
e Other		24,507	20,065	4,442
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				1,778,056

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TENANT DEPOSITS	6,200
(3) PAYROLL LIABILITIES	3,930
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,130

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	901,216
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	470,922
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	430,294
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	1
9	Total adjustments (net). Add lines 4 through 8	9	1
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	430,295

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	901,216
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	901,216
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	901,216

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	470,921
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	470,921
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	1		
c	Add lines 4a and 4b			4c	1
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	470,922

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION HAS ADOPTED THE GUIDANCE IN ASC 740 ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. FOR ALL TAX POSITIONS TAKEN BY THE ORGANIZATION, MANAGEMENT BELIEVES IT IS CLEAR THAT THE LIKELIHOOD IS GREATER THAN 50 PERCENT THAT THE FULL AMOUNT OF THE TAX POSITIONS TAKEN WILL BE ULTIMATELY REALIZED. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR

Part XIV Supplemental Information (continued)

YEARS BEFORE 2009. THE ORGANIZATION INCURRED NO INTEREST OR PENALTIES

DURING THE YEAR ENDED JUNE 30, 2012

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

BOOK / TAX DEPRECIATION DIFFERENCE $ 1

PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

BOOK / TAX DEPRECIATION DIFFERENCE $ 1

PART XIV - SUPPLEMENTAL FINANCIAL INFORMATION

AT TIME OF TAX PREPARATION, THE AUDIT HAD NOT BEEN ISSUED TO THE

ORGANZATION.

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

2011

Open To Public Inspection

Name of the organization: COMMUNITY HOUSING PARTNERSHIP

Employer identification number: 62-1572386

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (IMPUTED INTER)	X	5	32,841	
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

		Yes	No
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 used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization: COMMUNITY HOUSING PARTNERSHIP

Employer identification number: 62-1572386

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 11B - 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.

Name of the organization: COMMUNITY HOUSING PARTNERSHIP

Employer identification number: 62-1572386

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

UPON REQUEST.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2011

Attachment Sequence No. 179

Name(s) shown on return: COMMUNITY HOUSING PARTNERSHIP

Identifying number: 62-1572386

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	65,236

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

(a) Classification of property	(b)	(c)	(d)	(e)	(f)	(g)
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	65,236
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Forms 990 / 990-PF

Other Notes and Loans Receivable

2011

For calendar year 2011, or tax year beginning 07/01/11 , and ending 06/30/12

Name: COMMUNITY HOUSING PARTNERSHIP

Employer Identification Number: 62-1572386

FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION

	Name of borrower	Relationship to disqualified person
(1)	N/R - FORMER EMPLOYEE	
(2)	N/R - PROPERTY SALES	
(3)	OTHER RECEIVABLES	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)		2,358		
(2)		144,954	152,202	
(3)		8,334	9,224	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Totals		155,646	161,426	

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Forms 990 / 990-PF	Mortgages and Other Notes Payable For calendar year 2011, or tax year beginning 07/01/11 , and ending 06/30/12	2011

Name	Employer Identification Number
COMMUNITY HOUSING PARTNERSHIP	62-1572386

FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION

	Name of lender	Relationship to disqualified person
(1)	AVENUE BANK	
(2)	TN COMMERCE BANK	
(3)	TN COMMERCE BANK	
(4)	REGIONS-LOC	
(5)	US BANK LOC	
(6)	RELIANT BANK	
(7)	RELIANT BANK	
(8)	FRANKLIN SYNERGY	
(9)	RELIANT BANK	
(10)	RELIANT BANK	

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	210,000	08/31/09	08/31/14	ANNUAL PRINCIPAL REDUCTION	
(2)	110,173	04/14/07	04/14/09	MONTHLY INSTALLMENTS	
(3)	278,826	02/28/07	03/05/12	MONTHLY INSTALLMENT	
(4)	50,567	02/16/11	02/16/12	DEMAND	5.100
(5)	100,000	07/09/09	07/09/12	DEMAND	
(6)	40,000	03/26/12	05/26/27	DEMAND OR 183 MONTHS	5.000
(7)	42,000	05/15/12	08/15/27	DEMAND OR 183 MONTHGS	6.000
(8)	200,932	06/08/12	06/08/17	60 MONTHS	0.000
(9)	100,000	12/20/11	12/20/12	DEMAND OR 12 MONTHS	
(10)	38,580	11/18/11	03/01/27	DEMAND OR 180 MONTHS	5.000

