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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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	ΑF	or the	2010 calendar year, or tax year beginning JUL 1, 2010 and ending	JUN 30, 2011			
	Вс	heck if	C Name of organization	D Employer identific	ation number		
		7Addres	_ HOUSING PARTNERS OF TOLSA, INC.				
	L	_change _Name	C/O HOUSING AUTHORITY OF THE CITY OF TUL				
	<u></u>	Johange Initial			73-1397452		
		_return	Number and street (or P.O. box if mail is not delivered to street address) Room/si	1 '			
	F	Termin Lated	FO BOX 0309	918.5	82.0021		
	<u> </u>	return	City or town, state or country, and ZIP + 4	G Gross receipts \$	290,392.		
	L	tion pendir	10L5A, OK 74148-0309	H(a) Is this a group ref			
			F Name and address of principal officer CHEA REDDITIT	for affiliates?	Yes X No		
				06 H(b) Are all affiliates incl			
				 1	ist (see instructions)		
			te: ► N/A organization: X Corporation Trust Association Other ► L Y	H(c) Group exemption rear of formation: 1991 M			
		rt I	Summary	ear or formation. 1991 M	State of legal domicile, OK		
			Briefly describe the organization's mission or most significant activities THE MISS	TON OF HOUSING	PARTNERS		
	Activities & Governance		OF TULSA IS TO PROVIDE A WIDE RANGE OF AFFOR				
	- La		Check this box if the organization discontinued its operations or disposed of n				
	Ş		Number of voting members of the governing body (Part VI, line 1a)	3			
	Ğ		Number of independent voting members of the governing body (Part VI, line 1b)	4	6 6		
	နှင့	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0		
	ξį	6	Total number of volunteers (estimate if necessary)	6	0		
\approx	cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.		
1 1 2017	_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
				Prior Year	Current Year		
	<u>o</u>	8	Contributions and grants (Part VIII, line 1h)	348,986.	<u>289,832.</u>		
APR	Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.		
	3ev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	240.	560.		
SCANNED	_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.		
2	_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	349,226.	290,392.		
3			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	61,682.	0.		
3			Benefits paid to or for members (Part IX column (A), line 4)	0.	0.		
Ō	ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.		
	Expenses		Professional fundraising fees (Part IX column (A), line 11e)	0.	0.		
	Exp	b	Total fonoralsing/expenses/Rart IX, f30mn (D), line 25)	220 501	04 265		
			Other Expenses (Part IX, column (A) lines 11a-11d, 11f-24f)	238,501.	94,365.		
		18	Total expenses Add lines 13-17 (musequal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	300,183.	94,365.		
	-SS	19	Revenue less expenses "Subtract line 18 from line 12	49,043.	196,027.		
	Net Assets or Fund Balances	00	Total assets (Part X, line 16)	Beginning of Current Year 203,809.	End of Year 397,538.		
	Asse		Total liabilities (Part X, line 16)	16,026.	13,728.		
	Set	1	Net assets or fund balances Subtract line 21 from line 20	187,783.	383,810.		
		irt II	Signature Block	107,703	303,010.		
			alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my	knowledge and belief, it is		
			ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	•			
			M. M. M.				
	Sign	า	Signature of officer	Date			
	Her	е	CHEA REDDITT, PRESIDENT	3 17	2		
			Type or print name and title	- LOade - Tohook -	DTIN		
			Print/Type preparer's name Preparer's signature	Date Check C	PTIN		
	Paid		LESLIE JONES		0		
		arer	Firm's name SARTAIN FISCHBEIN & CO.	Firm's EIN			
	use	Only	Firm's address 3010 S. HARVARD AVE., STE 400	Dh /	010\740 6601		
	NA 00	the !!	TULSA, OK 74114-6193 RS discuss this return with the preparer shown above? (see instructions)	Phone no. (918)749-6601 X Yes No		
		01 02-2			Form 990 (2010)		
	-020		· · · · · · · · · · · · · · · · · · ·		\ \ \/ \		

