Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For th	he 2007 ca	alendar year, or tax year beginning $rac{ extsf{JULY}}{ extsf{JULY}}$, 2007, and end	ling Jui	ne s	30 , 2008
В	Check if	applicable:	Please C Name of organization			yer identification number
	Address	s change	use IRS COMMUNITY HOUSING PARTNERSHIP			572386
	Name c	change	type			one number
	Initial re	eturn	See 129 W. FOWLKES STREET, SUITE 128	6	<u> 15.</u>	790.5556
	Termina	ation	Specific Instruction City or town, state or country, and ZIP + 4	F	Accounti	ng method: Cash 🔀 Accrual
	Amende	ed return	tions. FRANKLIN, TN 37064		☐ Ott	her (specify) ►
	Applicati	ion pending				to section 527 organizations.
			·			n for affiliates? 🔲 Yes 🔀 No
G	Websit	te: ▶				er of affiliates >
	Organi	ization huna	(check only one) ► 🗵 501(c) (3) ◄ (insert no.) 🗌 4947(a)(1) or 🔲 527) Are all affiliat		
				ii No, attac I) Is this a separa		See instructions.)
K			if the organization is not a 509(a)(3) supporting organization and its gross ly not more than \$25,000. A return is not required, but if the organization chooses			y a group ruling? 🔲 Yes 🔯 No
			sure to file a complete return.	Group Exemp		· · · · · · · · · · · · · · · · · · ·
_		•	<u>`</u> _			the organization is not required
L	Gross	receipts: A	Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 326, 702			om 990, 990-EZ, or 990-PF).
P	art I	Reven	ue, Expenses, and Changes in Net Assets or Fund Balance			
	1		rtions, gifts, grants, and similar amounts received:	•	119 1	
	1		itions to donor advised funds			
	b		ublic support (not included on line 1a)	25,271		
	C	•	public support (not included on line 1a) 1c	60,000		
	d		nent contributions (grants) (not included on line 1a) 1d	58,336		
	l e		dd lines 1a through 1d) (cash \$ noncash \$) .	1e	143,607
	2		service revenue including government fees and contracts (from Part VII,		2	166,828
	3	-	ship dues and assessments	3	100,020	
	4		on savings and temporary cash investments	4	2,204	
	5		2,201			
			Is and interest from securities		5	
	6a					
	1		ntal expenses		6c	0
			vestment income (describe	;	7	<u> </u>
Revenue			(A) Securities (B) Oth	ner		
š	Ва		mount from sales of assets other			
ď		than inv	entory		3.5	
	1		or sales base superiors.	0		
			(1035) (attach schedule)		8d	0
	ł	•	or (loss). Combine line 8c, columns (A) and (B)		- Ou	<u>~</u>
	9	•	vents and activities (attach schedule). If any amount is from gaming, check he	le 🖊 🗀	110	
	a		evenue (not including \$ of tions reported on line 1b) 9a			
			uona reported on line 10/		31 =	
			tool experience state, taken tameraming experience :		9c	0
	C		me or (loss) from special events. Subtract line 9b from line 9a ales of inventory, less returns and allowances 10a	• • •	-	
	10a		101			
	b		ost of goods sold	ne 10a	10c	0
	11	•	evenue (from Part VII, line 103)	1	11	14,063
	12		venue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	326,702
_	13		services (from line 44, column (B))		13	296,109
8	13	•	ment and general (from line 44, column (C))		14	30,147
Expenses	14	_	sing (from line 44, column (D))		15	<u> </u>
XD	15 16		ts to affiliates (attach schedule)		16	
ш	17		openses. Add lines 16 and 44, column (A)		17	326,256
	+		or (deficit) for the year. Subtract line 17 from line 12		18	446
Net Assets	19		ets or fund balances at beginning of year (from line 73, column (A)).		19	645,149
As	20	Other ch	nanges in net assets or fund balances (attach explanation)		20	
e e	21		of fund halances at end of year. Combine lines 18, 19, and 20		21	645,595