	Security provided by borrower	Purpose of loan
(1)	REAL PROPERTY	PURCHASE PROPERTY
(2)	REAL PROPERTY	PURCHASE PROPERTY
(3)	REAL PROPERTY	PURCHASE PROPERTY
(4)		REVOLVING LINE OF CREDIT
(5)	MORTGAGE/DEED OF TRUST DATED 7/9/08	REVOLVING LINE OF CREDIT
(6)	4007 KELSEY WAY	PURCHASE REHAB HOME
(7)	528 WESTMINSTER DRIVE	PURCHASE REHAB HOME
(8)	REAL PROPERTY	REFINANCE
(9)	256 NATCHEZ STREET	PURCHASE REHAB HOME
(10)	2505 PENNY LANE	PURCHASE REHAB HOME

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		184,326	170,322
(2)		65,179	
(3)		168,968	
(4)		50,567	74,432
(5)		88,712	85,292
(6)			39,786
(7)			41,865
(8)			200,932
(9)			90,664
(10)			37,366
Totals		557,752	740,659

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62-1572386

Federal Asset Report

FYE: 6/30/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	Land	6/30/00	71,671				71,671	0	--	Land	0	0
2	Edgewood Triplex	6/30/00	106,623				106,623	25	MO	S/L	55,444	4,265
3	Fairview Duplex	7/01/98	100,647				100,647	25	MO	S/L	52,337	4,025
4	Executive House	7/01/98	28,842				28,842	25	MO	S/L	14,998	1,153
5	Pleasant Hills	7/01/98	776,319				776,319	30	MO	S/L	328,419	25,877
6	Furniture and Fixtures	6/30/04	16,402				16,402	7	MO	S/L	16,402	0
7	Computers and Equipment	3/01/08	2,854				2,854	3	MO	S/L	2,854	0
8	Chestnut Lane	8/01/02	116,004				116,004	30	MO	S/L	34,801	3,867
11	Fire Proof Filing Cabinet	5/10/09	1,734				1,734	7	MO	S/L	537	247
12	Fairview Duplex Repairs	11/12/08	2,278				2,278	30	MO	S/L	202	76
13	Carpet for 252 Chestnut	6/01/09	3,000				3,000	7	MO	S/L	893	428
14	Flooring on 265 Chestnut	11/16/08	2,353				2,353	7	MO	S/L	868	337
17	Computer	6/30/09	605				605	5	MO	S/L	242	121
18	Dryer for Pleasant Hills #8	6/30/09	339				339	7	MO	S/L	97	49
19	Land - Scruggs Property	8/01/09	85,106				85,106	0	--	Land	0	0
20	Scrugss Property	2/18/10	482,270				482,270	30	MO	S/L	21,434	16,076
21	Refrigerator for 258 Chestnut	12/02/09	450				450	7	MO	S/L	102	64
23	HP Computer	12/01/09	930				930	5	MO	S/L	295	186
24	Computer	12/29/09	850				850	5	MO	S/L	255	170
25	Computer - In Kind Donation	6/30/09	1,000				1,000	5	MO	S/L	400	200
26	HVAC System-5220 11th	7/06/10	3,600				3,600	10	MO	S/L	360	360
27	Range - 735 c mnt hope st	10/08/10	344				344	7	MO	S/L	37	49
28	Flooring - Bathroom - 731 A. Mt. Hope	6/17/11	11,975				11,975	15	MO	S/L	0	798
29	Laminate Flooring-254 Chestnut	12/16/10	3,125				3,125	15	MO	S/L	104	209
30	Laminate Flooring - 256 Chestnut	2/24/11	4,530				4,530	15	MO	S/L	101	302
31	Dishwasher - 258 Chestnut	4/06/11	229				229	7	MO	S/L	8	33
32	Land - 628 Westminster	5/15/12	18,574				18,574	0	--	Land	0	0
34	Land-2505 Penny Lane	11/18/11	13,851				13,851	0	--	Land	0	0
35	Land- 4007 Kelsey	3/26/12	14,111				14,111	0	--	Land	0	0
36	628 Westminster	5/15/12	168,784				168,784	27	MO	S/L	0	1,023
37	2505 Penny Lane	11/18/11	124,654				124,654	27	MO	S/L	0	2,644
38	4007 kelsey Way	3/26/12	126,998				126,998	27	MO	S/L	0	1,155
39	613 Hillsboro Rd #B23	12/22/11	65,028				65,028	27	MO	S/L	0	1,182
40	613 Hillsboro #D24	12/22/11	17,027				17,027	27	MO	S/L	0	310
41	Scruggs Handycap Rail Add'n	10/01/11	1,195				1,195	29	MO	S/L	0	30
	Total Other Depreciation		2,374,302				2,374,302				531,190	65,236
	Total ACRS and Other Depreciation		2,374,302				2,374,302				531,190	65,236
	Grand Totals		2,374,302				2,374,302				531,190	65,236
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		2,374,302				2,374,302				531,190	65,236

