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Department of the Treasury Internal Revenue Service

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

Open to Public

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

Inspection

Α	For the	e 2009 calendar year, or tax year beginning all all all all all all all all all al	na enaing		
В	Check if applicable	Please use IRS		D Employer identific	ation number
Г	Addres	ss label or house population and population			
Ē	Name change	type		62-17	762101
	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number	
	Termin ated	Instruct 4213 HILLISBORO ROAD	220	(615)	
	Ameno	City or town, state or country, and ZiF + 4		G Gross receipts \$	12,552,852.
	Application pending	NASHVILLE, IN 37213	-	H(a) Is this a group re	
	pendi	F Name and address of principal officer CAMPBELL BROWN		for affiliates?	Yes X No
_		4219 HILLSBORO ROAD, STE 220, NASHVIL		H(b) Are all affiliates incl	
		empt status X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 52	27	7	ist (see instructions)
		te: ► N/A Forganization: X Corporation Trust Association Other ►	1 Voor	H(c) Group exemption	State of legal domicile TN
	art i	organization: X Corporation Trust Association Other Summary		OF TOTTINGUON. 1990 M	State of legal doffficile 11
_	T 4		PROVIDE	HOUSING TO	LOW INCOME
& Governance	'	INDIVIDUALS.			
ra E	2	Check this box if the organization discontinued its operations or dis	posed of more	e than 25% of its net as:	sets
Ş	3	Number of voting members of the governing body (Part VI, line 1a)		3	4
Ğ	4	Number of independent voting members of the governing body (Part VI, line 11	o)	4	0
es	5	Total number of employees (Part V, line 2a)		5	1
Activities	6	Total number of volunteers (estimate if necessary)		6	0
Ąct	7a	Total gross undetated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		Ontributions and grants (Part VIII, Imp h)	-	Prior Year	Current Year
ĕ	8	Program service revenue (Part VIII, Inter In)			
Revenue	9	Program <u>service revenue (Pan xint in e-49)</u> Investment ir@ @伊丽州 , dili mn (A) lines 3, 4, and 7d)		7,045.	3,107,761.
æ	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		66,132.	8,116.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	,,	73,177.	3,115,877.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	,		
		Benefits paid to or for members (Part IX, column (A), line 4)			
Ś	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	75,000.	88,279.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
×	. ь	Total fundraising expenses (Part IX, column (D), line 25)			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		271,827.	308,522.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	346,827.	396,801.
	19	Revenue less expenses Subtract line 18 from line 12		<273,650.	
Net Assets or		T. () (D. () () () ()	Be	eginning of Current Year 9,377,945.	End of Year 4,314,706.
SSe	20	Total assets (Part X, line 16)	-	10,845,637.	3,063,322.
let /	21	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	<u> </u>	<1,467,692.	
	art II	Signature Block		<u> </u>	1/251/5014
_		Under penalties of periury. I declare that I have examined this return, including accompanying schedule	s and statements,	and to the best of my knowledg	e and belief, it is true, correct,
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowledge		
@ # 28910	jn 💮	l Cenual allan		68/	13/10
He	re	Signature of officer		Date	- / /
=		CAMPBELL BROWN, EXECUTIVE DIRECTOR			
<u></u>		Type or print name and title	I CE	neck if Prepare	r's identifying number
ين ريز Pai	d	Preparer's Date	se	lf (see uns	tructions)
Фre	parer's	signature Signat	13-10 en	nployed X Y	00641279
<u>U</u> 80	Only	yours if Self-employed) 114 29+b Avonue South		EIN -	
\$		address, and Nachwille Tennogge 37712		Phone no. ▶	
N.	v the I	yours if self-employed, address, and ZIP + 4 Nashville, Tennessee 37212 RS discuss this return with the preparer shown above? (see instructions)		I none no.	X Yes No
S S	001 02-0	14-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the	separate ins	structions.	Form 990 (2009)
					. ,

	rt III Statement of	Program Service A	Accomplishments	02-170	OZIUI Fage Z
1	Briefly describe the org	anization's mission	W INCOME INDIVIDUALS.		
2	Did the organization uni	dertake any significant pr	rogram services during the year which were i	not listed on	
_	the prior Form 990 or 99	· ·			Yes X No
3		ase conducting, or make changes on Schedule O	significant changes in how it conducts, any	program services?	Yes X No
1	Section 501(c)(3) and 50	01(c)(4) organizations and	each of the organization's three largest prog d section 4947(a)(1) trusts are required to rep venue, if any, for each program service repor	port the amount of grants and	
4a	(Code ACQUISITION		96,801. including grants of \$ TATION OF LOW INCOME,)(Revenue \$ MULTI-FAMILY PRO))JECTS.
					-
4b	(Code 3) (Expenses \$	including grants of \$) (Revenue \$)
Ю	(Code) (Expenses \$	including grants of \$) (Revenue \$	
		<u>-</u>			
					
ŀd	Other program services (Expenses \$	(Describe in Schedule O		\$	
۵.	Total program service	including gr	396.801.	<u> </u>	

NONPROFIT HOUSING CORPORATION 62-1762101 Form 990 (2009) **Checklist of Required Schedules** Part IV Ye<u>s</u> No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 3 X public office? If "Yes," complete Schedule C, Part I X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 reporting requirement and proxy tax? If "Yes," complete Schedule C. Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 8 X Schedule D. Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 10 X 10 If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X 11 Х 11 • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, • 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 169 If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII 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 • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D. Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12 X 12 Schedule D, Parts XI, XII, and XIII Yes No 12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." completing Schedule D. Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13

	12A	X		
•			13	Х
			14a	X

14b

15

16

17

18

19

20

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 or entity located outside the United States? If "Yes," complete Schedule F, Part II

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Part III

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

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

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes, " complete Schedule H

Form **990** (2009)

X

X

X

X

X

X

Form 990 (2009) NONPROFIT HOUSING CORPORATION

Part IV Checklist of Required Schedules (continued)

21 Dd the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 if "Fes," complete Schedule I, Parts I and II 2 Dd the organization answer "Fes 10 Part IVI, Section A, line 3, 4, or 5 about compensation of the organization answer "Fes 10 Part IVI, Section A, line 3, 4, or 5 about compensation of the organization answer "Fes 10 Part IVI, Section A, line 3, 4, or 5 about compensation of the organization shared and former officers, directors, trustees, key employees, and impliest compensation of the organization of complete Schedule II and IVI 20 Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II will be the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d					
United States on Part IX, column (A), line 17 if "res," complete Schedule I, Parts I and II 2 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "res," complete Schedule I, Parts I and III 2 Did the organization answer "res' to Part VII, Section A, line 3.4, or 5 about compensation of the organization's cument and former officers, directors, trustees, key employees, and highest compensated employees? If "res," complete Schedule J Schedule J Will was suited after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J Will was suited after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule J Will was suited and the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax exempt bonds? 24b		During the Access of the Acces		Yes	No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2º if "Yes," complete Schedule i, Parts I and III 2 Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule IX between the year that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", go to line 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization as an "on behalf of" issuer for bonds outstanding as any time during the year? Did the organization as an "on behalf of" issuer for bonds outstanding as any time during the year? Did the organization as an "on behalf of" issuer for bonds outstanding as any time during the year? Did the organization was that it engaged in an excess benefit transaction with a disqualified person unit provide a grant or officer, director, trustee, the organization shalf of provide eschedule L, Part IV organization as party to a business transaction with one	21				ų.
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Did the organization answer "Yes" to Part VII, Section A, Ine 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule L Part IV and the organization invest any proceeds of tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 b Did the organization maintain an escrow account other than a retunding serior we at any time during the year to defease any tax exempt bonds? d Did the organization maintain an escrow account other than a retunding secrow at any time during the year to defease any tax exempt bonds? d Did the organization maintain an escrow account other than a retunding secrow at any time during the year to defease any tax exempt bonds? d Did the organization maintain an escrow account other than a retunding secrow at any time during the year to defease any tax exempt bonds? d Did the organization maintain an escrow account other than a retunding secrow at any time during the year to defease any tax exempt bonds? d Did the organization maintain an escrow account other than a retunding secrow at any time during the year to defease any tax exempt bonds? d Did the organization and solic(x)4) organizations. Did the organization exception and account that the transaction with a disqualified person in a prior year? If Yes, "complete Schedule L, Part II If It If It	22	· · · · · · · · · · · · · · · · · · ·			v
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Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization was 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" is prof. Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Was a to applicable filting thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV an another officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II Did the organization ore one of the organization ore than to any trax exempt or of xabile entity? If "Yes," complete Schedule R	24a				
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Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 200 at last the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 25b X 27 27 28 38 39 39 39 39 39 39 39 39 39 39 39 39 39					
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If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	34				
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If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	35				
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X			35		X
If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	36				_
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	- -		36		X
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	37				
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X		• • • • • • • • • • • • • • • • • • • •	37		Х
Note. All Form 990 filers are required to complete Schedule O	38				
			38	X	
			Form	990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 1a U.S. Information Returns. Enter -0- if not applicable 0 1b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 1c (gambling) winnings to prize winners? 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За b If "Yes." has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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)? X 4a **b** If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes." to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5c Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X 6a any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? 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 X 7a provided to the payor? 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7с to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X **7**f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7a X h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings 8 at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 11a Gross income from members or shareholders **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b