	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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ noncash \$)					
	If this amount includes foreign grants, check here $ ightharpoonup$	22a	0			
22b	Other grants and allocations (attach schedule)					
	(cash \$)					
	If this amount includes foreign grants, check here 🕨 🗌	22b	0			
23	Specific assistance to individuals (attach schedule)	23	0			
24	Benefits paid to or for members (attach schedule)	24	0			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	0			
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0			
С	Compensation and other distributions, not					
•	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons	25-	0			
	described in section 4958(c)(3)(B)	25c				İ
26	Salaries and wages of employees not included on lines 25a, b, and c	26	108,569	90,569	18,000	
27	Pension plan contributions not included on lines 25a, b, and c	27	5,805	5,372	433	
28	Employee benefits not included on lines		2 517	2 517		
	25a – 27	28	3,517 8,754	3,517 7,377	1,377	
29	Payroll taxes	30	0,734	7,517	1,311	
30	Professional fundraising fees	31	1,500		1,500	
31 32	Accounting fees	32	0			
32 33	Legal fees	33	7,809	5,445	2,364	
34	Telephone	34	0			
35	Postage and shipping	35	0			
36	Occupancy	36	10,978	10,978		
37	Equipment rental and maintenance	37	77,104	77,104		
38	Printing and publications	38	0			
39	Travel	39	4,285	4,285		
40	Conferences, conventions, and meetings	40	2,955	1,755	1,200	
41	Interest	41	38,672	38,672		
42	Depreciation, depletion, etc. (attach schedule)	42	43,153	40,880	2,273	
43	Other expenses not covered above (itemize):					
а	Professional services	43a	1,495	1,495	0.000	
b	Insurance	43b	9,577	7,577	2,000	
C	Miscellaneous	43c	2,083	1,083	1,000	
d		43d	0			
e		43e 43f	0	-		
f		43g				
g		709				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines		226 256	206 100	30,147	
	13–15)	44	326, 256	296,109	50,147	
Join	Costs. Check ► 🖾 if you are following SOP	98-2.	lealaina aallaluada.	connected in IPAP	aram conjecc?	► □Vac Whi
Are a	ny joint costs from a combined educational campaign s," enter (i) the aggregate amount of these joint costs	and fund	naising solicitation f	eported in (B) Proj	gram services? !	- LIES KAIN

Part III	Statement of Progr	ram Service Accom	plishments (See t	the instructions.)
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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.

All of o	What is the organization's primary exempt purpose? ► RENT HOUSING TO LOW II organizations must describe their exempt purpose achievements in a clear and concise manner of clients served, publications issued, etc. Discuss achievements that are not measurable. (Sect	er. State the number ion 501(c)(3) and (4)	Brogram Service Expenses (Required for 501 (c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for
_	rganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and a a REHABILITATION OF HOUSES FOR THE PURPOSES OF PROVI		others.)
а	AFFORDABLE HOUSING TO LOW TO MODERATE INCOME FAMIL		
	(Grants and allocations \$) If this amount includes foreign gra	nts check here	296,109
b	<u> </u>		250,205
		•••••	
		••••	
		• • • • • • • • • • • • • • • • • • • •	
	(Grants and allocations \$) If this amount includes foreign gra	nts, check here 🕨 📋	
С	c		
		••••••	
		•••••	
	(Constant and allocations C		
d	(Grants and allocations \$) If this amount includes foreign gra	nts, check here	J
u	u		
	(Grants and allocations \$) If this amount includes foreign gra	nts, check here 🕨 🗀	ון
е	e Other program services (attach schedule)		
•	(Grants and allocations \$) If this amount includes foreign graft Total of Program Service Expenses (should equal line 44, column (B), Program service] 296,109
ŧ	i Tulai di Frugiani service Expenses (snoulo equal inte 44, colunni (D), Frugiani servic		Z 2 0 , 1 0 2

Form 990 (2007)

