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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

**B** Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

**C** Name of organization  
COMMUNITY HOUSING PARTNERS CORPORATION

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

448 DEPOT STREET

City or town, state or province, country, and ZIP or foreign postal code

CHRISTIANSBURG, VA 24073

**D** Employer identification number

54-1023025

E Telephone number

(540) 382-2002

**G** Gross receipts \$ 65,092,310

**F** Name and address of principal officer  
JEFFREY REED  
448 DEPOT STREET  
CHRISTIANSBURG, VA 24073

**H(a)** Is this a group return for subordinates?

☐ Yes ☒ No

**H(b)** Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

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

**J Website:** ▶ WWW.COMMUNITYHOUSINGPARTNERS.ORG

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

**L** Year of formation 1974

**M** State of legal domicile VA

Part I	Summary																																												
Activities & Governance	<div><div><b>1</b> Briefly describe the organization's mission or most significant activities</div><div>TO PROVIDE HOUSING AND SERVICES TO INDIVIDUALS OF LOW WEALTH SEE SCHEDULE O FOR ADDITIONAL INFO CHP DEVELOPS, BUILDS, PRESERVES, WEATHERIZES AND MANAGES SUSTAINABLE, AFFORDABLE HOUSING STOCK, PROVIDES HOME OWNERSHIP AND RESIDENT SERVICES THAT PROMOTE FINANCIAL LITERACY AND SUSTAINABILITY, AND TRAINS OTHERS IN ENERGY AND CONSERVATION PRACTICES</div></div>																																												
	<div><div><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																																												
Revenue	<table><tr><td><b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .</td><td><b>3</b></td><td>12</td></tr><tr><td><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .</td><td><b>4</b></td><td>12</td></tr><tr><td><b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .</td><td><b>5</b></td><td>503</td></tr><tr><td><b>6</b> Total number of volunteers (estimate if necessary) . . . . .</td><td><b>6</b></td><td>550</td></tr><tr><td><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .</td><td><b>7a</b></td><td>0</td></tr><tr><td><b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .</td><td><b>7b</b></td><td>0</td></tr></table>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	12	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	12	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .	<b>5</b>	503	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	550	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0																										
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**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

2016-08-15

Date

JEFFREY REED CHIEF FINANCIAL OFFICER

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name  
E MICHAEL HANGER

Preparer's signature  
E MICHAEL HANGER

Date

Check ☐ if self-employed

PTIN  
P01268486

Firm's name ▶ DIXON HUGHES GOODMAN LLP

Firm's EIN ▶ 56-0747981

Firm's address ▶ 901 EAST CARY STREET SUITE 1000

Phone no (804) 282-7636

RICHMOND, VA 23219

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒

1

Briefly describe the organization's mission

CHP'S MISSION IS TO PROVIDE HOUSING SERVICES TO INDIVIDUALS OF LOW WEALTH CHP DEVELOPS, BUILDS, PRESERVES, WEATHERIZES AND MANAGES SUSTAINABLE, AFFORDABLE HOUSING STOCK SEE SCHEDULE O FOR CONTINUATION OF MISSION STATEMENT CHP PROVIDES HOME OWNERSHIP AND RESIDENT SERVICES THAT PROMOTE FINANCIAL LITERACY AND STABILITY, AND TRAINS OTHERS IN ENERGY AND CONSERVATION PRACTICES

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

☒ 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

☒ 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 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 \$ 33,595,696 including grants of \$ ) (Revenue \$ 35,941,619 )

CHP DESIGNS, DEVELOPS, AND BUILDS SUSTAINABLE, AFFORDABLE HOUSING FOR LOW INCOME, ELDERLY, MENTALLY HANDICAPPED AND/OR PHYSICALLY HANDICAPPED, THE HOMELESS, AND WOMEN AND CHILDREN IN TRANSITION IN 2015, CHP REHABILITATED 129 UNITS, CONSTRUCTED 128 NEW UNITS OF AFFORDABLE MULTIFAMILY HOUSING, AND DESIGNED 176 UNITS

4b

(Code ) (Expenses \$ 15,844,927 including grants of \$ ) (Revenue \$ 18,892,358 )

CHP OWNS OR MANAGES 5,625 UNITS OF MULTIFAMILY HOUSING SERVING LOW AND MODERATE INCOME RESIDENTS THE PORTFOLIO MANAGED BY CHP INCLUDES HOUSING FOR ELDERLY, CHRONICALLY MENTALLY ILL, HOMELESS, WOMEN AND CHILDREN IN TRANSITION, AND PERSONS WITH DISABILITIES CHP'S PROPERTY MANAGEMENT SERVICES ALSO INCLUDE THE PROVISION OF RESIDENT SERVICES SUCH AS AFTER SCHOOL PROGRAMS, FINANCIAL LITERACY EDUCATION, JOB READINESS SKILLS BUILDING AND LEADERSHIP OPPORTUNITIES IN 2015, CHP SUPPORTIVE SERVICE COORDINATORS AND OUR PARTNERS DELIVERED 170,545 UNITS OF PROGRAMMING TO OUR RESIDENTS IN ADDITION, CHP IS A LICENSED REAL ESTATE COMPANY SERVING LOW TO MODERATE INCOME HOMEBUYERS OUR CONTINUUM OF SERVICES INCLUDES SALES, ACCESS TO BELOW MARKET MORTGAGES, HOMEBUYER EDUCATION AND HOME OWNERSHIP COUNSELING IN 2015, CHP PROVIDED HOME OWNERSHIP TRAINING TO 622 HOUSEHOLDS AND PROVIDED ACCESS TO DOWN PAYMENT ASSISTANCE AND MORTGAGES TO 189 FAMILIES CHP REALTY SOLD 23 HOMES

4c

(Code ) (Expenses \$ 6,260,981 including grants of \$ ) (Revenue \$ 7,875,801 )

CHP PROVIDES WEATHERIZATION OF HOMES, EMERGENCY HOME REPAIRS, AND EMERGENCY HEATING AND COOLING ASSISTANCE TO VERY LOW INCOME INDIVIDUALS AND FAMILIES ACROSS VIRGINIA CHP'S ENERGY SOLUTIONS RESEARCH AND TRAINING CENTER PROVIDES TRAINING AND CERTIFICATION IN HEATING AND COOLING SERVICE AND INSTALLATION, DIAGNOSTIC TESTING AND CONSERVATION METHODS TO INDIVIDUALS, TECHNICIANS AND ORGANIZATIONS THAT SERVE LOW INCOME INDIVIDUALS ACROSS THE U S IN 2015, CHP PROVIDED WEATHERIZATION SERVICES FOR 1,796 HOUSEHOLDS AND SERVED 754 UNIQUE INDIVIDUALS IN WEATHERIZATION AND ENERGY CONSERVATION TRAINING THROUGH OUR NEW RIVER CENTER FOR ENERGY AND TRAINING

4d

Other program services (Describe in Schedule O )

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
















4e

Total program service expenses ▶

55,701,604

Form 990 (2015)