Form 990 (2009)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

sec	tion A. Governing Body and Management			
		4	Yes	No
	Enter the number of voting members of the governing body	4		
þ	•	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3_		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	<u> </u>	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	<u> </u>	<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b	_X_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> X</u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		
	in Schedule O how this is done	12c		~
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		
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?	1		w
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	<u> </u>	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	ŀ		
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		х
_	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	104		
D	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100	·	
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	le for		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ıncıal	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation 1	•	
	CAMPBELL BROWN - (615) 269-6742			
	4219 HILLSBORO ROAD, STE 220, NASHVILLE, TN 37215			

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not (A) Name and Title	(B) Average	(-		Pos		LA	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
CAMPBELL BROWN EXECUTIVE DIRECTOR	40.00	х		х			75,000.	0.	0
ANN P. HARMER PRESIDENT						;	0.	0.	0
MALCOLM D. YOUNG, JR VICE PRESIDENT							0.	0.	0
VIVIAN L. HAMILTON SECRETARY							0.	0.	0
	<u> </u>								
									-
							-	_	
							·		

	(A) Name and title	(B) Average hours			(C Posi	C) ition			(D) Reportable compensation	(E) Reportable compensation		(F) Estima amoun	t of
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W·2/1099-MISC))	othe compens from t organiza and rela organiza	sation he ation ated
											-		
		_											
	Total								75,000.	().		0.
2	Total number of individuals (including but r compensation from the organization	ot limited to th	ose	liste	d at	oove	e) wh	no re	eceived more than \$100	1,000 in reportable		W	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		stee	, key	, em	plo	yee,	or h	nighest compensated er	nployee on		Yes	No X
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab								the organization		4	x
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Sched	accrue compei	nsati	on f						ices rendered to		5	x_
Sec 1	tion B. Independent Contractors Complete this table for your five highest countries the organization NONE	mpensated inc	depe	nde	nt c	onti	racto	rs t	hat received more than	\$100,000 of compe	ensati	on from	
	the organization NONE (A) Name and business	address							(B) Description of s	ervices	Соп	(C) npensat	ion
			_						_				
												_	
2	Total number of independent contractors (ot lir	nıte	d to		_	sted	above) who received n	nore than			
	\$100,000 in compensation from the organi	zation >	-				0				Fo	rm 990	(2009)

Forn	n 990	(2009) NONP	ROFIT HO	USING COR	PORATION		<u>62-1762</u>	101 Page 9
Pa	rt VI	II Statement of Reve	nue				_	
	-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts ts	1 a	Federated campaigns	1a					
ran	b	Membership dues	1b					
Program Servic Revenue	С	: Fundraising events	1c					
	d	Related organizations	1d					
S, E	е		tions) 1e					
tior r si	f	All other contributions, gifts, gran	nts, and					
the		similar amounts not included abo	ove 1f			ĺ		
ntr d o	g	Noncash contributions included in lines	s 1a-1f \$			ĺ		
a C	h	Total, Add lines 1a-1f		>				
				Business Code				
e	2 a	l						
e Ž	b							
SE	С							
eve	d	<u> </u>						
9	е							
<u>-</u>	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<u> </u>				···
	3	Investment income (including	dıvıdends, ınte	rest, and				
		other sımılar amounts)		•	9,268.	9,268.		
	4	Income from investment of ta	x-exempt bond	proceeds				
	5	Royalties		<u> </u>				
			(ı) Real	(II) Personal				
	6 a	Gross Rents	1746055					
	b	Less rental expenses	1816980					
	C	: Rental income or (loss)	<70,925	•>				
	d	Net rental income or (loss)		<u> </u>	<70,925.	> <70,925.	>	·
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory		10718488				
	b	Less cost or other basis						
		and sales expenses		7619995.				
		: Gain or (loss)	<u> </u>	3098493.				
		Net gain or (loss)		<u> </u>	3,098,493 <u>.</u>	3,098,493.		
e	8 a	Gross income from fundraising						
ē		including \$	of					
Other Revenue		contributions reported on line	t 1c) See					
ē		Part IV, line 18	•					
5		Less direct expenses		·				
		Net income or (loss) from fund	-					
	9 a	Gross income from gaming ac						
		Part IV, line 19						
	b	•	l ama aatuutiaa	·				
		Net income or (loss) from gan	=				_	
	10 a	Gross sales of inventory, less						
		and allowances						
		Less cost of goods sold	l a of inventory	·		}		
ł	<u>c</u>	Net income or (loss) from sale		Business Code	<u> </u>			
	11 -	Miscellaneous Revenu	16	531110	74,811.	74,811.		
	ii a	2.000m 1/2.172.001/03	टनजन गा	531110	4,230.	4,230.		
		TODET BUMVERIER	44 T.D.D.D.	331110	<u> </u>	=,200		
	c d	All other revenue						
	u _	Total. Add lines 11a-11d			79,041.			
	12	Total revenue See instructions				3.115.877.	0.	0.

Form **990** (2009)

932009 02-04-10

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to governments and				
2	organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in				
2	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			-	
3	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
	Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
Ð	trustees, and key employees	75,000.	75,000.		
6	Compensation not included above, to disqualified	13,000	75,000.		
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
7	_				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)		ļ		
0	Other employee benefits				, <u> </u>
9	Payroll taxes	13,279.	13,279.		· -, <u>-</u> -
10	Fees for services (non-employees)	10,4130	13,413.		
11	Management				
a	Legal	202,585.	202,585.		<u> </u>
0	Accounting	202,303.	202,303.		
ن	Lobbying				
ū	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
-	Other			-	
g 12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	3,523.	3,523.		
17	Travel	586.	586.		
18	Payments of travel or entertainment expenses	300.			··· <u>···</u>
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	-			
20	Interest	5,691.	5,691.		·
20 21	Payments to affiliates	<u> </u>			
21 22	Depreciation, depletion, and amortization	11,682.	11,682.		
22 23	Insurance				
24 24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total			1	
	expenses shown on line 25 below.)				-
а	EXPENSE REIMBURSEMENTS	21,629.	21,629.		<u></u>
b	EXPENSES FOR TAX CREDIT	20,000.	20,000.		
C	MISCELLANEOUS	16,964.	16,964.		
d	OTHER EXPENSE	8,884.	8,884.		
е	OFFICE EXPENSE	4,268.	4,268.		
f	All other expenses	12,710.	12,710.		
25	Total functional expenses Add lines 1 through 24f	396,801.	396,801.	0.	0
26	Joint costs Check here ▶ ☐ If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Form 990 (2009)

Paı	rt X	Balance Sheet				, ,	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			341,066.	1	209,470
	2	Savings and temporary cash investments				2	977,771
	3	Pledges and grants receivable, net				3	·
	4	Accounts receivable, net			52,874.	4	35,546
	5	Receivables from current and former officers, di	rectors	s, trustees, key			
		employees, and highest compensated employe	es Co	mplete Part II		[
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)) and persons described in section 49					
		Part II of Schedule L			_	6	
s,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			67,900.	9	1,915
		Land, buildings, and equipment cost or other		l [· · · · · · · · · · · · · · · · · · ·		
		basis Complete Part VI of Schedule D	10a	3,965,002.			
	l b	Less. accumulated depreciation	10b	1,038,507.	7,093,814.	10c	2,926,495
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line	····	12			
	13	Investments · program-related See Part IV, line		13			
	14	Intangible assets	580,558.	14	7,257		
	15	Other assets See Part IV, line 11			1,241,733.	15	156,252
	16	Total assets, Add lines 1 through 15 (must equ	9,377,945.	16	4,314,706		
	17	Accounts payable and accrued expenses			32,254.	17	63,279
	18	Grants payable	•	18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			-	20	
w	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
ij	22	Payables to current and former officers, director		i			
Liabilities		highest compensated employees, and disqualifi					
Ë		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated th	ird parties	9,654,084.	23	2,945,228
	24	Unsecured notes and loans payable to unrelate		i	147,660.	24	
	25	Other liabilities Complete Part X of Schedule D		,	1,011,639.	25	54,815
	26	Total liabilities. Add lines 17 through 25			10,845,637.	26	3,063,322
		Organizations that follow SFAS 117, check he	ere 🕨	and complete			
S		lines 27 through 29, and lines 33 and 34.					
oce	27	Unrestricted net assets				27	
<u>a</u>	28	Temporarily restricted net assets				28	
9	29	Permanently restricted net assets		į		29	
Š		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 🗓 and			
ŗ.		complete lines 30 through 34.					
ts (30	Capital stock or trust principal, or current funds			0.	30	0
SSe	31	Paid-in or capital surplus, or land, building, or ed		nt fund	163,621.	31	163,621
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		· · · · · · · · · · · · · · · · · · ·	<1,631,313.	, ,	1,087,763
ž	33	Total net assets or fund balances			<1,467,692.		1,251,384
	34	Total liabilities and net assets/fund balances			9,377,945.		4,314,706

Form	990 (2009) NONPROFIT HOUSING CORPORATION 62-1762	<u> 2101</u>	Pa	ge 12
Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both	1		
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990 (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

2009Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection Employer identification number