Рa	rt IV	Balance Sheets (See the instructions.)				
N	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year		
	45	Cash—non-interest-bearing			97,120	45	5,799
	46	Savings and temporary cash investments .				46	104,807
		, ,					
	47a	Accounts receivable	47a	16,351 11,078			
	b	Less: allowance for doubtful accounts .	47b		2,017	47c	5,273
			1 39	FF 000			
		Pledges receivable	48a	55,000	55 000		55,000
	!	Less: allowance for doubtful accounts .	48b		55,000	48C	33,000
	49	Grants receivable				43	
	50a	Receivables from current and former officers key employees (attach schedule)	· · · · · · · · · · · · · · · · · · ·		50a		
		Receivables from other disqualified persons (a		1			
	"	4958(f)(1)) and persons described in section 495		50b			
	51a	Other notes and loans receivable (attach	(0) (0001				
Assets	" "	schedule)	51a	743,510			
	b	Less: allowance for doubtful accounts	51b	0	481,023	51c	743,510
ä	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges .				53	
	54a	Investments—publicly-traded securities	.)	► □ Cost □ FMV		54a	
	b	Investments—other securities (attach schedu	le)	► ☐ Cost ☐ FMV		54b	
	55a	Investments—land, buildings, and				1	
		equipment: basis	55a			1	
	b	Less: accumulated depreciation (attach	556			550	0
		schedule)	55b			55c 56	
	56	Investments—other (attach schedule)	 57a	1,367,462	<u> </u>	36	
		Land, buildings, and equipment: basis .	3,4	2700.7102			
	b	Less: accumulated depreciation (attach schedule)	57b	392,191	1,008,876	57c	975,271
	58	Other assets, including program-related investigation			· · · · · · · · · · · · · · · · · · ·		
	"	(describe ►		58			
	59	Total assets (must equal line 74). Add lines	45 th	rough 58	1,644,036	59	1,889,660
	60	Accounts payable and accrued expenses .			3,941	1	14,170
	61	Grants payable			476 600	61	720 525
	62	Deferred revenue			476,690	62	739,535
_iabilities	63	Loans from officers, directors, trustees, and	key (employees (attach			}
Ħ		schedule)		T T		63	
ä		Tax-exempt bond liabilities (attach schedule)			513,856	64a	485,760
_		Mortgages and other notes payable (attach s Other liabilities (describe ► TENANT DI			4,400		4,600
	65	Other liabilities (describe - IENANI Di	- F.O.	1112)	4,400	03	4,000
	66	Total liabilities. Add lines 60 through 65 .		<u>.</u>	998,887	66	1,244,065
	Ora	anizations that follow SFAS 117, check here ▶	_	1			
w	O.g.	67 through 69 and lines 73 and 74.		and complete mile			
če	67	Unrestricted			590,149		590,595
lan	68	Temporarily restricted			55,000		55,000
Ва	69	Permanently restricted				69	
Fund Balances	Orga	anizations that do not follow SFAS 117, check	here	► and			
Ţ		complete lines 70 through 74.				70	
Net Assets or	70	Capital stock, trust principal, or current funds				71	
ets	71	Paid-in or capital surplus, or land, building, a	uipment fund .		72		
155	72	Retained earnings, endowment, accumulated	incor	ne, or other tunas		· -	-
et /	73	Total net assets or fund balances. Add line 70 through 72. (Column (A) must equal line	รธ <i>อก</i> 19 ลก	d column (B) must		·	
Ź		equal line 21)			645,149		645,595
	74	Total liabilities and net assets/fund balance			1,644,036	74	1,889,660

Pa	rt IV-A	Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	ents With Rev	enue pe	r Ret	urn (See the
	Total reve	enue, gains, and other support per audite	ed financial statements			а		326,702
b		included on line a but not on Part I, line			• • •			
1		alized gains on investments		b1				
2		services and use of facilities		b2				
3		es of prior year grants		b3				
4		ecify):			-	<i>ii</i> ,	İ	
				b4				
	Add lines	b1 through b4				b		0
С	Subtract	line b from line a				С		326,702
d	Amounts	included on Part I, line 12, but not on lir	ne a:					
1		nt expenses not included on Part I, line (6b	d1				
2	Other (sp	ecify):						
				d2				0
_		d1 and d2	· · · · · · · ·			d	-	326,702
e Pa	rt IV-B	enue (Part I, line 12). Add lines c and d Reconciliation of Expenses per Au				e per R	Returr	
а	Total exp	enses and losses per audited financial s	· · · · · · · · · · · · · · · · · · ·	· · · · ·		а		326,256
b	•	included on line a but not on Part I, line						
1	Donated	services and use of facilities		b1				
2	Prior yea	r adjustments reported on Part I, line 20		b2		1		
3		eported on Part I, line 20		b3				
4	Other (sp	ecify):				1		
				b4				0
		b1 through b4				<u>b</u>	 	326,256
С						С	 	320,230
ď		included on Part I, line 17, but not on lin		d1				
1	Other (sp	nt expenses not included on Part I, line		<u> </u>				
2	Other (sp			_{d2}				
	Add lines	d1 and d2				d		0
е		penses (Part I, line 17). Add lines c and	d			е		326,256
Pa		Current Officers, Directors, Trustees						director, trustee,
		or key employee at any time during the year	ar even if they were not o					1
		(A) Name and address	(B) Title and average hours per	(C) Compensation (If not paid, enter	(D) Contribut benefit pla	ions to ei ins & defi	mployee erred	(E) Expense account and other allowances
000	י ע שישיע ב	CHED LISTING	week devoted to position	-0)	compen	sation pla	ens	
251	- AllA	CHED FISHING		0			0	0
-								
	•••••							
			,					
- -				Ì				
				· · · · · · · · · · · · · · · · · · ·				
				1				
					·			
			.[
								