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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
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	No
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	No
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	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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	No
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	No
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 Yes	
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	No
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 Yes	
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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
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 and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
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	No
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	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
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)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
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? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	Yes	
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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	300			
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	Yes			
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	503			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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			No	
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No	
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 as charitable contributions?	6a			No	
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			No	
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			No	
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			No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring 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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a				
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			No	
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

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		
	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		
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	No
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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	No
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	No

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	No
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	Yes
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	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
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	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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	Yes
b	Other officers or key employees of the organization	15b	Yes
	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	Yes
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	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	VA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
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, address, and telephone number of the person who possesses the organization's books and records	JEFFREY REED 448 DEPOT STREET CHRISTIANSBURG, VA 24073 (540) 382-2002

Part VII

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

Check if Schedule O contains a response or note to any line 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, or 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREW MORIKAWA BOARD CHAIR	1 00	X						0	0	0
(2) JOHN RANDOLPH VICE CHAIR	1 00	X						0	0	0
(3) GERALD BURR JR MEMBER	1 00	X						0	0	0
(4) RENEE CALLAHAN MEMBER	1 00	X						0	0	0
(5) CHARLES FAMULINER MEMBER	1 00	X						0	0	0
(6) JOHN GARLAND MEMBER	1 00	X						0	0	0
(7) GRETA HARRIS MEMBER	1 00	X						0	0	0
(8) REV JAMES M HARRISON MEMBER	1 00	X						0	0	0
(9) KEITH HAYES MEMBER	1 00	X						0	0	0
(10) ANDREW MCCOY MEMBER	1 00	X						0	0	0
(11) SHAWN MCMAHON MEMBER	1 00	X						0	0	0
(12) SUSAN SISK MEMBER	1 00	X						0	0	0
(13) JANAKA CASPER PRESIDENT/CEO	40 00			X				318,405	0	17,539
(14) ORLANDO ARTZE VICE PRESIDENT/COO	40 00			X				188,376	0	11,650



Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JEFFREY K REED ..... SECRETARY/TREASURER/CFO	40 00 .....			X				177,704	0	18,115
(16) J ANDY HALL ..... CHIEF ADMINISTRATIVE OFFICER	40 00 .....			X				127,788	0	3,590
(17) KAREN TURNER ..... CHIEF BUSINESS DEVELOPMENT OFFICER	40 00 .....			X				147,270	0	3,941
(18) DAVID SCHULTZ ..... VICE PRESIDENT	40 00 .....				X			191,226	0	17,661
(19) TODD PEACOCK ..... VICE PRESIDENT	40 00 .....					X		134,316	0	17,476
(20) SCOTT REITHHEL ..... VICE PRESIDENT	40 00 .....					X		136,349	0	13,990
(21) COLIN ARNOLD ..... VICE PRESIDENT	40 00 .....					X		110,661	0	16,964
(22) WILLIAM BEACHY ..... VICE PRESIDENT	40 00 .....					X		122,683	0	13,246
(23) MARK JACKSON ..... VICE PRESIDENT	40 00 .....					X		107,746	0	16,117
1b Sub-Total . . . . .										
c Total from continuation sheets to Part VII, Section A . . . . .										
d Total (add lines 1b and 1c) . . . . .							1,762,524	0	150,289	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 12

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

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
DOAK CONTRACTING INC  1014 TAYLOR AVE RICHMOND, VA 23225	GENERAL CONTRACTOR - CONSTRUCTION	1,277,335
EAST COAST MASONRY INC  7304 PULLEN DRIVE FREDERICKSBURG, VA 22407	GENERAL CONTRACTOR - CONSTRUCTION	1,238,200
MT PAINTING LLC  3216 UNIVERSITY STATION RD DURHAM, NC 27705	GENERAL CONTRACTOR - CONSTRUCTION	1,204,309
PERFORMANCE ELECTRIC INC  14821 WALTHALL DRIVE SOUTH CHESTERFIELD, VA 23834	GENERAL CONTRACTOR - CONSTRUCTION	1,108,685
UNITED LIBERTY PLUMBING INC  PO BOX 729 KING GEORGE, VA 22485	GENERAL CONTRACTOR - CONSTRUCTION	759,423

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 56

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
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	7,418,267				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,832,762				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . .		9,251,029				
Program Service Revenue			Business Code					
	2a	REHABILITATION FEES	236110	33,474,957	33,474,957			
	b	RENTAL INCOME	531110	11,548,166	11,548,166			
	c	OTHER PROGRAM SERVICE REVENUE	531110	2,675,128	2,675,128			
	d	PROPERTY MANAGEMENT FEES	531110	2,159,196	2,159,196			
	e	ARCHITECTURAL SERVICES	541300	1,396,322	1,396,322			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		51,253,769				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		293,142	293,142			
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .						
	6a	Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				2,529,464				
		b	Less cost or other basis and sales expenses		847,138			
		c	Gain or (loss)		1,682,326			
	d	Net gain or (loss) . . . . .		1,682,326	1,682,326			
	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					
				1,764,906				
		b	Less cost of goods sold . . . . .	b	0			
	c	Net income or (loss) from sales of inventory . .		1,764,906	1,764,906			
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .							
12	Total revenue. See Instructions . . . . .		64,245,172	54,994,143	0	0		

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)

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,223,268	208,887	1,014,381	
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	8,061,720	6,287,833	1,697,278	76,609
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	380,987	248,219	131,252	1,516
9 Other employee benefits	1,013,897	803,245	205,135	5,517
10 Payroll taxes	938,597	745,573	186,783	6,241
11 Fees for services (non-employees)				
a Management				
b Legal	27,456	18,381	9,075	
c Accounting	48,718		48,718	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	55,786	35,659	15,132	4,995
13 Office expenses	170,788	110,568	59,220	1,000
14 Information technology				
15 Royalties				
16 Occupancy	3,890,326	3,890,326		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,912,645	1,805,423	107,222	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,792,623	2,346,899	445,724	
23 Insurance	317,134	194,524	122,610	
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 CONSTRUCTION & REHAB	30,630,329	30,630,329		
b MISCELLANEOUS PROGRAM	5,337,330	5,337,330		
c MISCELLANEOUS ADMIN	2,229,601		2,207,634	21,967
d HOME OWNERSHIP PROGRAM	1,849,037	1,849,037		
e All other expenses	1,364,625	1,189,371	174,511	743
25 Total functional expenses. Add lines 1 through 24e	62,244,867	55,701,604	6,424,675	118,588
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