			IT HOUSING C						62	2-1762101			
Part I	Reason	for Public Char	rity Status (All organiz	zations mu	st comple	te this par	t) See ins	tructions					
he organ	ization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	ox)						
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).					
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	chedule E)									
з 🔲	A hospital or	a cooperative hosp	ital service organization	described	n section	170(b)(1)	(A)(iiı).						
4	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name,			
	city, and stat												
5	-		benefit of a college or u	niversity o	wned or op	perated by	a governi	mental uni	t describe	ed in			
		(b)(1)(A)(iv). (Compl		t dooonbo	d in acatio	- 470/hV/	D/ A V6-A						
<u>6</u>	•		ent or governmental uni					v fram tha	annoral r	aublio desembed in			
7 📖			eives a substantial part	or its supp	ort from a	governme	miai unii C	i irom ure	generari	Dublic described in			
•	section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
8 L 9 X	-					tr	hutiana m	nomborobu	n food on	nd arong receipts fro			
لما و	•	-	eives (1) more than 33 nctions - subject to certa										
			axable income (less sec								7111		
		509(a)(2). (Complete		liononia	x) 110111 bu	311103303 6	icquired b	y the orga	inzation	arter durie 30, 1973			
			e Fait iii) perated exclusively to te	et for publ	c safety S	Soo coctio	n 500(a)(/	11					
	•	•	perated exclusively to te perated exclusively for th						v out the	nurnoses of one or			
اا ا			ations described in secti										
			organization and compl				., 000 300	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u)(0) , 0110	on the box and			
	a Type I		_	с П Тур			egrated		Ч	Type III - Other			
e 🗀	• • •		at the organization is not			•	•	r more disc	nualified r	• •			
ت ا			han one or more publicly										
f			tten determination from						(-)(-)	,(,(,			
•		rganization, check t				F + -1 - 7 F -	, , [[
g		•	organization accepted ar	nv aift or c	ontribution	from any	of the follo	owina pers	sons?	_			
9			lirectly controls, either al							Yes N	No		
			upported organization?	ŭ				,,,,,,	•	11g(i)			
	•		n described in (i) above?)						11g(ii)			
	• •	•	person described in (i)		?					11g(ıii)			
h	, ,		about the supported or							<u> </u>			
••	, , , , , , , , , , , , , , , , , , , ,	g		J	·-/								
(i) Namo	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did you	notify the	(vi) Is	the	(vii) Amount of			
	anization	(11) = 114	organization	in col. (i) lis	sted in your	organizat	ion in col.	organizátio (i) organiz	on in col. ed in the	support			
0.9.			(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	U.S	.?				
			(see instructions))	Yes	No	Yes	No	Yes	No				
·-··													
	i												
<u> </u>					_								
_				,									
-4-1													

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

Schedule A (Form 990 or 990-EZ) 2009

Sch	edule A (Form 990 or 990-EZ) 2009						Page 2
Pa	rt II Support Schedule for)(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I)				
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization'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				1		
4	Total. Add lines 1 through 3					ļ	
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,	İ					
	column (f)						
	Public support. Subtract line 5 from line 4		<u>.</u>	l	1	<u> </u>	<u> </u>
	ction B. Total Support			4) 2007	(0 0000	() 0000	(0 T-4-1
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on					1	
	securities loans, rents, royalties						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)				-		
	Total support. Add lines 7 through 10				.1	40	<u> </u>
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for		s tirst, secona, tni	ra, tourth, or tilth t	tax year as a section	on 501(c)(3)	
Sec	organization, check this box and storection C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2009 (column (fl)		14	%
			•	column (i))		15	
	33 1/3% support test - 2009. If the o			n line 13, and line	14 is 33 1/3% or m		•
IUa	stop here. The organization qualifies				77.000 17070 0.11	ioro, orioon and bo	▶ □
h	33 1/3% support test - 2008. If the o				l line 15 is 33 1/3%	or more, check th	us box
	and stop here. The organization qual					.	▶ □
172	10% -facts-and-circumstances tes	•			e 13, 16a. or 16b. a	and line 14 is 10%	or more.
a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					and the state of gar	▶□
h	10% -facts-and-circumstances tes					17a. and line 15 is	10% or
Ü	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
10	Private foundation. If the organization						ıs 🔚
_10	1 11 vate logination. If the organization	TI GIG TIOL OF GOT A	20/ 0/1 ///0 10/ 10	, 100, 110, 01 11			or 990-FZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 NONPROFIT HOUSING CORPORATION 62-1762101 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008(e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 2219399. 2550692. 2189412. 2355016. 1825096.11139615. 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 2355016, 2550692, 1825096, 11139615. 2219399. 2189412. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0. 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 0. c Add lines 7a and 7b 11139615. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 2189412 2355016. 2550692 1825096.11139615. 2219399 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 6,304 15,571 10,788 7,045 9,268. 48,976. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 15,571. 10,788. 9,268. 6,304. 7,045. 48,976. c Add lines 10a and 10b 11 Net income from unrelated business. activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 2225703. 2204983. 2365804. 2557737. 1834364.11188591 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 Publi	c support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.56	%
16 Publi	c support percentage from 2008 Schedule A, Part III, line 15	16	99.63	%
Section	D. Computation of Investment Income Percentage			
17 Inves	stment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	. 44	%
18 Inves	tment income percentage from 2008 Schedule A, Part III, line 17	18	.37	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

► X

Schedule D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009 Open to Public Inspection

Name of the organization

NONPROFIT HOUSING CORPORATION

Employer identification number 62-1762101

Pa	rt I Organizations Maintaining Donor Advise		Is or Accounts. Complete if the
<u> </u>	organization answered "Yes" to Form 990, Part IV, line		of Accounts. Complete if the
	organization answered Tes to Form 950, Fart IV, initial	(a) Donor advised funds	(b) Funds and other accounts
	Tatal mount and a said of coan	(a) Bollot davious talles	(b) t allow allow accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Pa	rt II Conservation Easements. Complete if the org	ranization answered "Ves" to Form 990	
·			Fait IV, line I
1	Purpose(s) of conservation easements held by the organization	 -1	internally important land area
	Preservation of land for public use (e.g., recreation or p	 1	istorically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
_	Preservation of open space	final annual satura annias button in the form	a of a concentration accomment on the last
2	Complete lines 2a through 2d if the organization held a qualif	ned conservation contribution in the form	Tota conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
_	Total number of conservation easements		2a
a	Total acreage restricted by conservation easements		2b
b	•	usture included in (a)	
C C	Number of conservation easements on a certified historic str Number of conservation easements included in (c) acquired a	* *	2c 2d
d	Number of conservation easements modified, transferred, rel		L
3	_	leased, extinguished, or terminated by the	ie organization during the tax
4	year ►	sement is located	
5	Does the organization have a written policy regarding the per		•
	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		_
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) above		
Ū	and section 170(h)(4)(B)(u)?	c saliery and requirements of economics	Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	
·	include, if applicable, the text of the footnote to the organization	·	
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and t	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pi	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these i	tems	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, o	r research in furtherance of public service	e, provide the following amounts relating to
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financi	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

$\overline{}$		<u>IT HOUSING</u>								Page 2				
Pai	t III Organizations Maintaining C													
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that	at are a sig	gnificant i	use of its	collection	items				
	(check all that apply)													
а	Public exhibition	c	, 🔲	Loan or exc	hange progr	ams								
b	Scholarly research	•	, 🗀	Other										
С	•													
4														
5	During the year, did the organization solicit of													
	to be sold to raise funds rather than to be mi								Yes	□ No				
Par	t IV Escrow and Custodial Arran					s" to Forn	n 990, Pa	rt IV, line	9, or					
	reported an amount on Form 990, Pa	rt X, line 21												
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	ssets not i	ncluded							
	on Form 990, Part X?		,						Yes	☐ No				
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table										
D	Too, explain the arrangement in account	and complete the	,						Amount					
_	Beginning balance						1c		7 11,70 21.11					
	Additions during the year						1d							
	Distributions during the year						1e							
4							1f							
7-	Ending balance	orm 000 Bort V line	010						Voc	No				
	2a Did the organization include an amount on Form 990, Part X, line 21?													
Par	t V Endowment Funds. Complete in		reword	"Voc" to Fo	rm 000 Part	IV line 10)							
rai	Litaowine it i unas. Complete				(c) Two year			ears back	(a) Four	ears back				
	Decree of war balance	(a) Current year	(D) P	rior year	(C) TWO year	15 back 1	u) Thies y	cais Dack	(e) roury	eais back				
1a	Beginning of year balance													
b	Contributions													
С	Net investment earnings, gains, and losses													
d	Grants or scholarships				-									
е	Other expenditures for facilities													
	and programs]											
f	Administrative expenses	···												
g	End of year balance		ļ											
2	Provide the estimated percentage of the year	r end balance held a												
а	Board designated or quasi-endowment		_%											
b	Permanent endowment	%												
С	Term endowment	%												
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ind administe	ered for th	e organız	ation						
	by									res No				
	(i) unrelated organizations								3a(i)					
	(ii) related organizations								3a(ii)					
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	on Sched	dule R?					3b					
4	Describe in Part XIV the intended uses of the													
Par	t VI Investments - Land, Building	s, and Equipm	ent. Se	e Form 990	, Part X, line	10								
	Description of investment	(a) Cost or o	i		or other		cumulate	ed	(d) Book	value				
		basis (investr		basis	(other)	dep	reciation							
1a	Land	260,								<u>,600.</u>				
b	Buildings	3,704,	402.			1,0	38,5	07.	<u>2,665</u>	<u>,895.</u>				
С	Leasehold improvements			_										
d	Equipment													
<u>е</u>	Other													
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10(c))				2,926	<u>,495.</u>				