Pa	t V-A Current Officers, Directors, Trustees	, and Key Employe	es (continued)			Yes	No
75a	Enter the total number of officers, directors, and tru meetings	•	e on organization	business at board 6			
b	Are any officers, directors, trustees, or key employ employees listed in Schedule A, Part I, or high contractors listed in Schedule A, Part II-A or I relationships? If "Yes," attach a statement that identification of the statement of the statem	hest compensated pr I-B, related to each	rofessional and of other through factors	other independent amily or business	75b		X
С	Do any officers, directors, trustees, or key ecompensated employees listed in Schedule A, independent contractors listed in Schedule A, Forganizations, whether tax exempt or taxable, that the definition of "related organization."	employees listed in Part I, or highest co Part II-A or II-B, rece t are related to the or	Form 990, Par mpensated profe eive compensation ganization? See	t V-A, or highest essional and other on from any other the instructions for	75c		Х
	If "Yes," attach a statement that includes the infor Does the organization have a written conflict of in tV-B Former Officers, Directors, Trustees, and	mation described in the terest policy?	ne instructions.	<u></u>	75d		Х
	officer, director, trustee, or key employee re person below and enter the amount of compe	ceived compensation of	r other benefits (de	escribed below) during	the y	ear, lis	st that
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou) Exper int and lowance	other
NO!	NE		0	0			0
						_	
							-
Pai	t VI Other Information (See the instruction	s.)				Yes	No
76	Did the organization make a change in its activitied detailed statement of each change	es or methods of cond			76		Х
77	Were any changes made in the organizing or governormed copy of the changes.				77		X
78a	Did the organization have unrelated business growthis return?				78a		X
b	If "Yes," has it filed a tax return on Form 990-T for				78b		
79	Was there a liquidation, dissolution, termination, or a statement	r substantial contractio	on during the yea	r? If "Yes," attach	79	-:	Х
80a	Is the organization related (other than by associated common membership, governing bodies, trustee organization?	es, officers, etc., to	any other exem	pt or nonexempt	80a	- -	X
b	organization?						
81a b	Enter direct and indirect political expenditures. (Se Did the organization file Form 1120-POL for this y	e line 81 instructions.	.) . <u>[81a]</u>		81b		
					Form	990	(2007)