Check if Schedule O contains a response or note to any line in this Part X ☒

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			11,236,720	2	8,264,949
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			5,613,179	4	9,631,368
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .					
						5	
	6	Loans and other 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) Complete Part II of Schedule L . . . . .					
						6	
	7	Notes and loans receivable, net . . . . .			4,274,604	7	5,882,735
	8	Inventories for sale or use . . . . .			1,614,917	8	1,626,179
	9	Prepaid expenses and deferred charges . . . . .			3,240,212	9	6,530,194
	10a	Land, buildings, and equipment—cost or other basis Complete Part VI of Schedule D	10a	95,677,256			
	b	Less—accumulated depreciation . . . . .	10b	37,442,608	54,916,201	10c	58,234,648
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities See Part IV, line 11 . . . . .				12	
	13	Investments—program-related See Part IV, line 11 . . . . .			31,122,456	13	36,372,764
14	Intangible assets . . . . .				14		
15	Other assets See Part IV, line 11 . . . . .			10,102,890	15	9,526,391	
16	Total assets.Add lines 1 through 15 (must equal line 34) . . . . .			122,121,179	16	136,069,228	
Liabilities	17	Accounts payable and accrued expenses . . . . .			2,348,806	17	3,961,552
	18	Grants payable . . . . .			365,387	18	698,149
	19	Deferred revenue . . . . .			26,481,436	19	30,071,258
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Loans and other 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 . . . . .			48,172,902	23	51,640,269
	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 . . . . .			2,543,102	25	3,825,956
	26	Total liabilities.Add lines 17 through 25 . . . . .			79,911,633	26	90,197,184
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			31,751,078	27	36,561,768
	28	Temporarily restricted net assets . . . . .			5,711,976	28	5,103,784
	29	Permanently restricted net assets . . . . .			4,746,492	29	4,206,492
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 . . . . .			42,209,546	33	45,872,044
	34	Total liabilities and net assets/fund balances . . . . .			122,121,179	34	136,069,228

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12)	1	64,245,172
2	Total expenses (must equal Part IX, column (A), line 25)	2	62,244,867
3	Revenue less expenses Subtract line 2 from line 1	3	2,000,305
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42,209,546
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,662,193
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	45,872,044

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . .

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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	No
3b 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 990EZ)

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization COMMUNITY HOUSING PARTNERS CORPORATION	Employer identification number 54-1023025
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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 (Form 990 or 990-EZ))
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . . \_\_\_\_\_
- g

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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	12,826,153	11,222,821	10,112,525	6,572,229	9,251,029	49,984,757
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	12,826,153	11,222,821	10,112,525	6,572,229	9,251,029	49,984,757
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						49,984,757

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	12,826,153	11,222,821	10,112,525	6,572,229	9,251,029	49,984,757
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	253,481	334,785	502,403	294,461	293,142	1,678,272
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 VI )						
11 Total support. Add lines 7 through 10						51,663,029
12 Gross receipts from related activities, etc (see instructions)					12	229,236,378
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 . . . . . ▶						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	96 750 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	96 780 %
16a 33 1/3% support test—2015.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	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2014.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	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2015.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2014.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

Part IIISupport 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
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 2015 (line 8, column (f) divided by line 13, column (f))	15					
16 Public support percentage from 2014 Schedule A, Part III, line 15	16					

Section D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	18
19a	<b>33 1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support tests—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>
20	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>



Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization’s supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<b>see instructions</b>)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>			
<div>2</div> <div>Activities Test. <b>Answer (a) and (b) below.</b></div>		Yes	No
<div>a</div> <div>Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>	2a		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.</i></div>	2b		
<div>3</div> <div>Parent of Supported Organizations. <b>Answer (a) and (b) below.</b></div>			
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div>	3a		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>	3b		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1Amounts paid to supported organizations to accomplish exempt purposes	
2Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3Administrative expenses paid to accomplish exempt purposes of supported organizations	
4Amounts paid to acquire exempt-use assets	
5Qualified set-aside amounts (prior IRS approval required)	
6Other distributions (describe in Part VI) See instructions	
7Total annual distributions. Add lines 1 through 6	
8Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9Distributable amount for 2015 from Section C, line 6	
10Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1Distributable amount for 2015 from Section C, line 6			
2Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3Excess distributions carryover, if any, to 2015			
dFrom 2013. . . . .			
eFrom 2014. . . . .			
fTotal of lines 3a through e			
gApplied to underdistributions of prior years			
hApplied to 2015 distributable amount			
iCarryover from 2010 not applied (see instructions)			
jRemainder Subtract lines 3g, 3h, and 3i from 3f			
4Distributions for 2015 from Section D, line 7 \$			
aApplied to underdistributions of prior years			
bApplied to 2015 distributable amount			
cRemainder Subtract lines 4a and 4b from 4			
5Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7Excess distributions carryover to 2016. Add lines 3j and 4c			
8Breakdown of line 7			
cExcess from 2013. . . . .			
dFrom 2014. . . . .			
eFrom 2015. . . . .			

**Part VI**   **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
COMMUNITY HOUSING PARTNERS CORPORATION

Employer identification number  
54-1023025

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements.

Complete if the organization answered "Yes" on 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) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

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, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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" on 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 XIII, 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)

Revenue included on 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

Revenue included on 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 XIII

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" on 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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds.

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

	(a)Current year	(b)Prior year	b (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 on 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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

3a(i)

☐

☐

3a(ii)

☐

☐

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐

☐

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land . . . . .		6,663,952		6,663,952
b Buildings . . . . .		82,385,756	33,934,749	48,451,007
c Leasehold improvements . . . . .				
d Equipment . . . . .		2,136,534	1,664,203	472,331
e Other . . . . .		4,491,014	1,843,656	2,647,358
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				58,234,648





<b>Part XI</b> <b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements . . . . .			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments . . . . .	2a		
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d		
e	Add lines 2a through 2d . . . . .			2e
3	Subtract line 2e from line 1 . . . . .			3
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 XIII ) . . . . .	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

<b>Part XII</b> <b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.</b>				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements . . . . .			1
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 XIII ) . . . . .	2d		
e	Add lines 2a through 2d . . . . .			2e
3	Subtract line 2e from line 1 . . . . .			3
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 XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .			5

<b>Part XIII</b> <b>Supplemental Information</b>	
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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
Return Reference	Explanation
PART X, LINE 2	CHPC IS A NOT-FOR-PROFIT CORPORATION PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND ACCORDINGLY, IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. AS A RESULT, THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY UNDER FEDERAL AND STATE INCOME TAXES.

[illegible]

Additional Data

Software ID:  
Software Version:  
EIN: 54-1023025  
Name: COMMUNITY HOUSING PARTNERS CORPORATION

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) INVESTMENT IN AFFILIATES	3,035,065
(2) COST AND EARNINGS IN EXCESS OF BILLINGS	302,334
(3) DEFERRED LOAN COSTS NET	259,594
(4) TAX & INSURANCE ESCROW	959,102
(5) SECURITY DEPOSITS	455,908
(6) OPERATING RESERVES	1,301,343
(7) RESTRICTED CASH	922,798
(8) REPLACEMENT RESERVE	2,290,247

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
COMMUNITY HOUSING PARTNERS CORPORATION

Employer identification number  
54-1023025

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," on line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," on line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	7	Yes
<div><div>8</div><div>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JANAKA CASPER PRESIDENT/CEO	(i)	318,405	0	0	6,094	11,445	335,944	0
	(ii)	0	0	0	0	0	0	0
2 ORLANDO ARTZE VICE PRESIDENT/COO	(i)	188,376	0	0	2,495	9,155	200,026	0
	(ii)	0	0	0	0	0	0	0
3 JEFFREY K REED SECRETARY/TREASURER/CFO	(i)	177,704	0	0	4,057	14,058	195,819	0
	(ii)	0	0	0	0	0	0	0
4 KAREN TURNER CHIEF BUSINESS DEVELOPMENT OFFICER	(i)	147,270	0	0	3,000	941	151,211	0
	(ii)	0	0	0	0	0	0	0
5 DAVID SCHULTZ VICE PRESIDENT	(i)	191,226	0	0	2,764	14,897	208,887	0
	(ii)	0	0	0	0	0	0	0
6 TODD PEACOCK VICE PRESIDENT	(i)	134,316	0	0	2,933	14,543	151,792	0
	(ii)	0	0	0	0	0	0	0
7 SCOTT REITHEL VICE PRESIDENT	(i)	136,349	0	0	3,351	10,639	150,339	0
	(ii)	0	0	0	0	0	0	0