Schedule D (Form 990) 2009

(a) Description of security or category (including name of security)	(b) Book value		od of valuation of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
	 		
	 		-
	+	<u></u>	·
			
			
otal (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value		od of valuation
(=)	(3, 2, 2, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	Cost or end-	of-year market value
			
			
5 - 1 (0 1 (1)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, III			(h) Dook value
(a) Description		(b) Book value
···			
			
		, 	
		· · · · · · · · · · · · · · · · · · ·	
otal. (Column (b) must equal Form 990, Part X, col (B) l	20.15.)		
Part X Other Liabilities. See Form 990, Part			
(a) Description of liability		b) Amount	
	··	oj / intotrit	
ederal income taxes		22 242	
SECURITY DEPOSITS PAYABLE		23,240.	
THER PAYABLES AND ACCRUED E	XPENSES	31,575.	
otal. (Column (b) must equal Form 990, Part X, col (B) li	77.051	54,815.	
ere: a coulon in must ocusi Form UU/) Port Y col/R) li	DB 25 1	3#'QT3"	

uncertain tax positions under FIN 48 932053 02-01-10

	edule D (Form 990) 2009 NONPROFIT HOUSING CORPORAT					<u>1762101</u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	o Aud	ited Finan	cial S	tatemen	<u>ts</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		_	
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8			
9	Total adjustments (net) Add lines 4 through 8			9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 at		Mith Dovo	10	r Dotur		
	t XII Reconciliation of Revenue per Audited Financial Statem	ents v	VILLI DEVE	nue pe			
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	ا ۔	1				
а	Net unrealized gains on investments	2a			_		
b	Donated services and use of facilities	2b					
С.	Recoveries of prior year grants	2c	+				
d	Other (Describe in Part XIV)	2d	J		—		
e	Add lines 2a through 2d				2e 3		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b	4a	1				
a	Other (Describe in Part XIV)	4b				: 	
C	Add lines 4a and 4b	<u> </u>	.1		4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5		
	t XIII Reconciliation of Expenses per Audited Financial Statem	nents	With Expe	enses	per Retu	irn	
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						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIV)	2d					
е	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	1	•				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b					
С	Add lines 4a and 4b				4c		
5 Do:	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIV Supplemental Information		.		5		_
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com						4, Part
					<u> </u>		
							-
							
		 .					

(Form 990 or 990-EZ) **SCHEDULE N**

Name of the organization

Department of the Treasury Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

1545-0047	60
OMB No	20

Open to Public

Inspection

Employer identification number

▶ Attach certified copies of any articles of dissolution, resolutions, or plans. ► Attach to Form 990 or 990-EZ.

ŝ (g) IRC section of recipient(s) (if tax-exempt) or type of entity Yes Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36 Use Schedule N-1 if additional 62 - 1762101(f) Name and address of recipient (e) EIN of recipient (d) Method of determining FMV for asset(s) distributed or transaction expenses (c) Fair market value of asset(s) distributed or amount of transaction NONPROFIT HOUSING CORPORATION expenses (b) Date of distribution (a) Description of asset(s) distributed or transaction expenses paid space is needed Part |

Did or will any officer, director, trustee, or key employee of the organization

Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

Become a direct or indirect owner of a successor or transferee organization? O

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

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Schedule N (Form 990 or 990-EZ) 2009

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Yes

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62 - 1762101	
CORPORATION	
NONPROFIT HOUSING CORPORATION	Dissolution (continued)
N (Form 990 or 990 EZ) 2009	Liquidation, Termination, or
Schedule	Part

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

4a Did the organization request or receive a letter from the IRS that the organization's exempt status was terminated?

Attach a copy of the letter and, if applicable, the organization's request for the letter b If "Yes," provide the date of the letter

5a is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b If "Yes," did the organization provide such notice?

6 Did the organization discharge or pay all liabilities in accordance with state laws?

7a Did the organization have any tax-exempt bonds outstanding during the year?

b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?

c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities If "No," explain in Part III

Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Earn 900, Fart IV, line 32, or Part II

	(g) IRC section of recipient(s) (if tax-exempt) or type	
	(e) EIN of recipient (f) Name and address of recipient	
	(e) EIN of recipient	
ls rieeded	ir market value of (s) distributed or int of transaction	
i ii additional space is nee	(b) Date of distribution	
rolli 990-EZ, ilile 30 Ose Scriedule IV-1 II additional space is rie	(a) Description of asset(s) distributed or transaction expenses paid	
	-	

1000 STONEGATE DRIVE MODEL CITY II, LP transaction expenses expenses

ARTNERSHIP LIMITED KINGSPORT, TN 37660 3-1654568 10,718,488,641,088 MODEL CITY APARTMENTS, KINGSPORT IN 08/25/09

Did or will any officer, director, trustee, or key employee of the organization

Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

Schedule N (Form 990 or Form 990-EZ) 2009

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Yes

×

8 8

20

21

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization Employer identification number 62-1762101 NONPROFIT HOUSING CORPORATION Form 990, Part VI, Section B, line 11: DISTRIBUTION TO OFFICERS AND INFORMAL CORRESPONDENCE. Form 990, Part VI, Section C, Line 19: DISTRIBUTION UPON REQUEST.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property) 990

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

Name(s) shown on return

▶ See separate instructions. Business or activity to which this form relates

Identifying number

NONPROFIT HOUSING CORP	ORATION		For	m_9	90 _	Page 10		62-1762	2101
Part I Election To Expense Certain Propert	•	79 Note: If yo	u have any lis	ted pr	operty,	, complete Part	V before y	ou complete Part	1
1 Maximum amount See the instructions							1		000.
2 Total cost of section 179 property place	d in service (see	instructions)					2		
3 Threshold cost of section 179 property i	3	800	000.						
4 Reduction in limitation Subtract line 3 fr	4								
5 Dollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	-0- If married file	ng separately, see	instruct	юпѕ		5		
6 (a) Description of prop	perty		(b) Cost (busine	ess use	onty)	(c) Elected	d cost	_	
								_	
7 Listed property Enter the amount from I	ine 29				7			Į	
8 Total elected cost of section 179 proper	ty Add amounts	s in column (c), lines 6 and	7			8	_	
9 Tentative deduction Enter the smaller of							9		
10 Carryover of disallowed deduction from	line 13 of your 20	008 Form 456	62				10		
11 Business income limitation. Enter the sm	aller of business	s income (not	less than zer	o) or li	ne 5		11		
12 Section 179 expense deduction Add lin	es 9 and 10, but	do not enter	more than lin	ne 11			12		
13 Carryover of disallowed deduction to 20				•	13				
Note: Do not use Part II or Part III below for			•					· · · · · · · · · · · · · · · · · · ·	
Part II Special Depreciation Allowan			-					1	
14 Special depreciation allowance for qualif	ied property (oth	ner than listed	d property) pla	aced II	n servi	ce during			
the tax year							14		
15 Property subject to section 168(f)(1) elec	:tion						15		
16 Other depreciation (including ACRS)							16	1	
Part III MACRS Depreciation (Do not	include listed pr		ction A						
47 MACDO de de de constante de				<u> </u>			17		
17 MACRS deductions for assets placed in	•	-	-			▶ □	17		
18 If you are electing to group any assets placed in service Section B - Assets F							⊒ i etion Svet		
Section B - Assets r	(b) Month and		depreciation					<u> </u>	
(a) Classification of property	year placed in service		vestment use instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation de	duction
19a 3-year property			· ·						
b 5-year property									
c 7-year property									
d 10-year property									
e 15-year property			_				-		
f 20-year property							,		
g 25-year property				2	5 yrs		S/L		
	/			27	5 yrs	MM	S/L		
h Residential rental property	/				.5 yrs	MM	S/L		
	/			3	9 yrs	MM	S/L		
i Nonresidential real property	/					ММ	S/L		
Section C - Assets Pl	aced in Service	During 2009	Tax Year Us	ing th	ne Alte	rnative Depre	iation Sys	stem	
20a Class life							S/L		
b 12-year				1	2 yrs		S/L		
c 40-year	/			4	0 yrs	MM	S/L		
Part IV Summary (See instructions)								-	
21 Listed property Enter amount from line	28						21	11,	682.
22 Total. Add amounts from line 12, lines 1		es 19 and 20	ın column (g)	, and	line 21				
Enter here and on the appropriate lines of	of your return Pa	artnerships a	nd S corporat	ions -	see in	str	22	11,	<u>682.</u>
23 For assets shown above and placed in s	ervice during the	e current yea	r, enter the						
portion of the basis attributable to section	n 263A costs				23				