b I 6 (Other Information (continued) Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 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? Did the organization solicit any contributions or gifts that were not tax deductible?	82a 83a 83b	Yes	X
b I 6 (or at substantially less than fair rental value?	83a	ila i	X
á (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? Did the organization comply with the disclosure requirements relating to quid pro quo contributions?			
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83h	Χ	
		000	X	
	Did the diganization solicit any contributions of girls that were not tax deductible?	84a		X
ы	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
,	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
	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			1.5
	received a waiver for proxy tax owed for the prior year.	l v		
c i	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	1		
	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		
h l	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		19) 7 -
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a]	1	
b (Gross receipts, included on line 12, for public use of club facilities			1
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
ļ	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Part IX	88a	vi.	X
	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		Х
	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►		134 137 137	
(501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during 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		Х
ŗ	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			- (8) - (1)
	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶			
t	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	ļ	
f /	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	7.7	
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	W.T	
	List the states with which a copy of this return is filed ► NONE			
1 d	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)			
91a 1	The books are in care of ▶ Stephen Murray Telephone no. ▶ 615.79 Located at ▶ 129 W. Fowlkes, Suite 128 ZIP + 4 ▶ 37064	0.5	556	· · · · · · ·
b /	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	91b	. 03	X
	account)?	310		1 2 2
5	f "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part	VI Other Information (continued)						Yes	No
	At any time during the calendar year, did the If "Yes," enter the name of the foreign counts Section 4947(a)(1) nonexempt charitable trus	ry 🕨				91c		X
92	and enter the amount of tax-exempt interest	received or accru	un lieu or Form led during the ta	<i>i 1041—</i> ∪nec x year . .	k nere ▶ 92			
	VII Analysis of Income-Producing A							
Note:	Enter gross amounts unless otherwise	Unrelated I	ousiness income	Excluded by sect	ion 512, 513, or 514		(E)	
indica	•	(A)	(B)	(C)	(D)		elated opt fun	
93	Program service revenue:	Business code	Amount	Exclusion code	Amount		income	
а	Rent revenue					1	39,	183
b	Fees from property sales						27,	645
С								
d						}		
е						<u> </u>		
f	Medicare/Medicaid payments		_			<u> </u>		
g	Fees and contracts from government agencie	es	<u> </u>					
94	Membership dues and assessments							
95	Interest on savings and temporary cash investmen	nts						
96	Dividends and interest from securities							
97	Net rental income or (loss) from real estate:							
а	debt-financed property	<u> </u>				<u> </u>		
b	not debt-financed property							
98	Net rental income or (loss) from personal proper	ty	-					
99	Other investment income		<u></u>			<u> </u>		
100	Gain or (loss) from sales of assets other than inventor	ory				<u> </u>		
101	Net income or (loss) from special events .			<u> </u>	·	ļ		
102	Gross profit or (loss) from sales of inventory	/ 		ļ				
103	Other revenue: a Miscellaneous		-				14,	<u>063</u>
b		_				<u> </u>		
С			<u> </u>			-		
d				- 		1		
е		- 1,000		11.	0	+	0 0	891
104	Subtotal (add columns (B), (D), and (E))		··	<u>'l</u>		1	<u>.</u>	
105	Total (add line 104, columns (B), (D), and (E				·		. 8U,	<u>891</u>
Part	Line 105 plus line 1e, Part I, should equal the VIII Relationship of Activities to the A				an instructions	<u> </u>		
							-0-6-	
Line	No. Explain how each activity for which incor of the organization's exempt purposes (or				nportantly to the	accom	piisnii	ient
`				,				
							_	
								
-								
Part	IX Information Regarding Taxable Su	bsidiaries and D	isregarded Enti	ties (See the	instructions.)			
	(A)	(B)	(C)	,	(D)		(E)	
	Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of a	ctivities	Total income	=	id-of-yi assets	
		%.	<u>-</u>					
		%						
		%						
		%						
Part	X Information Regarding Transfers Ass	sociated with Per	sonal Benefit Co	ntracts (See I	the instructions.)			
(a) (b)	Did the organization, during the year, receive any funds Did the organization, during the year, pay pr	emiums, directly	or indirectly, on a	a personal benefi personal ben	t contract? efit contract?	_	es 🛭	
Note	e: If "Yes" to (b), file Form 8870 and Form 4	1/20 (see instruct	ions).	·		For	n 990	(2007)
								,

Part	is a controlling organization			ties. Complete d	only if the or	ganiz	ation
106	Did the reporting organization mathe Code? If "Yes," complete the	ake any transfers to a cor	ntrolled entity as defi	ned in section 51	2(b)(13) of	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description transfo		(D) Amount of		er
а		_					
b							
С		-					
	Totals					1	
107	Did the reporting organization red 512(b)(13) of the Code? If "Yes,"				on	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Descriptio transfe		(D) Amount of		er
а							
b							
С							
	Totals		4.000 · · · · · · · · · · · · · · · · · ·			1.4	
108	Did the organization have a bindi rents, royalties, and annuities des	_		06, covering the in	nterest,	Yes	No X
Pleas Sign Here	and belief, it is true, correctly and compose	I have examined this return, included Declaration of preparer (other Musical M	iding accompanying sched or than officer) is based on 「こんないれいに」	ules and statements, a all information of which the last of the la	and to the best of rich preparer has a	ny knov	vledge vledge
Paid Prepar	Preparer's signature	~ 17 Pools CM	1	nployed ► 🗵 410	arer's SSN or PTIN () – 11–061		. Inst. X)
Use Or	Firm's name (or yours JOHN F	R. POOLE, CPA ORTHLAKE DRIVE,	37075	EIN ► Phone no. ► 6	15.822.4		
					For	m 990	(2007)