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 3	THE BOARD COLLECTS INDEPENDENT DATA ON COMPENSATION FROM OTHER LIKE ORGANIZATIONS AND APPROVES COMPENSATION FOR THE CEO, CFO, COO, AND VICE-PRESIDENTS
PART I, LINE 7	BONUSES ARE BASED UPON A NET INCOME AMOUNT ADJUSTED FOR VARIOUS EXPENSES AND INCOME ITEMS, INCLUDING A REDUCTION FOR DONATIONS AND CONTRIBUTIONS. IF THE ADJUSTED NET INCOME IS POSITIVE, THEN THE BOARD IS ALLOWED TO DESIGNATE UP TO 25% OF THE RESULT AS A BONUS POOL TO BE ALLOCATED AMONG OFFICERS, MANAGEMENT, AND STAFF. FROM THE BONUS POOL, THE OFFICERS' BONUS CAN POTENTIALLY BE 20% OF SALARY. 25% OF THE OFFICER BONUS INCENTIVE IS BASED ON THE OFFICER ACCOMPLISHING THEIR PERFORMANCE PLAN AND 75% IS BASED ON CHP EXCEEDING BUDGET. THE MANAGEMENT GROUP'S BONUS IS POTENTIALLY 10% OF SALARY BASED UPON ACCOMPLISHMENT OF THEIR PERFORMANCE PLANS AND OVERALL ASSESSMENT BY THEIR SUPERVISOR OF THEIR CONTRIBUTIONS TO THE ORGANIZATION. ANY REMAINING BONUS AMOUNT IS THEN ALLOCATED TO ELIGIBLE STAFF.



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RAJARSHI CASPER	SON OF JANAKA CASPER, CEO	72,813	SEE BELOWJANAKA CASPER'S SON RECEIVED LISTED AMOUNT OF COMPENSATION AS AN EMPLOYEE OF CHPC		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
------------------	-------------



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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public  
Inspection

Name of the organization COMMUNITY HOUSING PARTNERS CORPORATION	Employer identification number  54-1023025
--	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE BOARD IS PROVIDED A COPY OF THE 990 BEFORE IT IS FILED
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES SIGN A CONFLICT OF INTEREST STATEMENT EACH YEAR
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD COLLECTS INDEPENDENT DATA ON COMPENSATION FROM OTHER LIKE ORGANIZATIONS AND APPROVES COMPENSATION FOR THE CEO, CFO, COO, AND VICE-PRESIDENTS
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 9	INVESTMENT CAPITAL CONTRIBUTIONS 1,662,193
FORM 990, PART XII, LINE 2C	NO CHANGES HAVE BEEN MADE TO THE OVERSIGHT PROCESS FROM PRIOR YEARS

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
COMMUNITY HOUSING PARTNERS CORPORATION

Employer identification number  
54-1023025

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity . . . . .

b Gift, grant, or capital contribution to related organization(s) . . . . .

c Gift, grant, or capital contribution from related organization(s) . . . . .

d Loans or loan guarantees to or for related organization(s) . . . . .

e Loans or loan guarantees by related organization(s) . . . . .

f Dividends from related organization(s) . . . . .

g Sale of assets to related organization(s) . . . . .

h Purchase of assets from related organization(s) . . . . .

i Exchange of assets with related organization(s) . . . . .

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

o Sharing of paid employees with related organization(s) . . . . .

p Reimbursement paid to related organization(s) for expenses . . . . .

q Reimbursement paid by related organization(s) for expenses . . . . .

r Other transfer of cash or property to related organization(s) . . . . .

s Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

No

1q

No

1r

Yes

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2015

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 54-1023025

Name: COMMUNITY HOUSING PARTNERS CORPORATION

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) BOWLING GREEN LEE ST TOWNHOUSES 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1023025	LOW-INCOME HOUSING	VA	157,813	787,227	COMMUNITY HOUSING PARTNERS CORPORATION
(1) BRAXTON MANOR APARTMENTS LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 81-1043126	LOW-INCOME HOUSING	VA			COMMUNITY HOUSING PARTNERS CORPORATION
(2) CHARLOTTE ASHBROOK TOWNHOMES LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 20-8133427	LOW-INCOME HOUSING	VA			COMMUNITY HOUSING PARTNERS CORPORATION
(3) CHP BELLEVIEW MEADOWS LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 47-1630797	LOW-INCOME HOUSING	VA			COMMUNITY HOUSING PARTNERS CORPORATION
(4) CHP CUMBERLAND COURT APARTMENTS LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 35-2514432	LOW-INCOME HOUSING	VA			COMMUNITY HOUSING PARTNERS CORPORATION
(5) CHP - HUNTING HILLS APARTMENTS LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 46-3220595	LOW-INCOME HOUSING	VA			COMMUNITY HOUSING PARTNERS CORPORATION
(6) CHP-KIPPAX PLACE LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 47-1647962	LOW-INCOME HOUSING	VA			COMMUNITY HOUSING PARTNERS CORPORATION
(7) CHP - SMOKEY RIDGE LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 46-3206560	LOW-INCOME HOUSING	VA			COMMUNITY HOUSING PARTNERS CORPORATION
(8) CHP REALTY 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1023025	REAL ESTATE SALES	VA			COMMUNITY HOUSING PARTNERS CORPORATION
(9) CHP TRANQUILITY LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 47-1665301	LOW-INCOME HOUSING	VA			COMMUNITY HOUSING PARTNERS CORPORATION
(10) CHPC GAINESVILLE HORIZON SUNSET LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 20-8205003	LOW-INCOME HOUSING	VA	525,663	3,212,446	COMMUNITY HOUSING PARTNERS CORPORATION
(11) CHPC OF NC LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1023025	LOW-INCOME HOUSING	VA			COMMUNITY HOUSING PARTNERS CORPORATION
(12) COMMUNITY DESIGN STUDIO 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1023025	ARCHITECTURE	VA			COMMUNITY HOUSING PARTNERS CORPORATION
(13) DAHLGREN HARBOR APTS-DAHLGREN INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1023025	LOW-INCOME HOUSING	VA			COMMUNITY HOUSING PARTNERS CORPORATION
(14) HEATHER GLEN MANAGER LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1023025	LOW-INCOME HOUSING	VA			COMMUNITY HOUSING PARTNERS CORPORATION
(15) HENLEY PLACE MANAGER LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1023025	LOW-INCOME HOUSING	VA			COMMUNITY HOUSING PARTNERS CORPORATION
(16) HUCKLEBERRY COURT MANAGER LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1023025	LOW-INCOME HOUSING	VA			COMMUNITY HOUSING PARTNERS CORPORATION
(17) LYNCHBURG-CORNERSTONE LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1023025	LOW-INCOME HOUSING	VA			COMMUNITY HOUSING PARTNERS CORPORATION
(18) LYNNHAVEN LANDING LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1023025	LOW-INCOME HOUSING	VA	2,766,095	6,152,370	COMMUNITY HOUSING PARTNERS CORPORATION
(19) NRCERT LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1023025	LOW-INCOME HOUSING	VA			COMMUNITY HOUSING PARTNERS CORPORATION