_	m 4562		<u>NON</u>	PROFIT	<u>HOUS</u>	ING	<u>CORE</u>	PORAT	<u>ION</u>					<u>1762</u>		
Pa	art V	Listed Proper recreation, or a Note: For any	amusement)													
		through (c) of S	Section A, all	of Section B,	and Sec	ction C if	applica	ble								
		Section A	- Depreciati	on and Other	Informa	ation (Ca			ınstruc						<u>-</u>	
24a	Do you	have evidence to s	support the bu	siness/investme	nt use cl	aımed?	X Y	es	No	24b If "Y	es," is t	he evide	nce writ	ten? LX		No
	_	(a)	(b) Date	(c) Business/		(d)	Ba	(e) sis for depr	eciation	(f)	1	(g)		(h)		(i) cted
	Type (list ve	of property chicles first)	placed in	investment		Cost or ther basis		siness/invi	estment	Recovery period		thod/ vention		eciation uction	section	n 179
_			service	use percentag							<u> </u>				CC	ost
		depreciation all			property	piaced	ın servi	ce gunn	g me t	ax year ar	iu	25	10	960.		
		nore than 50% in ty used more tha										1 20	1 + 0 ,	J00.		
_		AUTO	7	100.00 9		2,53	2	12 5	: 3 3	5.00	2001	B-HY	 	722.		
NH NH		2010	040505		6 <u>1</u>	4,33	٠-	14,.	, <u>, , , , , , , , , , , , , , , , , , </u>	3.00	2001	<u> </u>		122.		
		ENCLAVE	112000			3,49	<u>, </u>	32 F	34	5.00	2001	B-MO				
						3,43	<u>* • </u>	24,.	774.	13.00	<u> 2001</u>	D MQ	4			
27	Proper	ty used 50% or le	ess in a quaii								S/L ·					
-					6		+			 	S/L·					
					6					-	S/L·					
	^ al al .a. a	nounts in column	(h) Imag 25			o and on	lino 21	page 1) O/L	28	11	682.		
								, page i				_ 20_		29		
<u>29</u>	Add an	nounts in column	(I), IIIIe 20 E			7, page i B - Infor		on Hea	of Val	hiclas				25		
C	nnloto t	his section for ve	biolog upod								or relate	d nersor	,			
If vo	npiete i	ided vehicles to y	our emplove	es. first answ	er the au	uestions	ın Secti	on C to	see if	vou meet	an exce	otion to	complet	ing this s	ection fo	or
	se vehic		our omploye	.00, 01 4	4					,			•	Ŭ		
			· · ·			2)		(b)		(c)		(d)	1	e)	(1	Α
20	Total bu	siness/investment	milae drivan d	uring the	-	a) hicle		hicle	Ι,	/ehicle	1	hicle	1	hicle	Veh	•
				uring the	Vei	IICIE	VE	INCIE	 '	CITICIE	1 00	Inicio	1 00	iloic	VOII	1010
	-	not include comi		theyear							<u> </u>					
		ommuting miles on ther personal (no	-	-					1		+					
32		mer personal (no	ncommung) miles												
20	driven	ulaa dewaa durua	a the year						 				1			
		ules driven during es 30 through 32	-		ĺ											
		es 30 trirough 32 ie vehicle availab		aluse	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
34		off-duty hours?	ie iui peisuii	ai use	165	140	163	140	100	- 140	103	1.00	100	110		1,00
25	•	e vehicle used p	rimarily by a	more								1			~	
33		% owner or relate	• •	more												
26		her vehicle availa	•	nal								 		1		
30	use?	riei veriicie avalie	ible for perse	ла												
	use.		Section C	- Questions f	or Empl	lovers W	ho Pro	vide Ve	hicles	for Use b	v Their	Employ	ees			L
Δne	war the	ese questions to												re not m	ore than	5%
		related persons	dotomino ii	you meet an e	хоорио	1 10 00,	picting	0001.011	2 .0	00.00						
		maintain a writte	en policy stat	ement that or	ohibits a	all persor	al use	of vehicl	les. inc	ludina coi	mmuting	ı. bv vou	r		Yes	No
٠.	employ		on poncy ora	omorne mar pr						J						
38		maintain a writte	en policy stat	ement that or	ohibits r	personal	use of	vehicles	. excer	ot commu	ting, by	vour			-	
		ees? See the ins														
		treat all use of v							,							
	•	provide more th	-				nforma	tion fron	n vour	emplovee	s about					1
	-	of the vehicles,							•	,						
		meet the require					monstra	ation use	e?							
71		f your answer to								covered ve	ehicles					
Pá	art VI		<u> </u>	<u>.,</u>	-,											
		(a)			(b)		(c)			(d)		(e)			(f)	
		Description o	f costs	Date	amortization begins		Amortiza amoun	bte t		Code section		Amortizz period or per		Ar fo	nortization or this year	
42	Amorti	zation of costs th	at begins du	iring your 2009		ar		_		 _	- 1		<u>·</u>			
			- 3	3,7=======												
		 	-			1	_	-	\top							
43	Amorti	zation of costs th	at began bet	fore your 2009	tax vea	ar	_						43			
		Add amounts in o	_	-			report						44			

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization RENT (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

1

Attachment Sequence No 67

Business or activity to which this form relates Identifying number

NO	NPROFIT HOUSING CORP	ORATION		DAY	TON	, TN	RESID	ENT	IAL	62-176210	1
Pa	irt Election To Expense Certain Propert	y Under Section 1	79 Note: If you ha	ve any lis	ted pr	operty, co	mplete Pa	rt V b	efore yo	ou complete Part I	
1	Maximum amount See the instructions	for a higher limit	for certain busine	esses					1	250,00	<u>0.</u>
2	Total cost of section 179 property place	d in service (see	instructions)						2		_
3	Threshold cost of section 179 property I	pefore reduction	ın lımıtatıon						3	800,00	0.
4	Reduction in limitation Subtract line 3 fr	om line 2 If zero	or less, enter -0-						4		_
5	Dollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	-0- If married filing sep	parately, see	e instruct	tions			5	•	
6	(a) Description of proj	perty	(b)	Cost (busin	ess use	only)	(c) Elec	ted cos	t		
7	Listed property Enter the amount from I	ine 29				7					
8	Total elected cost of section 179 proper	ty Add amounts	s in column (c), lin	es 6 and	7				8	·	
9	Tentative deduction Enter the smaller of	of line 5 or line 8							9		
10	Carryover of disallowed deduction from	line 13 of your 2	008 Form 4562						10	<u>.</u>	
11	Business income limitation. Enter the sm	aller of business	s income (not less	than zer	ro) or li	ne 5			11		
12	Section 179 expense deduction Add lin	es 9 and 10, but	do not enter moi	e than Iir	ne 11				12		
	Carryover of disallowed deduction to 20				<u> </u>	13					
	e: Do not use Part II or Part III below for	listed property l	nstead, use Part	<u> </u>							
Pa	rt II Special Depreciation Allowan	ce and Other D	epreciation (Do	not inclu	de liste	ed proper	ty.)				
14	Special depreciation allowance for qualit	ied property (otl	ner than listed pro	perty) pl	aced I	n service	during		}		
	the tax year								14	11,83	<u>4.</u>
	Property subject to section 168(f)(1) elec	ction							15		_
	Other depreciation (including ACRS)			_					16	24,13	<u>3.</u>
Pa	rt III MACRS Depreciation (Do not	ınclude listed pi)						
			Section	n A						24.00	
17	MACRS deductions for assets placed in	service in tax ye	ears beginning be	fore 2009	9			_	17	34,89	<u>2.</u>
18	If you are electing to group any assets placed in service							<u> </u>	<u> </u>		—
	Section B - Assets F		(c) Basis for depre				rai Depred	iatio	n Syste	em .	—
	(a) Classification of property	(b) Month and year placed in service	(business/investruonly - see instru	ent use		Recovery period	(e) Convention	on (f) t	Method	(g) Depreciation deduction	·
19a	3-year property		_								_
b	5-year property		3,	302.	5	Yrs.	MQ	20	0DB	82	<u>5 .</u>
С	7-year property							_			
<u>d</u>	10-year property				L .						_
е	15-year property		8,	530.	15	Yrs.	MQ	15	0DB	53	<u>3 .</u>
f	20-year property	•			_	_					
g	25-year property				}	5 yrs			S/L		—
h	Residential rental property	/				5 yrs	MM	_	S/L	·	—
		/			 -	5 yrs	MM	_	S/L		
i	Nonresidential real property	/			3	9 yrs	MM_		S/L		—
	Control C. Annata Di	/	During 2000 Tox	. Voor III		a Altaun	MM MM		S/L		
	Section C - Assets Pl	aced in Service	During 2009 1ax	(Year Us	sing tr	ie Alterna	ative Depre			tem	
<u>20a</u>					1	0.400	 -		S/L		
<u>b</u>		,				2 yrs	1414	_	S/L		—
Pa		/			. 4	0 yrs	MM		S/L		—
		20							T 0.4 T		—
	Listed property Enter amount from line:		oo 10 ood 00 :	oluma (~	۱ ممط	lina Od			21		—
	Total. Add amounts from line 12, lines 1	-							22	72,21	Ω
	Enter here and on the appropriate lines of For assets shown above and placed in s	-			1011S •	SEE HIST			1 22	14,41	<u> </u>
	portion of the basis attributable to section	=	Journal year, en	ioi iiie		23					