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2007

Schedule A (Form 990 or 990-EZ) 2007

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

62-1572386 COMMUNITY HOUSING PARTNERSHIP Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (b) Title and average hours (a) Name and address of each employee paid more mployee benefit plans & account and other (c) Compensation per week devoted to position than \$50,000 deterred compensation allowances NONE Total number of other employees paid over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services 0 Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services . 0

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

Par	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 S (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		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?		X
b	Lending of money or other extension of credit?	-	X
С	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
е	Transfer of any part of its income or assets?		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	-	X
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 30		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 30		X
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	i	X
р	Did the organization make any taxable distributions under section 4966?		
С	Did the organization make a distribution to a donor, donor advisor, or related person?	:	X
d	Enter the total number of donor advised funds owned at the end of the tax year		0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		

Par	t IV	Reason for Non-Private	Foundation S	tatus (See pages 4)	inrough 6 of	the instruction	ons.)
сел	tify that	the organization is not a private	foundation beca	use it is: (Please check o	only ONE app	licable box.)	
5	☐ A 0	church, convention of churches,	or association of	churches. Section 170(b	o)(1)(A)(i).		
6	☐ A :	school. Section 170(b)(1)(A)(ii). ((Also complete Pa	art V.)			
7	_ A	hospital or a cooperative hospita	al service organiza	ation. Section 170(b)(1)(A	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 hospital's name, city, and state ▶						
10		n organization operated for the be Iso complete the Support Sched		or university owned or ope	erated by a gov	ernmental unit.	Section 170(b)(1)(A)(iv)
11a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)						
11b	b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)						
12	fro	n organization that normally received activities related to its charital orm gross investment income and ganization after June 30, 1975.	ble, etc., functions d unrelated busin	s—subject to certain exc less taxable income (les	eptions, and (2 s section 511	2) no more tha tax) from busi	nn 331/4% of its support nesses acquired by the
13		n organization that is not contro quirements of section 509(a)(3).	Check the box the	hat describes the type of	supporting or	ganization:	
		Type I Type II	<u></u> Туре	III-Functionally Integrate	ed	Type III-Othe	er
		Provide the following info	rmation about th	ne supported organizat	ions. (See pag	ge 8 of the inst	ructions.)
(a) Name(s) of supported organization(s)		(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the si organization the sup organi	d) upported on listed in oporting zation's documents?	(e) Amount of support	
					Yes	No	
_							
Tota	al			<u>.</u>		>	
14	□ A ₁	n organization organized and op	erated to test for	public safety. Section 50	09(a)(4). (See	page 8 of the	instructions.)

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A. Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. (d) 2003 (a) 2006 (b) 2005 (c) 2004 (e) Total Calendar year (or fiscal year beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.). 151,993 132,116 125,096 128,504 537,709 Membership fees received 16 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 113,615 110,391 91,625 92,687 408,318 organization's charitable, etc., purpose Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the 1,281 152 167 235 1,835 organization after June 30, 1975 19 income from unrelated business activities not included in line 18. 0 20 Tax revenues levied for the organization's benefit and either paid to it or expended on 0 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 0 22 Other income. Attach a schedule. Do not 0 include gain or (loss) from sale of capital assets 862 216,888 23 Total of lines 15 through 22 266,889 242,659 221,426 947 153,274 132,268 125,263 128, 739 539,544 24 Enter 1% of line 23 25 2,669 2,427 2,169 214 10,791 26a Organizations described on lines 10 or 11; a Enter 2% of amount in column (e), line 24. 26 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the 26b amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 539,544 26c c Total support for section 509(a)(1) test: Enter line 24, column (e) Add: Amounts from column (e) for lines: 18 _____1,835 ___19 ____ _____0 26b 26d 22 26e e Public support (line 26c minus line 26d total) f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 99.66% 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified per son." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) (2005) (2004) (2003) For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) (2005) (2004) (2003) Add: Amounts from column (e) for lines: 15 _____ 16 ____ 27c 27d d Add: Line 27a total and line 27b total 27e Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . ▶ 27f

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Public support percentage (line 27e (numerator) divided by line 27f (denominator)). ▶ Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27**g

27h

%

Part V	Private School Questionnaire (See page 9 of the instructions.)
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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	Yes	No
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, 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 a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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?	33ь		
С	Employment of faculty or administrative staff?	33c		<u> </u>
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.)			
				18.7
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	ļ	<u> </u>
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
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		