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(21) SMOKEY RIDGE LP 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1023025	LOW-INCOME HOUSING	VA			COMMUNITY HOUSING PARTNERS CORPORATION
(1) VHM INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1023025	LOW-INCOME HOUSING	VA			COMMUNITY HOUSING PARTNERS CORPORATION
(2) WESTMORELAND-MONTROSS APTS INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 26-0280907	LOW-INCOME HOUSING	VA			COMMUNITY HOUSING PARTNERS CORPORATION



Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
BELFORD COMMONS CORPORATION 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1874898	LOW-INCOME HOUSING	VA	501(C)(3)	LINE 9	COMMUNITY HOUSING PARTNERS CORPORATION	Yes	
CITY LIGHT DEVELOPMENT CORP 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1472183	LOW-INCOME HOUSING	VA	501(C)(3)	LINE 9	COMMUNITY HOUSING PARTNERS CORPORATION	Yes	
COASTAL HOUSING CORPORATION 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1525662	LOW-INCOME HOUSING	VA	501(C)(3)	LINE 9	COMMUNITY HOUSING PARTNERS CORPORATION	Yes	
ELLETT ROAD APARTMENTS CORP 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1651301	LOW-INCOME HOUSING	VA	501(C)(3)	LINE 9	COMMUNITY HOUSING PARTNERS CORPORATION	Yes	
EPHPHATHA VILLAGE INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1133385	LOW-INCOME HOUSING	VA	501(C)(3)	LINE 9	COMMUNITY HOUSING PARTNERS CORPORATION	Yes	
GALAX COMMUNITY APARTMENTS CORP 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1579956	LOW-INCOME HOUSING	VA	501(C)(3)	LINE 9	COMMUNITY HOUSING PARTNERS CORPORATION	Yes	
GILES COMMUNITY APARTMENTS CORP 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1668603	LOW-INCOME HOUSING	VA	501(C)(3)	LINE 9	COMMUNITY HOUSING PARTNERS CORPORATION	Yes	
GREENBRIER WOODS CORP 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1525664	LOW-INCOME HOUSING	VA	501(C)(3)	LINE 9	COMMUNITY HOUSING PARTNERS CORPORATION	Yes	
HOLLY COURT APARTMENTS CORP 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1721830	LOW-INCOME HOUSING	VA	501(C)(3)	LINE 9	COMMUNITY HOUSING PARTNERS CORPORATION	Yes	
LAUREL COURT APARTMENTS INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1746545	LOW-INCOME HOUSING	VA	501(C)(3)	LINE 9	COMMUNITY HOUSING PARTNERS CORPORATION	Yes	
VF AFFORDABLE HOUSING INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 59-3652879	LOW-INCOME HOUSING	VA	501(C)(3)	LINE 9	COMMUNITY HOUSING PARTNERS CORPORATION	Yes	
WYTHEVILLE COMMUNITY APARTMENT 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1579970	LOW-INCOME HOUSING	VA	501(C)(3)	LINE 9	COMMUNITY HOUSING PARTNERS CORPORATION	Yes	
COMMUNITY HOUSING PARTNERS CORPORATION 701 WHITE BLVD IVERNESS, FL 34453 59-2973450	LOW-INCOME HOUSING	VA	501(C)(3)	LINE 7	COMMUNITY HOUSING PARTNERS CORPORATION	Yes	
WOODLAND PARK APARTMENTS OF HICKORY INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 61-1726824	LOW-INCOME HOUSING	VA	501(C)(3)	LINE 9	COMMUNITY HOUSING PARTNERS CORPORATION	Yes	
SOMERSET COURT APARTMENTS INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 37-1746430	LOW-INCOME HOUSING	VA	501(C)(3)	LINE 9	COMMUNITY HOUSING PARTNERS CORPORATION	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AMHERST-RUTLEDGE HILLS LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 20-8538055	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-9	233,775		No		Yes		0 010 %
ATRIUM LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1994156	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-46,894	2,003,996		No		Yes		100 000 %
BATTLEGROUND LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1958671	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-3	78,343		No		Yes		0 010 %
BETTIE DAVIS LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 90-0842472	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-5	11,908		No		Yes		0 010 %
BELLEVIEW MEADOWS LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 61-1744188	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED				No		Yes		0 010 %
BLUE RIDGE COMMONS APARTMENTS LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 80-0830351	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-25	814		No		Yes		0 010 %
BOODRY PLACE LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 20-5489360	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-8	21,927		No		Yes		
BRAXTON MANOR LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 56-2042583	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED		54,732		No		Yes		0 010 %
CAMBRIA HOUSE LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 01-0626393	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED				No		Yes		0 010 %
CEDAR TOP II LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1947558	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-1	17,046		No		Yes		0 010 %
CEDAR TOP III LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1985875	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-7	449,119		No		Yes		0 010 %
CEDAR TOP LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1886611	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	50,778	1,808,509		No		Yes		100 000 %
CENTRAL CITY HOMES LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 11-3654724	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-13	437,412		No		Yes		0 010 %
CHECED WARWICK LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 55-0791891	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-6	-11,302		No		Yes		0 010 %
CHPC LEESBURG LTD  448 DEPOT STREET CHRISTIANSBURG, VA 24073 04-3635963	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-15,155	4,585,177		No		Yes		0 010 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CHPC LEESBURG SILVER POINTE LTD  448 DEPOT STREET CHRISTIANSBURG, VA 24073 55-0824574	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-49	2,649,306		No		Yes		0 010 %
CHPC-DOLLY ANN LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 26-3810383	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-13	227,116		No		Yes		0 010 %
CHPC-OLD FARM VILLAGE LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 26-3690589	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-16	247,673		No		Yes		0 010 %
COLLEGE HILL HOMES LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1985874	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-7	56,880		No		Yes		0 010 %
CUMBERLAND COURT APARTMENTS LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 61-1744914	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED				No		Yes		0 010 %
DINWIDDIE-SENTRY WOODS LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 27-0076934	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-5	32,611		No		Yes		0 010 %
FARMVILLE-PARKVIEW GARDENS LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 27-1995174	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-10	249,403		No		Yes		0 010 %
FREEMONT CHASE LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1608186	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	195	89,994		No		Yes		
FRIENDSHIP VILLAGE LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1814275	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED				No		Yes		0 010 %
GRAYSON MANOR LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1714829	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	5,731	1,039,892		No		Yes		100 000 %
HALIFAX-HONEYTREE LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 14-1878312	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-6	184,984		No		Yes		0 010 %
HEATHER GLEN LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 42-1562433	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-13	517,551		No		Yes		0 010 %
HENLEY PLACE LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 20-1419602	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-23	847,131		No		Yes		0 010 %
HIGHLAND AVENUE LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 35-2513461	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	13	151		No		Yes		0 010 %
HILLTOP HOMES LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 26-3676948	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-11	1,611,231		No		Yes		0 010 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HUCKLEBERRY COURT LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 20-0353963	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-24	385,606		No		Yes		0 010 %
HUNTING HILLS LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 56-1790836	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED				No		Yes		0 010 %
JOHNSON WILLIAMS LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1608192	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-23,281	776,517		No		Yes		99 500 %
KIPPAX PLACE APARTMENTS LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 30-0839228	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED				No		Yes		0 010 %
LANDINGS LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 56-1790834	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED				No		Yes		0 010 %
LANGSTON PARK APARTMENTS LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 90-1006367	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-17	309,881		No		Yes		0 010 %
LAUREL WOODS APARTMENTS LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 80-0828339	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-11	126,841		No		Yes		0 010 %
LEXINGTON-HILLTOP HISTORIC LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 45-2797469	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-10	1		No		Yes		0 010 %
MT STERLING MAIN CROSS LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 46-1448335	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	14	144		No		Yes		0 010 %
NEWPORT NEWS-WARWICK SRO LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 27-5430794	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-16	16,846		No		Yes		0 010 %
NORTHWAY LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 01-0698869	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED		32,552		No		Yes		0 010 %
OAK HILL-DAVIDSON LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 26-3973468	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED				No		Yes		0 010 %