73-1397452 Form 990 (2010) C/O HOUSING AUTHORITY OF THE CITY OF TUL Page 2 Part III Statement of Program Service Accomplishments \mathbf{X} Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission. THE MISSION OF HOUSING PARTNERS OF TULSA IS TO PROVIDE A WIDE RANGE OF AFFORDABLE HOUSING OPTIONS FOR LOW AND MODERATE INCOME TULSANS AND TO PROMOTE PROGRAMS LEADING TO SELF-SUFFICIENCY AND HOME OWNERSHIP. ACHIEVE THESE ENDS, HPT WILL INITIATE COOPERATIVE EFFORTS WITHIN THE Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 25,052. including grants of \$ (Code) (Expenses \$) (Revenue \$ PURCHASE AND RENOVATE, IN ORDER TO RESELL, HOMES FOR THE BENEFIT OF LOW INCOME FAMILIES. 7,272. including grants of \$ 4b (Code.) (Expenses \$) (Revenue \$ HOUSING COUNSELING PROGRAM PROVIDES COUNSELING TO FIRST TIME HOME BUYERS FOR LOW INCOME FAMILIES. 42,385. including grants of \$ (Code.) (Expenses \$) (Revenue \$ 4c ADMINISTER HOME PROGRAM FUNDS SET ASIDE FOR THE PURPOSE OF PROVIDING DOWN PAYMENT ASSISTANCE TO ELIGIBLE POTENTIAL HOMEBUYERS. Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ 74,709. 4e Total program service expenses

Form **990** (2010)