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FYE: 6/30/2012

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	Land	6/30/00	0				0	0	HY		0	0
2	Edgewood Triplex	6/30/00	106,623				106,623	25	MO	S/L	12,795	4,265
3	Fairview Duplex	7/01/98	100,647				100,647	25	MO	S/L	37,135	4,026
4	Executive House	7/01/98	28,842				28,842	25	MO	S/L	10,641	1,154
5	Pleasant Hills	7/01/98	776,319				776,319	30	MO	S/L	270,903	25,877
6	Furniture and Fixtures	6/30/04	16,402				16,402	7	MO	S/L	16,402	0
7	Computers and Equipment	3/01/08	2,854				2,854	3	MO	S/L	2,854	0
8	Chestnut Lane	8/01/02	116,004				116,004	30	MO	S/L	29,075	3,867
11	Fire Proof Filing Cabinet	5/10/09	1,734				1,734	7	MO	S/L	537	247
12	Fairview Duplex Repairs	11/12/08	2,278				2,278	30	MO	S/L	202	76
13	Carpet for 252 Chestnut	6/01/09	3,000				3,000	7	MO	S/L	893	428
14	Flooring on 265 Chestnut	11/16/08	2,353				2,353	7	MO	S/L	868	337
17	Computer	6/30/09	0				0	0	HY		0	0
18	Dryer for Pleasant Hills #8	6/30/09	0				0	0	HY		0	0
19	Land - Scruggs Property	8/01/09	0				0	0	HY		0	0
20	Scrugss Property	2/18/10	0				0	0	HY		0	0
21	Refrigerator for 258 Chestnut	12/02/09	0				0	0	HY		0	0
23	HP Computer	12/01/09	0				0	0	HY		0	0
24	Computer	12/29/09	0				0	0	HY		0	0
25	Computer - In Kind Donation	6/30/09	0				0	0	HY		0	0
26	HVAC System-5220 11th	7/06/10	0				0	0	HY		0	0
27	Range - 735 c mnt hope st	10/08/10	0				0	0	HY		0	0
28	Flooring - Bathroom - 731 A. Mt. Hope	6/17/11	0				0	0	HY		0	0
29	Laminate Flooring-254 Chestnut	12/16/10	0				0	0	HY		0	0
30	Laminate Flooring - 256 Chestnut	2/24/11	0				0	0	HY		0	0
31	Dishwasher - 258 Chestnut	4/06/11	0				0	0	HY		0	0
32	Land - 628 Westminster	5/15/12	0				0	0	HY		0	0
34	Land-2505 Penny Lane	11/18/11	0				0	0	HY		0	0
35	Land- 4007 Kelsey	3/26/12	0				0	0	HY		0	0
36	628 Westminster	5/15/12	0				0	0	HY		0	0
37	2505 Penny Lane	11/18/11	0				0	0	HY		0	0
38	4007 kelsey Way	3/26/12	0				0	0	HY		0	0
39	613 Hillsboro Rd #B23	12/22/11	0				0	0	HY		0	0
40	613 Hillsboro #D24	12/22/11	0				0	0	HY		0	0
41	Scruggs Handycap Rail Add'n	10/01/11	0				0	0	HY		0	0
	Total Other Depreciation		1,157,056				1,157,056				382,305	40,277
	Total ACRS and Other Depreciation		1,157,056				1,157,056				382,305	40,277
	Grand Totals		1,157,056				1,157,056				382,305	40,277
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		1,157,056				1,157,056				382,305	40,277

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
			There are no assets that meet the criteria of this report			

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Future Depreciation Report FYE: 6/30/13