Pa	Listed Proper recreation, or a	ty (Include at	utomobiles, ce							compute	rs, and	propert	y used fo	or enterta	ainment,
	Note: For any through (c) of S	vehicle for wi	hich you are u of Section B,	sing the and Sed	standar	d mileag applica	je rate oi ble	r dedu	cting leasi	e expens	e, comp	lete oni	y 24a, 24	b, colum	nns (a)
			on and Other					ınstruc	tions for l	ımıts for _l	oasseng	er auto	mobiles)		
24a	Do you have evidence to s	support the bu	siness/investme	ent use cl	aimed?	Y	es 🗌	☐ No	24b If "Y	es," is th	e evide	nce wri	tten?] Yes [☐ No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta		(d) Cost or ther basis	l /bu	(e) sis for depre siness/inve use only	estment	(f) Recovery period	Met	g) hod/ ention	Depr	(h) eciation luction	Elec section	(i) cted on 179 ost
	Special depreciation allo			property	y placed	ın servi	ce durin	g the t	ax year ar	d	25		- -		
	used more than 50% in Property used more tha			988 1189							25			l	
20	r roperty asea more tha	110070 1114 9		6	•					T					
				6											
				6				-							
27	Property used 50% or le	ess in a quali	·	 -											
	,,		i	6						S/L·					
				6				*		S/L·				1	
				6						S/L·				1	
28	Add amounts in column	(h), lines 25	through 27 E	nter her	e and or	line 21	, page 1			•	28			1	
	Add amounts in column		-				., 5						29		
		_(//			B - Infor		on Use	of Vet	nicles					•	
If yo	nplete this section for ve ou provided vehicles to y se vehicles	hicles used l our employe	by a sole propess, first answ	rietor, p er the qu	artner, o uestions	r other ' in Secti	"more th on C to	an 5% see if y	owner," (you meet a	or related an excep	persor tion to	omplet	ing this s	section fo	or
				(a)	(b)		(c)	(0	d)		(e)	(f	7)
30	Total business/investment	miles driven d	uring the	Vel	hicle	Vel	hicle	V	ehicle	Veh	ıcle	Ve	hicle	Veh	ıcle
	year (do not include comr	nuting miles)													
31	Total commuting miles of	driven during	the year											ļ	
32	Total other personal (no	ncommuting) miles									}		ļ Ī	
	driven							ļ				ļ			
33	Total miles driven during	g the year												ļ	
	Add lines 30 through 32	?					1	<u> </u>	_	ļ .					
	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	during off-duty hours?				 		1	<u> </u>			_	ļ	-		
	Was the vehicle used pi		more									İ			
	than 5% owner or relate	•			 _	-		-							
	ls another vehicle availa use?	ble for perso	onal												
		Section C	- Questions 1	or Emp	loyers V	/ho Pro	vide Vel	nicles	for Use b	y Their E	mploye	es			
Ans	wer these questions to				-								re not m	ore than	5%
	ers or related persons			·											
	Do you maintain a writte employees?	en policy stat	ement that pr	ohibits a	all persor	nal use d	of vehicle	es, ınc	luding cor	nmuting,	by you	r		Yes	No
	employees. Do you maintain a writte	an noticy stat	ement that nr	ohihits r	nersonal	use of v	ehicles.	excen	t commut	ina by v	our				
	employees? See the ins										· ·				
	Do you treat all use of ve					,	00.0.0	, 0							
	Do you provide more that					ınformat	tion from	vour	emplovee:	s about					
	the use of the vehicles,		•					,							
	Do you meet the require					monstra	ation use	?							
	Note: If your answer to 3								covered ve	hicles					
$\overline{}$	Irt VI Amortization	37, 00, 00, 1	0,0,1,10	<u>.,</u>					70.0.00						
<u> </u>	(a) Description of	costs	Date	(b) amortization		(c) Amortizat		-	(d) Code		(e) Amortiza		Ą	(f) mortization	
	Amortization of costs th	at begins du	ring volus 2001	begins D tax ve	l ar	amount			section		period or per	centage	10	or this year	
42	CHOLIZATION OF COSTS IN	at begins du	ing your 200	, tax yea	1									· · · · ·	
								+			_				
42	Amortization of costs th	at began het	fore your 2009	tax ves	ır.						 -	43			
	Total Add amounts in o	-	-	-		renort						44			

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization RENT (Including Information on Listed Property)

► See separate instructions. Attach to your tax return.

2

OMB No 1545-0172

Sequence No 67 Identifying number

KINGSPORT, TN

Business or activity to which this form relates

62-1762101 NONPROFIT HOUSING CORPORATION RESIDENTIAL Part 1 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 250,000. 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000. 3 Threshold cost of section 179 property before reduction in limitation Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions (c) Elected cost (b) Cost (business use only) (a) Description of property 6 7 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 11,253. the tax year 15 Property subject to section 168(f)(1) election 15 150,406 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property) (See instructions) Section A 3,395. 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (business/investment use only - see instructions) (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property 3-year property 19a b 5-year property 7-year property C 10-year property d 11,252. 15 Yrs. MO 150DB 703 15-year property 20-year property f S/L 25-year property 25 yrs g 27.5 yrs MM S/L Residential rental property h 27 5 yrs ММ S/L MM S/L 39 yrs Nonresidential real property i MM S/I Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 yrs S/L b 12-year S/L 40-year 40 yrs MM Part IV Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 165,757. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Form 4562 (2009) Part V Listed Propert recreation, or a	y (Include at	PROFIT utomobiles, c							compute	ers, and			101 or enterta	
Note: For any v	ehicle for wi	hich you are u of Section B,	sing the	standar	d milea f applic	age rate o	r dedu	cting lease	expens	e, comp	eteonly	y 24a, 24	b, colun	nns (a)
Section A -	Depreciati	on and Other	Inform	ation (C	aution	: See the	instruc	ctions for l	ımıts for	passeng	ger autoi	mobiles)		
24a Do you have evidence to s	upport the bu	siness/investm	ent use c	laimed?		Yes	<u> No</u>	24b If "Y	es," is th	ne evide	nce writ	ten?	Yes	No_
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta		(d) Cost or ther basis	10	(e) lasis for deprousiness/inve use onl	estment	(f) Recovery period	Me	g) thod/ rention	Depre	(h) eciation uction	Ele sectio	(i) cted on 179 ost
25 Special depreciation allo	wance for q	ualified listed	propert	y placed	ın sen	vice durin	g the t	ax year an	id					
used more than 50% in	a qualified b	usiness use								25				
26 Property used more than	n 50% ın a q	ualified busin	ess use					_						
			%								ļ			
		•	%			_			_		ļ		<u> </u>	
			%					<u> </u>	L		L			
27 Property used 50% or le	ess in a quali				-			1	T = ::-				1	
			%	 _	-			 	S/L -		 		4	
			%						S/L·		-		1	
	/b) ! 05		%		. 1: 0				S/L ·				-	
28 Add amounts in column	• •	•				i, page i				28		29		
29 Add amounts in column	(I), III e 26 E					n on Use	of Val	niclos	· · · · ·			29	1	
Complete this section for ve If you provided vehicles to y those vehicles		by a sole prop	rietor, p	artner, c	or othe	r "more th	an 5%	owner," o				ing this s	section fo	or
30 Total business/investment i		uring the		(a) hicle	v	(b) ehicle	<u>v</u>	(c) /ehicle	1	d) ncle	-	e) hicle	(1 Veh	•
year (do not include comn	• ,				-		├─-						 	
31 Total commuting miles of	_	-							 		 	·	<u> </u>	
32 Total other personal (no	ncommuting) miles							ļ					
driven			ļ				-				-			
33 Total miles driven during	-													
Add lines 30 through 32 34 Was the vehicle available		al uca	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No No
during off-duty hours?	e ioi personi	ai use	163	140	163	140	163	, 140	162	140	163	140	163	140
35 Was the vehicle used pr	imarily by a i	more		-										
than 5% owner or relate												İ		
36 Is another vehicle availal use?	•	nal												
	Section C	- Questions	or Emp	lovers W	Vho Pr	ovide Vel	nicles	for Use b	y Their E	Employe	ees		<u>' </u>	
Answer these questions to cowners or related persons				-								re not m	nore than	5%
37 Do you maintain a writte employees?	n policy stat	ement that pr	ohibits a	all persor	nal use	of vehicl	es, inc	luding cor	nmuting	by you	r		Yes	No
38 Do you maintain a writte employees? See the inst						•				our				
39 Do you treat all use of ve														
40 Do you provide more tha	n five vehicl	es to your em	ployees	, obtain	ınform	ation from	your (employees	s about				1	
the use of the vehicles, a	and retain th	e information	receive	d ?										<u></u>
41 Do you meet the require	ments conce	erning qualifie	d autom	nobile de	monst	ration use	2							
Note: If your answer to 3	37, 38, 39, 40	0, or 41 is "Ye	s," do n	ot compl	lete Se	ction B fo	r the c	covered ve	hicles					
Part VI Amortization				,								~		
(a) Description of	costs	Date	(b) amortization begins		(C) Amortiz amou	able		(d) Code section		(e) Amortiza period or peri		Ai fo	(f) mortization or this year	
42 Amortization of costs that	at begins du	ring your 200	9 tax ye	ar										
	<u> </u>													
43 Amortization of costs that	•	•	-								43		-	<u>775.</u>
44 Total. Add amounts in c	olumn (f) Se	e the instruct	ions for	where to	repor	t					44		ΙΟ,	<u>775.</u>

4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization RENT (Including Information on Listed Property)

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

OMB No 1545-0172

Attachment Sequence No 67

Name(s) shown on return Business or

Business or activity to which this form relates

Identifying number

3

NONPROFIT HOUSING CORP				-	TN RESI		
Part I Election To Expense Certain Propert				tea property	, complete Par		
1 Maximum amount See the instructions	•					1	250,000.
2 Total cost of section 179 property place	d in service (see	instructions	5)			2	000 000
3 Threshold cost of section 179 property b	pefore reduction	in limitation				3	800,000.
4 Reduction in limitation Subtract line 3 fr	om line 2 If zero	or less, ent	er -0-			4	
5 Dollar limitation for tax year Subtract line 4 from line	If zero or less, enter	-0- If married fi				5	
6 (a) Description of prop	perty		(b) Cost (busine	ess use only)	(c) Elect	ed cost	
							