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule C and the organization required to complete Schedule S, Schedule of Contributors? 3 Did the organization required to complete Schedule S, Schedule of Contributors? 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(t) election in effect during the tax yea?" If "Yes," complete Schedule C, Part II 5 Is the organization as eaction 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts a defined in Review Proceeding 98179 If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, diet imanagement, credit repair, or debit negotiation serves of If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for investments - other securities in Part X, line 10° If "Yes," complete Schedule D, Part VII 11 By X Did the organization report an amount for investments - other securities in Part X, line 10° If "Yes," complete Schedule D, Part XII 11 Did the organization report an amount for investments - other securities in Part X, line 10° If "Yes," complete Schedule D, Part XII 12 Did the organization report an amount for investments - other securities in Part X, line 10° If "Yes," complete Schedule D, Part XIII 12 Did the organization report an amount for investments - other securities in Part X, line 10° If "Yes," complete Schedule				Yes	No
## 1 ** Section 501(c) organizations. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? #* 17*es.** complete Schedule C, Part II **Section 501(c)** organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? #* 17*es.** complete Schedule C, Part II **Section 501(c)** organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? #* 17*es.** complete Schedule C, Part II **Section 501(c)** organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? #* 17*es.** complete Schedule C, Part II **Section 501(c)** organizations. Did the organization in any donor advised funds or any somitar funds or accounts? #* 17*es.** complete Schedule D, Part II **Did the organization receive or thold a conservation assessment, including assessments to preserve open apace, the environment, historic land areas, or historic structures? #* 17*es.** complete Schedule D, Part II **Did the organization receive in through a related organization, hold assets in term, permanent, or quasi-endowments? #* 17*es.** complete Schedule D, Part V **Did the organization in anount for fand, buildings, and equipment in Part X, line 10? #* 17*es.** complete Schedule D, Part V **Did the organization report an amount for investments - other securities in Part X, line 10? #* 17*es.** complete Schedule D, Part V **Did the organization report an amount for minestments - other securities in Part X, line 10? #* 17*es.** complete Schedule D, Part V X **Did the organization report an amount for minestments - other securities in Part X, line 10? #* 17*es.** complete Schedule D, Part X X **Did the organization report an amount for minestments - other securities in Part X, line 10? #* 17*es.** complete Schedule D, Part X X **Did the organization report	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 501(k)S organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(k)(s), 501(k)(s), 601(k)(s),		If "Yes," complete Schedule A	1	X	
public office? If "Yes," complete Schedule C, Part II Section 501(K) organizations. Dot the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part III Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 95197 If "Yes," complete Schedule C, Part III Did the organization amount on rivestment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or rivestment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts in such extendition of the such assessments of the such assessment organization and accounts of the such assessment organization and amount for though a related organization, served or though a related organization, served or though a related organization services? If "Yes," complete Schedule D, Part IV If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part IV If If the organization amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X If It If	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section \$01(c)(3) organizations. Did the organization engage in lobbying activities, or have a section \$01(i) election in effect during the tax year? If "Yes," complete Schedule C, Part III 5 Is the organization a section \$01(c)(4), 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or amiliar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 6 Did the organization maintain and yothor advessed funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization report an endount in Part X, including assements to preserve open space, the environment, instoric land areas, or historic structures? If "Yes," complete Schedule D, Part IV 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 9 Did the organization memoral management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV 12 Did the organization report an amount for investments - other securities in Part X, line 11 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XV 13 Did the organization report an amount for other labilities 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 XV 14 Did the organization report an amount for other labilities 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 XV 15 Did the organization shall be a schedule Schedule Schedule Schedu	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
duming the tax year? If Yes," complete Schedule C, Part II 1 is the organization a section 501(c)(4), 501(c)(5), cr501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If Yes," complete Schedule C, Part III 2 io dithe organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part II 3 io dithe organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical admass, or historic structure? If Yes, "complete Schedule D, Part IV 3 io dithe organization maintain collections of works of art, historical treasures, or other similar assets? If Yes," complete Schedule D, Part IV 3 io dithe 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 nagoliation services? If Yes, "complete Schedule D, Part IV 3 if Yes," complete Schedule D, Part V 4 if the organization report an amount for fine following questions is "Yes," then complete Schedule D, Part IV 4 if the organization report an amount for investments or other securities in Part X, line 10? If Yes," complete Schedule D, Part VII 4 io Did the organization report an amount for investments or other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 15? If Yes," complete Schedule D, Part VII 5 io Did the organization report an amount for investments or program related in Part X, line 15? If Yes," complete Schedule D, Part VII 6 io Did the organization report an amount for investments or program related in Part X, line 15? If Yes," complete Schedule D, Part XII 7 io Did the organization report an amount for investments or there is a visible section of its total assets reported in Part X, line 15? If Yes,		public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
5 is the organization a section \$01(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98:192 if "Yes," complete Schedule C, Part III 6 Did the organization irianitaria any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts if "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, instorical reasures, or other similar assets? If "Yes," complete Schedule D, Part IV 8 Did the organization and incomplete schedule or part in the organization in the organization of the organization in the organization or the second organization, including assemble and the organization report an amount for repair, or debt negotation services? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for limited organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV 11 If the organization report an amount for investments - roganization in the organization report an amount for investments - roganization in the organization report an amount for investments - roganization and in the organization report an amount for investments - roganization report an amount for investments - roganization report an amount for investments - roganization report an amount for organization report an amount for organizatio	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
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6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II B Did the organization and areas, or historic structures? If "Yes," complete Schedule D, Part II B Did the organization or announts of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III B 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 II If the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV II If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part IV II II II the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part IV II	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part II 7 Bid the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 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, debit management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 1 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part IV 1 Did the organization report an amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part V 1 Did the organization report an amount for investments or the securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 1 Did the organization report an amount for investments or program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 1 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 X 1 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 X 1 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 X 1 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			5		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II! 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II! 9 Did the organization of, drectly of through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV 10 Did the organization, drectly of through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 12 Did the organization report an amount for investments - organization assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 10 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 VII 10 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization separate or consolidated financial statements for the tax year include a diontorial that addresses the organization or sepont an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization or section obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11 Did the organization aschool described in section 17(0b)(1)(4)(4)(9)? If "Yes," complete Schedule D, Part X, XII, and XIII soptional 13 Did the organization report on Part IX, column (A), line 3, more than \$	6	, ,			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 7		· · · · · · · · · · · · · · · · · · ·	6		X
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III B Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide oredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Press, "complete Schedule D, Part V Press," complete Schedule D, Part V Press, "complete Schedule D, Part V Press," then complete Schedule D, Part V Press, V Part V Press, "complete Schedule D, Part V Press," complete Schedule D, Part V Press, "complete Schedule D, Part V Press," complete Schedule D, Part V Press, "complete Schedule D, Part V Press," complete Schedule D, Part X Press,	7	· · · · · · · · · · · · · · · · · · ·			
Schedule D, Part III 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 13 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 IVIII 14 Did the organization is ability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 15 Did the organization is ability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 16 Did the organization is ability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 17 Yes," and if the organization is ability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 18 Did the organization is ability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 19 Did the organization is ability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 19 Did the organization is a school described in section 170(b)(1)(A)(A)(A) If "Yes," complete Schedule D, Part X, XII, and XIII is optional is the organization report and part and the			7		X
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Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)A(ii)? If "Yes," complete Schedule E 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, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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		-	20b		