OCEAN BRIDGE LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1841651	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	136,316	2,145,631		No		Yes		100 000 %
OCEAN TERRACE LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1842186	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	90,083	1,459,160		No		Yes		100 000 %
ORANGE-SPICERS MILL LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 14-1923487	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-9	63,637		No		Yes		0 010 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PATRICK-CEDAR SQUARE LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1260097	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	1,419	46,884		No		Yes		2 000 %
PEARISBURG LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1886617	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-44,788	1,817,389		No		Yes		100 000 %
PETERSBURG WOODVALE LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1886613	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-183,492	-365,449		No		Yes		0 010 %
PORTSMOUTH-AFTON SQUARE LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-2034689	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-3	420,625		No		Yes		0 010 %
PULASKI-MEADOWVIEW LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-2034691	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED		607,271		No		Yes		
RIVER TRACE LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1822581	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-47,487	1,290,087		No		Yes		100 000 %
SMITHFIELD-CHURCH MANOR LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 14-1878310	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-2	14,009		No		Yes		
SPOTSYLVANIA-COURTHOUSE GREEN LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 14-1923491	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-8	-6,611		No		Yes		0 010 %
SUL TRANQUILITY LAKES LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 47-1618882	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED				No		Yes		0 010 %
SUN VALLEY LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 56-1790835	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED				No		Yes		0 010 %
TAPPAHANNOCK-RAPPAHANNOCK APARTMENTS LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 05-0609322	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-5	127,532		No		Yes		0 010 %
THE APARTMENTS AT OVERLOOK TERRACE LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 32-0416103	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED				No		Yes		0 010 %
THE APARTMENTS AT RIVERMONT LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 37-1695428	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-32	408,670		No		Yes		0 010 %
VIRGINIA BEACH DEVELOPMENT ASSOCIATION LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 27-0968300	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-14	-350,679		No		Yes		100 000 %
VIRGINIA BEACH-FRIENDSHIP VILLAGE LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 27-0968400	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-14	-350,679		No		Yes		0 010 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514 )	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WARSAW-COLLEGE GREEN I LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 35-2223377	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-1	-2,607		No		Yes		0 010 %
WARSAW-COLLEGE GREEN II LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 14-1923496	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-3	-1,683		No		Yes		0 010 %
WILLIAMSBURG-LAFAYETTE SQUARE LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 14-1923500	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-4	337,800		No		Yes		0 010 %
WILLIAMSBURG-LAFAYETTE ELDERLY LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 14-1923505	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-6	2,885		No		Yes		0 010 %
WILLIAMSBURG-LAFAYETTE VILLAGE FAMILY LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 14-1923503	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-16	263,617		No		Yes		0 010 %
YORKTOWN-RIVERMEADE II LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 27-0116238	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-7	-54,693		No		Yes		0 010 %
YORKTOWN-RIVERMEADE LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 05-0609324	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-9	9,555		No		Yes		0 010 %
YORKTOWN-YORKSHIRE LP  448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-2034690	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-2	49,453		No		Yes		0 010 %
YORKTOWN-YORKTOWN SQUARE I LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 05-0609326	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-10	108		No		Yes		0 010 %
YORKTOWN-YORKTOWN SQUARE II LLC  448 DEPOT STREET CHRISTIANSBURG, VA 24073 05-0609329	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	RELATED	-8	76,819		No		Yes		0 010 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) AFTON SQUARE APARTMENTS INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 05-0537663	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-3	64,932	100 000 %		No
(1) ATRIUM APARTMENTS CORPORATION 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1986813	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C			100 000 %		No
(2) BATTLEGROUND APARTMENTS INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1958673	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-3		100 000 %		No
(3) BLACKSBURG DUPLEXES II INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1979203	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-1	55	100 000 %		No
(4) CEDAR SQUARE APARTMENTS INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 26-3829457	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C			100 000 %		No
(5) CEDAR TOP III CORPORATION 448 DEPOT STREET CHRISTIANSBURG, VA 24073 65-1199164	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-7	70,513	100 000 %		No
(6) CENTRAL CITY HOMES INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 51-0477656	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-13	158,582	100 000 %		No
CHP APARTMENTS AT OVERLOOK (7) TERRACE LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 46-3256076	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C			100 000 %		No
(8) CHP BETTIE DAVIS LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 45-5242527	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-5	11,905	100 000 %		No
CHP BLUE RIDGE COMMONS (9) APARTMENTS LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 45-5570769	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-25	-53	100 000 %		No
(10) CHP MAIN CROSS LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 46-1448335	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	14	-4	100 000 %		No
(11) CHP RIVERMONT APARTMENTS LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 45-5513850	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-32	-74	100 000 %		No
(12) CHPC SPARTANBURG LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 47-1464435	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C			100 000 %		No
(13) CHPC - HUNTING HILLS APARTMENTS LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 46-3220595	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C			100 000 %		No
(14) CHPC - LANGSTON PARK LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 46-3237388	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-17		100 000 %		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
(16) CHPC - SMOKEY RIDGE LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 46-3206560	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C			100 000 %		No
CHPC LAUREL WOODS APARTMENTS (1) LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 45-5539677	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-11	-21	100 000 %		No
(2) CHPC LEESBURG SILVER POINTE LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 81-0650808	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-49		100 000 %		No
(3) CHPC LEESBURG LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 06-1697827	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-15,155		100 000 %		No
(4) CHPC-OLD FARM VILLAGE MANAGER INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 27-0354074	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-16	14,927	100 000 %		No
(5) CHURCH MANOR-CHPC INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 30-0212334	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-2	4	100 000 %		No
(6) COLLEGE GREEN I INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 14-1878316	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-1		100 000 %		No
(7) COLLEGE GREEN II INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 20-5190305	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-3		100 000 %		No
(8) COLLEGE HILL HOMES INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 01-0647984	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-7		100 000 %		No
(9) COURTHOUSE GREEN-SPOTSYLVANIA INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 20-4934283	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-8	6,748	100 000 %		No
(10) DOLLY ANN APARTMENTS INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 26-4780944	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-13	144,833	100 000 %		No
(11) GALAX NORTHWAY APARTMENTS INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 16-1642321	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C		1	100 000 %		No
(12) HILLTOP TERRACE HISTORIC INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 45-2797371	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-10	-104	100 000 %		No
(13) HONEYTREE INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 30-0212329	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-6		100 000 %		No
(14) LAFAYETTE SQUARE APARTMENTS INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 20-4788560	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-4	14,936	100 000 %		No



Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
(31) LAFAYETTE VILLAGE ELDERLY INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 20-4789610	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-6		100 000 %		No
(1) LAFAYETTE VILLAGE FAMILY INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 20-4789128	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-16	47,089	100 000 %		No
(2) LLC INVESTOR MEMBER LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 20-4934611	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C			100 000 %		No
(3) LNDF-HILLTOP HOMES INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 26-1466816	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-11	209,981	100 000 %		No
NEWPORT NEWS - WARWICK SRO (4) MANAGER LLC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 27-5430470	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-16	-45	100 000 %		No
(5) NEWPORT NEWS-CHECED WARWICK INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 11-3729686	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-6		100 000 %		No
(6) OAK HILL HOUSING OF DAVIDSON INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 26-3973396	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C			100 000 %		No
(7) PARKVIEW GARDENS-FARMVILLE INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 27-1995030	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-10	1,487	100 000 %		No
(8) PULASKI MEADOWVIEW INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 01-0785882	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C			100 000 %		No
(9) RUTLEDGE HILLS INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 20-8538039	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-9	3,087	100 000 %		No
(10) SENTRY WOODS INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 01-0785888	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-5	11,170	100 000 %		No
(11) SPICERS MILL-ORANGE INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 20-5190181	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-9		100 000 %		No
TAPPAHANNOCK-RAPPAHANNOCK (12) APARTMENTS INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 20-4729718	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-5	-46	100 000 %		No
(13) VBDA MANAGING MEMBER INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 27-0968272	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C			100 000 %		No
(14) VMH FIVE INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1979209	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C			100 000 %		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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							100 000 %	Yes	No
(46) VMH FOUR INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1979212	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C					No
(1) VMH THREE INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1884118	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C			100 000 %		No
(2) VMH TWO INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1884119	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C			100 000 %		No
(3) VMH WOODVALE INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 54-1979206	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-183,492		100 000 %		No
(4) YORKTOWN RIVERMEADE APARTMENTS INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 20-4727850	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-9	9,371	100 000 %		No
YORKTOWN RIVERMEADE II (5) APARTMENTS INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 20-4726931	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-7		100 000 %		No
YORKTOWN SQUARE APARTMENTS I (6) INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 20-4729520	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-10		100 000 %		No
(7) YORKTOWN SQUARE APARTMENTS II INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 20-4729083	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-8	42,364	100 000 %		No
(8) YORKTOWN-YORKSHIRE INC 448 DEPOT STREET CHRISTIANSBURG, VA 24073 01-0579576	LOW-INCOME HOUSING	VA	COMMUNITY HOUSING PARTNERS CORPORATION	C	-2		100 000 %		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	AMHERST-RUTLEDGE HILLS LLC	D	245,000	LOANS
(1)	BELFORD COMMONS CORP	D	51,246	LOANS
(2)	BETTIE DAVIS LLC	D	768,056	LOANS
(3)	BLUE RIDGE COMMONS APARTMENTS LLC	D	1,279,480	LOANS
(4)	BOODRY PLACE LLC	D	159,929	LOANS
(5)	CEDAR TOP III LP	D	260,249	LOANS
(6)	CENTRAL CITY HOMES LP	D	359,844	LOANS
(7)	CHECED WARWICK LP	D	832,891	LOANS
(8)	CHPC LEESBURG SILVER POINTE LTD	D	2,182,002	LOANS
(9)	CHPC-OLD FARM VILLAGE LLC	D	400,840	LOANS
(10)	COLLEGE HILL HOMES LP	D	470,000	LOANS
(11)	DINWIDDIE-SENTRY WOODS LP	D	240,709	LOANS
(12)	FARMVILLE-PARKVIEW GARDENS LLC	D	611,913	LOANS
(13)	HALIFAX-HONEYTREE LP	D	205,109	LOANS
(14)	HILLTOP HOMES LLC	D	452,375	LOANS
(15)	JOHNSON WILLIAMS LP	D	213,782	LOANS
(16)	LANGSTON PARK APARTMENTS LLC	D	309,150	LOANS
(17)	LAUREL WOODS APARTMENTS LLC	D	367,214	LOANS
(18)	LEXINGTON HILLTOP HISTORIC LLC	D	507,387	LOANS
(19)	MT STERLING MAIN CROSS LLC	D	402,825	LOANS
(20)	NEWPORT NEWS WARWICK SRO LP	D	203,616	LOANS
(21)	NORTHWAY LP	D	350,000	LOANS
(22)	ORANGE-SPICERS MILL LLC	D	674,502	LOANS
(23)	PETERSBURG-WOODVALE LP	D	759,664	LOANS
(24)	PORTSMOUTH-AFTON SQUARE LP	D	1,087,000	LOANS

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	PULASKI-MEADOWVIEW LP	D	740,902	LOANS
(1)	SMITHFIELD-CHURCH MANOR LP	D	258,103	LOANS
(2)	SMOKE RIDGE LLC	D	413,278	LOANS
(3)	SPOTSYLVANIA-COURTHOUSE GREEN LLC	D	202,379	LOANS
(4)	TAPPAHANNOCK-RAPPAHANNOCK APTS LLC	D	283,144	LOANS
(5)	THE APARTMENTS AT OVERLOOK TERRACE LLC	D	500,000	LOANS
(6)	THE APARTMENTS OF RIVERMONT LLC	D	687,708	LOANS
(7)	WARSAW COLLEGE GREEN I LP	D	39,542	LOANS
(8)	WARSAW COLLEGE GREEN II LLC	D	224,356	LOANS
(9)	WILLIAMSBURG-LAFAYETTE SQUARE LLC	D	282,000	LOANS
(10)	WILLIAMSBURG-LAFAYETTE VILLAGE ELDERLY LLC	D	225,638	LOANS
(11)	WILLIAMSBURG-LAFAYETTE VILLAGE FAMILY LLC	D	287,000	LOANS
(12)	YORKTOWN-RIVERMEADE LLC	D	243,851	LOANS
(13)	YORKTOWN-RIVERMEADE II LLC	D	72,001	LOANS
(14)	YORKTOWN-YORKSHIRE INC	D	354,000	LOANS
(15)	YORKTOWN-YORKTOWN SQUARE II LLC	D	125,000	LOANS
(16)	AMHERST-RUTLEDGE HILLS LLC	O	50,738	SALARIES PAID
(17)	BATTLEGROUND LP	O	49,613	SALARIES PAID
(18)	BELFORD COMMONS CORPORATION	O	24,584	SALARIES PAID
(19)	BETTIE DAVIS LLC	O	45,413	SALARIES PAID
(20)	BLUE RIDGE COMMONS APARTMENTS LLC	O	208,266	SALARIES PAID
(21)	BOODRY PLACE LLC	O	23,403	SALARIES PAID
(22)	CEDAR TOP III LP	O	22,107	SALARIES PAID
(23)	CENTRAL CITY HOMES LP	O	46,819	SALARIES PAID
(24)	CHECED WARWICK LP	O	48,173	SALARIES PAID