7 Listed property Enter the amount from I	ine 29				-	1	
8 Total elected cost of section 179 proper	ty Add amounts	ın column (c), lines 6 and	7		8	
9 Tentative deduction Enter the smaller of	of line 5 or line 8					9	
10 Carryover of disallowed deduction from	ine 13 of your 20	008 Form 45	62			10	
11 Business income limitation. Enter the sm	aller of business	income (no	t less than zer	o) or line 5		11	
12 Section 179 expense deduction Add lin						12	
13 Carryover of disallowed deduction to 20				▶ 13			
Note: Do not use Part II or Part III below for							
Part II Special Depreciation Allowan	ce and Other D	epreciation	(Do not include	de listed pro	perty)	<u> </u>	
14 Special depreciation allowance for qualit	ied property (oth	er than liste	ed property) pla	aced in servi	ce during		
the tax year						14	12,417.
15 Property subject to section 168(f)(1) elec	tion					15	
16 Other depreciation (including ACRS)						16	<u></u>
Part III MACRS Depreciation (Do not	include listed pr						
			ection A				54 000
17 MACRS deductions for assets placed in	service in tax ye	ars beginnir	ng before 2009)	. –	_17	61,906.
18 If you are electing to group any assets placed in service							
Section B - Assets F				Jsing the Ge	eneral Deprec	iation Syst	em
(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use e instructions)	(d) Recovery period	(e) Conventio	n (f) Method	(g) Depreciation deduction
19a 3-year property							
b 5-year property			2,299.	5 Yrs	. MQ	200DB	575.
c 7-year property							
d 10-year property							
e 15-year property			10,117.	15 Yr	s. MQ	150DB	632.
f 20-year property							
g 25-year property				25 yrs		S/L	
	/			27 5 yrs	MM	S/L	
h Residential rental property	/		_	27.5 yrs	MM	S/L	
	/		_	39 yrs	MM	S/L	
i Nonresidential real property	/				MM	S/L	
Section C - Assets Pl	aced in Service	During 200	9 Tax Year Us	sing the Alte	ernative Depre	ciation Sy	stem
20a Class life						S/L_	
b 12-year				12 yrs		S/L	
c 40-year				40 yrs	MM	S/L	
Part IV Summary (See instructions)							
21 Listed property Enter amount from line	28					21	
22 Total. Add amounts from line 12, lines 1		es 19 and 2	0 in column (g)	, and line 21			
Enter here and on the appropriate lines of						22	75,530.
23 For assets shown above and placed in s							
portion of the basis attributable to section	n 263A costs			23			

_	rm 4562 (2009)		PROFIT							comput	ers, and		-1762		Page 2
<u>.</u>	recreation, or a	amusement)													
	Note: For any through (c) of S	vehicle for wh Section A, all	hich you are u of Section B,	ising the and Se	standare ction C if	d milea f applica	ge rate o able	r dedu	cting lease	expen:	se, comp	eteon	l y 24a, 24	lb, colun	nns (a)
_	Section A	- Depreciation	on and Other	Inform	ation (Ca	aution:	See the	ınstruc	ctions for l	mits for	passen	ger auto	mobiles)	- F	
24:	a Do you have evidence to s	1		ent use c	laimed?	<u> </u>	res	_l No	24b If "Y	es," is t	he evide	nce wri	tten?	Yes L	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investmen use percenta	t n	(d) Cost or ther basis	l no	(e) Isis for depr Isiness/inve Use only	estment	(f) Recovery period	Me	(g) ethod/ vention	Depr	(h) reciation duction	Ele sectio	(i) cted on 179 ost
25	Special depreciation allo	owance for q	ualified listed	propert	y placed	ın serv	ice during	g the ta	ax year an	d					
_	used more than 50% in	a qualified b	usiness use	•							25				
26	Property used more tha	n 50% ın a q	ualified busin	ess use											
		<u> </u>	1	%											
			•	%										ļ	
_		<u> </u>		%						<u> </u>		<u> </u>		l	
<u>27</u>	Property used 50% or le	ess in a qualr		1					T	г		τ		Т	
		<u> </u>		%						S/L·				-	
				%						S/L -				-	
_		<u> </u>		%						S/L·	1			-	
	Add amounts in column		=				, page 1				28				
<u>29</u>	Add amounts in column	(i), line 26 E			/, page B - Infor		an Haa	of Vol	-ialaa				29	<u> </u>	
lf y	mplete this section for ve ou provided vehicles to y use vehicles									an exce	otion to		ting this s	ı	
30	Total business/investment	miles driven di	uring the	1	a) hicle		(b) hicle	v	(c) ehicle	1	d) hicle	1	(e) hicle	(1 Veh	
	year (do not include comr	,				<u> </u>		<u> </u>				<u> </u>			
	Total commuting miles of	-	•			_						<u> </u>			
32	Total other personal (no	ncommuting)) miles												
	driven							-				 			
33	Total miles driven during	-													
24	Add lines 30 through 32 Was the vehicle available		aluco	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	during off-duty hours?	e ioi personi	ai us c	165	140	163	INO	163	140	163	140	163	110	163	140
35	Was the vehicle used pr	nmarily by a r	more				1								
-	than 5% owner or relate	• •													
36	Is another vehicle availa	•	nal					<u> </u>							
	use?			;		<u> </u>	<u> </u>	L		_	<u> </u>	<u> </u>	<u> </u>		
owi	swer these questions to oners or related persons	determine if y		xceptio	n to com	pleting	Section I	B for v	ehicles us	ed by e	mployee	s who a	are not m	ore than	5%
37	Do you maintain a writte	n policy state	ement that pr	ohibits a	all persor	nal use	of vehicle	es, ınc	luding cor	nmuting	, by you	r		Yes	No
20	employees? Do you maintain a writte	n naliai stati	omont that no	ahihita i	araenal	uoo of	vobiolog	04000	t commut	na hu	,O. 15				
36	employees? See the ins		•								youi				
30	Do you treat all use of ve			, ,		110613, 1	anectors,	01 170	or more v	JWIIGIS					
	Do you provide more that	-				ınforma	tion from	VOLIT 6	emplovees	ahout					
70	the use of the vehicles,		•					your (omployee.	about					
41	Do you meet the require					monstr	ation use	2							1
•	Note: If your answer to 3								overed ve	hicles					
Pa	art VI Amortization										-				
	(a) Description of	costs	Date	(b) amortization begins		(C) Amortiza amour	ble it		(d) Code section		(e) Amortiza period or per		Ar fc	(f) nortization ir this year	
42	Amortization of costs the	at begins dur	ring your 200		ar										
								$oxed{\Box}$							
] _							
43	Amortization of costs that	at began befo	ore your 2009	tax yea	ır							43			<u>791.</u>
44	Total. Add amounts in c	olumn (f) Se	e the instruct	ions for	where to	report						44			791.

4562 to 1

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization RENT

(Including Information on Listed Property)

➤ See separate instructions.
➤ Attach to your tax returns.

Attach to your tax return.

Business or activity to which this form relates

OMB No 1545-0172 2009

5

Attachment Sequence No 67 Identifying number

NONPROFIT HOUSING CORPORATION

JONES PARK, NASHVILLE TN62-1762101

_	MEROFII HOODING CORE			<u> </u>	<u> </u>					5	=
	art Election To Expense Certain Propert				ted pro	operty,	complete Pai	t V D	1 . i		
1	Maximum amount. See the instructions to	for a higher limit	for certain b	usinesses					1	250,00	<u>U.</u>
2	Total cost of section 179 property place	d in service (see	instructions)					2		
3	Threshold cost of section 179 property b	efore reduction	ın limitation						3	800,00	<u>O.</u>
4	Reduction in limitation Subtract line 3 fr	om line 2 If zero	or less, ent	er -0-					4		
5	Dollar limitation for tax year Subtract line 4 from line	If zero or less, enter	-0- If married fil	ing separately, see	instruct	ions			5		
6	(a) Description of prop	erty		(b) Cost (busin	ess use	only)	(c) Elec	ted cos	t		
	· · · · · · · · · · · · · · · · · · ·	-									
		-	_								
											