Par	Lobbying Expenditures by Ele (To be completed ONLY by an	ecting Public eligible organi	zation that filed	d Form 576	88)		
Chec	k ▶ a ☐ if the organization belongs to an affiliat	ed group. Chec	ck▶ b ☐ ify	ou checked "	a" an	d "limited control"	provisions apply.
	Limits on Lobbyir (The term "expenditures" means	• ,				(a) Affiliated group totals	(b) To be completed for all electing organizations
				-	20		Organizations
36	Total lobbying expenditures to influence public of			\cdot \cdot \cdot \vdash	36	-	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)						<u> </u>
38	Other exempt purpose expenditures					·	
39							<u> </u>
40	Total exempt purpose expenditures (add lines 3			-	40		
41	Lobbying nontaxable amount. Enter the amount		-				
			ble amount is—	,			
	Not over \$500,000 20% o						
	Over \$500,000 but not over \$1,000,000 . \$100,0			1	41		
	Over \$1,000,000 but not over \$1,500,000 . \$175,0			t t			
	Over \$1,500,000 but not over \$17,000,000 . \$225,0			1			1
	Over \$17,000,000 \$1,000			T .	42		
42	Grassroots nontaxable amount (enter 25% of line 12%)			1	43		
43	Subtract line 42 from line 36. Enter -0- if line 42			1	44		
44	Subtract line 41 from line 38. Enter -0- if line 41	i is more than iin	е зо	• • • •			<u> </u>
	Caution: If there is an amount on either line 43	or line 44, you n	nust file Form 47	20.			
			d Under Secti				
	(Some organizations that made a section See the instructions to	n 501(h) election	do not have to c	omplete all c	of the	e five columns be	elow.
		Lob	bying Expenditu	ures During	4-Ye	ear Averaging P	eriod
	Calendar year (or	(a)	(b)	(c)		(d)	(e)
	fiscal year beginning in) ▶	2007	2006	2005		2004	Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))				<u>.</u>		
47	Total lobbying expenditures						
48	Grassroots nontaxable amount	· () () ()		 			
49	Grassroots ceiling amount (150% of line 48(e))					1.25	
50	Grassroots lobbying expenditures					,	
	Lobbying Activity by Nonelectifor reporting only by organization			art VI-A) (See	page 14 of th	e instructions.)
	ng the year, did the organization attempt to influence public opinion on a legislative manual registrative		-		ng a	^{ny} Yes No	Amount
а			-			. X	
ь	Paid staff or management (Include compensation	on in expenses re	eported on lines	c through h.	.) .	. X	
c	Media advertisements					X	
d	Mailings to members, legislators, or the public					X	
e	Publications, or published or broadcast stateme					X	
f	Grants to other organizations for lobbying purpo					X	
g	Direct contact with legislators, their staffs, gove			ody		X	
h			•			X	1
i		gh h.)			ying	activities.	

Par	rt VII			ransfers To and Transa e page 14 of the instruction		Relationships	With	Noncharitable
51				ndirectly engage in any of the 1(c)(3) organizations) or in sect				
а	Transfer	s from the repo	orting organization t	o a noncharitable exempt orga	nization of:		_	Yes No
	(i) Cas	•	<u> </u>				. [51a(i) X
	• •	er assets					. [a(ii) X
ь							.	
b	 Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization 						ļ	b(i) X
								b(ii) X
				table exempt organization			•	b(iii) X
				er assets				b(iv) X
								b(iv) X b(v) X
				hip or fundraising solicitations				
	-		_	ts, other assets, or paid employ				
d	goods, c	ther assets, or	r services given by	complete the following schedule. the reporting organization. If the column (d) the value of the good	e organization	received less than	fair m	
	a)	(b)		(c)		(d)		
Line	eno. Ar	mount involved	Name of nonc	haritable exempt organization	Description o	f transfers, transactions	s, and sha	aring arrangements
								<u>. </u>
-					İ			
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			<u> </u>		<u>l</u>			
	describe	ed in section 50		affiliated with, or related to, on other than section 501(c)(3)) or				☐ Yes 🏻 No
		(a)		(b)		(c)		
		Name of organiz	zation	Type of organization		Description of re	lationship)
								
					1 -	-		
					 			
								
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