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	CHPC DOLLY ANN LLC	O	153,181	SALARIES PAID
(1)	CHPC-OLD FARM VILLAGE LLC	O	101,577	SALARIES PAID
(2)	CHP OF FLORIDA (ALL INCLUSIVE)	O	809,647	SALARIES PAID
(3)	COASTAL HOUSING CORPORATION	O	164,093	SALARIES PAID
(4)	COLLEGE HILL HOMES LP	O	35,015	SALARIES PAID
(5)	DINWIDDIE-SENTRY WOODS LP	O	12,606	SALARIES PAID
(6)	ELLETT ROAD APARTMENTS CORPORATION	O	9,481	SALARIES PAID
(7)	EPHPHATHA VILLAGE INC	O	12,768	SALARIES PAID
(8)	FARMVILLE-PARKVIEW GARDENS LLC	O	83,219	SALARIES PAID
(9)	FREMONT CHASE LP	O	1,363	SALARIES PAID
(10)	GALAX COMMUNITY APARTMENTS CORP	O	15,145	SALARIES PAID
(11)	GILES COMMUNITY APARTMENTS CORP	O	27,919	SALARIES PAID
(12)	HALIFAX-HONEYTREE LP	O	49,500	SALARIES PAID
(13)	HEATHER GLEN LP	O	42,526	SALARIES PAID
(14)	HENLEY PLACE LP	O	43,556	SALARIES PAID
(15)	HILLTOP HOMES LLC	O	29,917	SALARIES PAID
(16)	HOLLY COURT APARTMENTS CORPORATION	O	32,893	SALARIES PAID
(17)	HUCKLEBERRY LP	O	54,299	SALARIES PAID
(18)	HUNTING HILLS APARTMENTS LLC	O	10,713	SALARIES PAID
(19)	JOHNSON WILLIAMS LP	O	35,800	SALARIES PAID
(20)	LANGSTON PARK APARTMENTS LLC	O	83,212	SALARIES PAID
(21)	LAUREL COURT APARTMENTS INC	O	34,832	SALARIES PAID
(22)	LAUREL WOODS APARTMENTS LLC	O	45,837	SALARIES PAID
(23)	LEXINGTON HILLTOP HISTORIC LLC	O	39,118	SALARIES PAID
(24)	MT STERLING MAIN CROSS LLC	O	61,255	SALARIES PAID

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(76)	NEWPORT NEWS WARWICK SRO LP	O	166,993	SALARIES PAID
(1)	NORTHWAY LP	O	77,122	SALARIES PAID
(2)	ORANGE-SPICERS MILL LLC	O	35,090	SALARIES PAID
(3)	PETERSBURG-WOODVALE LP	O	120,179	SALARIES PAID
(4)	PORTSMOUTH-AFTON SQUARE LP	O	95,986	SALARIES PAID
(5)	PULASKI-MEADOWVIEW LP	O	147,923	SALARIES PAID
(6)	SMITHFIELD-CHURCH MANOR LP	O	39,249	SALARIES PAID
(7)	SMOKE RIDGE LLC	O	41,817	SALARIES PAID
(8)	SPOTSYLVANIA-COURTHOUSE GREEN LLC	O	34,136	SALARIES PAID
(9)	TAPPAHANNOCK-RAPPAHANNOCK APTS LLC	O	35,261	SALARIES PAID
(10)	THE APARTMENTS AT OVERLOOK TERRACE LLC	O	35,660	SALARIES PAID
(11)	THE APARTMENTS OF RIVERMONT LLC	O	117,782	SALARIES PAID
(12)	VIRGINIA BEACH-FRIENDSHIP VILLAGE LLC	O	177,505	SALARIES PAID
(13)	WARSAW COLLEGE GREEN I LP	O	25,752	SALARIES PAID
(14)	WARSAW COLLEGE GREEN II LLC	O	12,757	SALARIES PAID
(15)	WILLIAMSBURG-LAFAYETTE SQUARE LLC	O	100,227	SALARIES PAID
(16)	WILLIAMSBURG-LAFAYETTE VILLAGE ELDERLY LLC	O	29,181	SALARIES PAID
(17)	WILLIAMSBURG-LAFAYETTE VILLAGE FAMILY LLC	O	98,035	SALARIES PAID
(18)	WYTHEVILLE COMMUNITY APTS CORP	O	11,798	SALARIES PAID
(19)	YORKTOWN-RIVERMEADE LLC	O	41,294	SALARIES PAID
(20)	YORKTOWN-RIVERMEADE II LLC	O	28,854	SALARIES PAID
(21)	YORKTOWN-YORKSHIRE LP	O	130,166	SALARIES PAID
(22)	YORKTOWN-YORKTOWN SQUARE I LLC	O	63,500	SALARIES PAID
(23)	YORKTOWN-YORKTOWN SQUARE II LLC	O	51,358	SALARIES PAID
(24)	BELFORD COMMONS CORP	R	2,689	SHORT TERM AP

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(101)	BOODRY PLACE LLC	R	110,964	SHORT TERM AP
(1)	CHPC LEESBURG LTD	R	1,709,282	SHORT TERM AP
(2)	CHPC LEESBURG SILVER POINTE LTD	R	565,865	SHORT TERM AP
(3)	CHP OF FLORIDA (ALL INCLUSIVE)	R	871,618	SHORT TERM AP
(4)	HEATHER GLEN LP	R	39,756	SHORT TERM AP
(5)	HENLEY PLACE LP	R	151,437	SHORT TERM AP
(6)	HILLTOP HOMES LLC	R	15,346	SHORT TERM AP
(7)	HOLLY COURT APARTMENTS CORPORATION	R	14,551	SHORT TERM AP
(8)	HUCKLEBERRY LP	R	256,083	SHORT TERM AP
(9)	HUNTING HILLS APARTMENTS LLC	R	32,226	SHORT TERM AP
(10)	LANGSTON PARK APARTMENTS LLC	R	64,440	SHORT TERM AP
(11)	LAUREL WOODS APARTMENTS LLC	R	5,394	SHORT TERM AP
(12)	PETERSBURG-WOODVALE LP	R	33,213	SHORT TERM AP
(13)	SUL TRANQUILITY LAKES LLC	R	951,086	SHORT TERM AP
(14)	THE APARTMENTS AT OVERLOOK TERRACE LLC	R	278,836	SHORT TERM AP