7	Listed property Enter the amount from I	ne 29				7					
	Total elected cost of section 179 proper		sın column (c). lines 6 and	7				8		
	Tentative deduction Enter the smaller of		(-,,					9		
	Carryover of disallowed deduction from		008 Form 45	62					10		
	Business income limitation Enter the sm	-			n) or li	ne 5			11		_
	Section 179 expense deduction Add lin								12		_
						13			1 12		—
	Carryover of disallowed deduction to 20 te: Do not use Part II or Part III below for					10			!		—
_	art II Special Depreciation Allowan				da liete	ed pror	nerty)				
											—
14	Special depreciation allowance for qualif	iea property (ou	ier than iiste	a property) pi	aceu ii	Servi	de during			6,60	Λ
	the tax year								14	0,00	<u>u .</u>
	Property subject to section 168(f)(1) elec	tion							15		—
	Other depreciation (including ACRS)					_			16		
P	art III MACRS Depreciation (Do not	include listed pr)						
			Se	ection A					1		—
17	MACRS deductions for assets placed in	service in tax ye	ears beginnir	ng before 2009	9		, r-		17		—
18	If you are electing to group any assets placed in service										
	Section B - Assets F				Jsing	the Ge	neral Depre	ciatio	n Syste	em	
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use instructions)		Recovery period	(e) Convention	on (f)	Method	(g) Depreciation deduction	1
19a	3-year property										
b				6,600.	5	Yrs	. MQ	20	ODB	33	0.
	7										
ď	40			-							
e	45 mar aranadu			-							
f											_
	OF was property				2	5 yrs			S/L		_
9	20 year property	11/09	4	01,800.		5 yrs	MM		S/L	1,82	8.
ŀ	n Residential rental property	/		01,000.		' 5 yrs	MM		S/L		
		,				9 yrs	MM	\rightarrow	S/L		
i	Nonresidential real property	,				o yis	MM	_	S/L	,	
	Section C - Assets PI	oced in Service	During 200	Q Tay Vear I is	eina th	o Alto					—
_		aced in Service	During 200	3 Tax Tear O.	lig ti	ic Aite	Triative Depi				—
20 <i>a</i>									S/L		
	12-year					2 yrs		+	S/L		
	d 40-year	/			4	0 yrs	MM	Щ_	S/L		—
	art IV Summary (See instructions)			<u>-</u>					Γ.	· · ·	
	Listed property Enter amount from line								21		
22	Total. Add amounts from line 12, lines 1	4 through 17, lin	es 19 and 2	0 ın column (g), and	line 21					_
	Enter here and on the appropriate lines of	-			tions ·	see ins	str		22	_ 8,75	<u>8.</u>
23	For assets shown above and placed in s	ervice during the	e current yea	ar, enter the	i						
	portion of the basis attributable to section	n 263A costs				23					

Form 4562 (2009) Part V Listed Property		PROFIT							compute	ers, and		-1762 y used fo		
recreation, or an Note: For any ve	nusement)													
through (c) of Se	ection A, all	of Section B,	and Sec	tion C if	applica	ble								
Section A - I					$\overline{}$		$\neg \neg$						7	
24a Do you have evidence to su	pport the bus	(c)	ent use ci	aimeoz	<u> </u>	<u>es </u>	<u> </u>				1		_l Yes	<u> No</u> (i)
(a) Type of property (list vehicles first)	Date - placed in service	Business/ investment use percenta		(d) Cost or her basis	Lou	sis for depre siness/inve use only	stment	(f) Recovery period	Me	g) thod/ rention	Depr	(h) eciation luction	Ele sectio	cted on 179 ost
25 Special depreciation allow	vance for qu	ualified listed	property	placed	ın servi	ce durino	the t	ax year an	d					
used more than 50% in a	qualified bu	usiness use								25				
26 Property used more than	50% in a qu	ualified busin	ess use						1		,			
			%						-			-		
			%									_		
			%		!				l <u></u> _		<u> </u>		l	
27 Property used 50% or les	s in a qualif			-	1			1	l o #	_	1		I	
			%		-				S/L·				-	
-			% %						S/L -				-	
OO Add amounts in column (h) lines 25 t			o and or	lino 21	nage 1		!	3/L ·	28			1	
28 Add amounts in column (i 29 Add amounts in column (i	•	•				, paye i					<u> </u>	29		
29 Add amounts in column (i	<u> , iiile 20 Ei</u>		Section			on Lise	of Vet	nicles				1 23	l	
Complete this section for vehi If you provided vehicles to you those vehicles	icles used b ur employee	oy a sole propes, first answ	orietor, p er the qu	artner, o uestions	or other ' in Secti	more th	an 5% see if y	owner," o you meet a	or related an excep	d persor	omplet	ting this s	section fo	or
30 Total business/investment m	iles driven du	ırıng the	1	a) ncle	1	b) nicle	ν	(c) /ehicle		d) ncle		(e) hicle	(1 Veh	-
year (do not include commi	ıtıng mıles)													
31 Total commuting miles dri	iven during	the year					ļ							
32 Total other personal (none	commuting)	miles												
driven			<u> </u>				<u> </u>							
33 Total miles driven during t	the year		İ						ĺ				ļ	
Add lines 30 through 32	_		<u> </u>				 	Т		T		1		
34 Was the vehicle available	for persona	al use	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
during off-duty hours?			-		1	-								
35 Was the vehicle used prin	• •	nore										Ì		
than 5% owner or related 36 Is another vehicle available	•	nal					-							
use?	e ioi persor	IIai										ŀ		
		- Questions to meet an e	-	-								are not m	ore than	5%
37 Do you maintain a written employees?	policy state	ement that pr	ohibits a	ıll persor	nal use o	of vehicle	es, inc	luding cor	nmuting	, by you	r		Yes	No
38 Do you maintain a written	policy state	ement that pr	ohibits p	ersonal	use of v	ehicles,	excep	t commut	ing, by y	our our				
employees? See the instr	uctions for	vehicles used	by corp	orate of	fficers, d	irectors,	or 1%	or more	owners					
39 Do you treat all use of veh	ncles by em	nployees as p	ersonal	use?										
40 Do you provide more than	ı five vehicle	es to your em	ployees	, obtain	ınformat	ion from	your	employees	about				ļ	1
the use of the vehicles, ar	nd retain the	e information	received	1,5									ļ	
41 Do you meet the requirem		• .											ļ	
Note: If your answer to 37	<u>, 38, 39, 40</u>), or 41 is "Ye	s," do no	ot compi	<u>lete Sec</u>	tion B fo	<u>r the c</u>	covered ve	hicles					.
Part VI Amortization			(h)	_	(0)			(4)		(0)	1		(6)	_
(a) Description of co			(b) amortization begins		(C) Amortizat amount	ole		(d) Code section		(e) Amortiza period or per		Ar fo	(f) mortization or this year	
42 Amortization of costs that						400		·		100	3.5 1	<u> </u>		10
JONES PARK - LO	DAN COS	srs 11	1609		2	,130	•			180	M			12.
A0 A) +a : = :	<u> </u>							42			
43 Amortization of costs that 44 Total, Add amounts in co	•	•	•		renort						44			12.

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

If v	rou are filing for an Automatic 3-Month Extension, complete only Part I and check this box rou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)
	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	
Par		
	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	nplete
Part I	•	
to file	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an Income tax returns	
noted (not a you m	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or construct the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files gov/efile and click on e-file for Chanties & Nonprofits.	cally if (1) you want the additional nsolidated Form 990-T Instead,
Туре		Employer identification number
print		
File by 1	NONPROFIT HOUSING CORPORATION	62-1762101
due dat filing yo	te for Number, street, and room or suite no. If a PO box, see instructions but 4219 HILLSBORO ROAD No. 220	
return S instruct		
Chec	k type of return to be filed (file a separate application for each return)	
$\overline{\mathbf{x}}$	Form 990 Form 990-T (corporation) Form 4	720
	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 55	227
	Form 990-EZ Form 990-T (trust other than above) Form 60	069
	Form 990-PF	370
Tel ● If t	CAMPBELL BROWN le books are in the care of ► 4219 HILLSBORO ROAD, STE 220 - NASHVILI lephone No ► (615) 269-6742 FAX No ► the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th If it is for part of the group, check this box ► and attach a list with the names and EINs of all	▶ □
box 🎚	If it is for part of the group, check this box	members the extension will cover
	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitary and the request 15, 2010 and the exempt organization return for the organization named a sign of the organization's return for a corporation required to file Form 990-T) extension of time unitary and the required to file Form 990-T) extension of time unitary and sign of the organization return for the organization named a sign of the organization's return for a corporation required to file Form 990-T) extension of time unitary and sign of the organization return for the organization named a sign of the organization return for the organization named a sign of the organization is sign of the organization of time unitary and the org	ııl
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitary and the second of the exempt organization return for the organization named a second of the exempt organization return for the organization named a second of the exempt organization return for the organization or the organization or the exempt organization return for the organization named a second organization or the exempt organization return for the organization named a second organization or	ııl
1 2 3a	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unital August 15, 2010 and the exempt organization return for the organization named a significant set of the organization's return for a calendar year 2009 or a calendar year 2009 or a calendar year beginning and ending and	cill above The extension Change in accounting period
1 2 3a	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitary August 15, 2010, to file the exempt organization return for the organization named a sign of the organization's return for X	ul bove The extension
1 2 3a b	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitary and the second of the exampt organization return for the organization named as is for the organization's return for ★ X calendar year 2009 or ★ tax year beginning, and ending, and ending If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	cill above The extension Change in accounting period 3a \$
1 2 3a b	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitary and the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitary and the automatic state of the organization return for the organization named as is for the organization's return for the organization named as is for the organization's return for the organization named as is for the organization return for the organization named as is f	cill above The extension Change in accounting period
1 2 3a b	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitary and the organization is for the organization return for the organization named a sist of the organization's return for the organization return for the organization named a sist of the organization's return for the organization named a sist of the organization's return for the organization named a sist of the organization's return for the organization named a sist of the organization is for the organization named a sist of this tax year is for less than 12 months, check reason. Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	cill above The extension Change in accounting period 3a \$
1 2 3a b c	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitary and the automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unitary and the automatic state of the organization return for the organization named as is for the organization's return for the organization named as is for the organization's return for the organization named as is for the organization return for the organization named as is f	cill above The extension Change in accounting period 3a \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)