FYE: 6/30/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Land	6/30/00	71,671	0	0
2	Edgewood Triplex	6/30/00	106,623	4,265	4,265
3	Fairview Duplex	7/01/98	100,647	4,026	4,025
4	Executive House	7/01/98	28,842	1,154	1,154
5	Pleasant Hills	7/01/98	776,319	25,878	25,878
6	Furniture and Fixtures	6/30/04	16,402	0	0
7	Computers and Equipment	3/01/08	2,854	0	0
8	Chestnut Lane	8/01/02	116,004	3,867	3,867
11	Fire Proof Filing Cabinet	5/10/09	1,734	248	248
12	Fairview Duplex Repairs	11/12/08	2,278	76	76
13	Carpet for 252 Chestnut	6/01/09	3,000	429	429
14	Flooring on 265 Chestnut	11/16/08	2,353	336	336
17	Computer	6/30/09	605	121	0
18	Dryer for Pleasant Hills #8	6/30/09	339	48	0
19	Land - Scruggs Property	8/01/09	85,106	0	0
20	Scrugss Property	2/18/10	482,270	16,076	0
21	Refrigerator for 258 Chestnut	12/02/09	450	64	0
23	HP Computer	12/01/09	930	186	0
24	Computer	12/29/09	850	170	0
25	Computer - In Kind Donation	6/30/09	1,000	200	0
26	HVAC System-5220 11th	7/06/10	3,600	360	0
27	Range - 735 c mnt hope st	10/08/10	344	49	0
28	Flooring - Bathroom - 731 A. Mt. Hope	6/17/11	11,975	799	0
29	Laminate Flooring-254 Chestnut	12/16/10	3,125	208	0
30	Laminate Flooring - 256 Chestnut	2/24/11	4,530	302	0
31	Dishwasher - 258 Chestnut	4/06/11	229	33	0
32	Land - 628 Westminster	5/15/12	18,574	0	0
34	Land-2505 Penny Lane	11/18/11	13,851	0	0
35	Land- 4007 Kelsey	3/26/12	14,111	0	0
36	628 Westminster	5/15/12	168,784	6,138	0
37	2505 Penny Lane	11/18/11	124,654	4,533	0
38	4007 kelsey Way	3/26/12	126,998	4,618	0
39	613 Hillsboro Rd #B23	12/22/11	65,028	2,365	0
40	613 Hillsboro #D24	12/22/11	17,027	619	0
41	Scruggs Handycap Rail Add'n	10/01/11	1,195	41	0
	Total Other Depreciation		2,374,302	77,209	40,278
	Total ACRS and Other Depreciation		2,374,302	77,209	40,278
	Grand Totals		2,374,302	77,209	40,278

Federal Statements

Tax-Exempt Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	InState Muni ($ or %)
INTEREST INCOME	$ 7,500		14			
TOTAL	$ 7,500					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	$ 1,724	$	$ 1,724	$
TOTAL	$ 1,724	$ 0	$ 1,724	$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
SCHOLARSHIPS	$ 1,223	$ 1,223	$	$
TOTAL	$ 1,223	$ 1,223	$ 0	$ 0

Schedule A, Part II, Line 1(e)

Description	Amount
FEMA	$ 2,212
FRANKLIN SYNERGY-IMPUTED INTEREST	837
RELIANT BANK-IMPUTED INTEREST	2,267
OTHER CONTRIBUTIONS	9,786
MIDDLE TENNESSEE ELECTRIC	
CASH CONTRIBUTION	10,000
UNITED WAY-WILLIAMSON COUNTY	
CASH CONTRIBUTION	55,000
CITY OF FRANKLIN	
CASH CONTRIBUTION	14,270
WILLIAMSON COUNTY	
CASH CONTRIBUTION	38,131
OFFICE SPACE	10,140
TN HOUSING DEVELOPMENT AGENCY	
CASH CONTRIBUTION	418,413
US BANCORP FOUNDATION	
CASH CONTRIBUTION	5,000
IMPUTED INTEREST ON LOAN	10,731
AVENUE BANK	
IMPUTED INTEREST ON LOAN	8,866
TOTAL	$ 585,653

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	$ 7,500
UNREALIZED GAIN ON INVESTMENT	3,956
TOTAL	$ 11,456

Federal Statements

Schedule A, Part II, Line 12

Description	Amount
RENTAL INCOME	$ 200,838
TOTAL	$ 200,838