Page 3

Form 990 (2010) C/O HOUSING AUTHORITY OF THE CITY OF TUL

Part IV Checklist of Required Schedules (continued) 73-1397452 Page 4

	•		Yes	No
21	Did 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 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		х
L.	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		^
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	OEL	ŀ	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		- 21
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<u></u>		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		[
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2010)

HOUSING PARTNERS OF TULSA, INC. Form 990 (2010) C/O HOUSING AUTHORITY OF THE CITY OF TUL 73-1397452 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Ol Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 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? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7е

Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? **Qh** 10 Section 501(c)(7) organizations. Enter

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a initiation fees and capital contributions included on Part VIII, line 12

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O

Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13b 13c X

12a

13a

10a

Form **990** (2010)

HOUSING PARTNERS OF TULSA, INC. C/O HOUSING AUTHORITY OF THE CITY OF TUL

Form 990 (2010)

73-1397452

Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change							
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI			\overline{X}				
Secti	on A. Governing Body and Management							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7		Yes	No				
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X				
5 6	5 ,							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		<u>х</u> х				
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		X				
a	The governing body?	-	X					
ь 9	Each committee with authority to act on behalf of the governing body?	8b 9	X					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	de.)					
		-	Yes	No				
10a b	Does the organization have local chapters, branches, or affiliates?	10a 10b		_X_				
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X_				
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 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	1.57 kg	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b	1	X Kare				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)							
b	with a taxable entity during the year?	16a 16b		X I				
Section	on C. Disclosure	1 1						
17	List the states with which a copy of this Form 990 is required to be filed ► OK							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.)s only) ava	ılable				
19	Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.		est p	olicy,				
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► HOUSING PARTNERS OF TULSA - 918.582.0021 415 E INDEPENDENCE, TULSA, OK 74106							

C/O HOUSING AUTHORITY OF THE CITY OF TUL

73-1397452

age 7

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

Form 990 (2010)

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

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	G Institutional trustee	Officer	≅ Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) RUTH NELSON CHAIR	0 30							0.	0.	0.
(2) ADA TOTTRESS DIRECTOR	0.30							0.	0.	0.
(3) PAM SCHLOEDER DIRECTOR	0.30							0.	0.	0.
(4) G DOUGLAS FOX DIRECTOR	0.30							0.	0.	0.
(5) DOROTHY GATEWOOD DIRECTOR	0.30							0.	0.	0.
(6) REV M C POTTER DIRECTOR	0.30							0.	0.	0.
(7) REUBEN GANT VICE CHAIR	0 30							0.	0.	0
(8) CHEA REDDITT PRESIDENT	0.30							0.	0.	0
(9) LADEANNA ANDERSON VICE PRESIDENT	0.30							0.	0	0.
(10) DON HAMMONS TREASURER	0.30							0.	0.	0.
(11) TERRI COLE SECRETARY	0 30							0	0.	0.
(12)										
(13)										
(14)										******
(15)					-					
(16)										

Form	gan	(2010)
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HOUSING PARTNERS OF TULSA, INC.
C/O HOUSING AUTHORITY OF THE CITY OF TUL 73-1397452 Page 8

	Section A. Onicers, Directors, Tre		l	,,,,,			ngn	COL						
	(A)	(B)			(C Posi	-			(D)	(E)		(F) Estimated		
	. Name and title	Average hours per	(cl				ı app	Iv)	Reportable compensation	Reportable compensation	, [imated	
		week	ļ.,	T	. u		Т	',,	from	from related	١		other	,,
		(describe	ector	1					the	organizations	,		ensat	ion
		hours for	5	 8			ated		organization	(W-2/1099-MIS	C)	fro	m the	,
		related	nstee.	trust		es es	npens		(W·2/1099-MISC)			•	ınızatı	
		organizations in Schedule	Jual tr	institutional trustee		l ge	st con				l		relate	
		O)	Individual trustee or director	nstitu	Officer	Key employee	Highest compensated employee	Former			Ì	orga	nızatıc	ons
					_	_	-							
							1				ļ			
				┢										
			1											
		 	<u> </u>	╁		-						_		
											i			
			-	 	-		1							
			1											
									-					
											ļ			
1b	Sub-total		1	1	1	1	 	<u> </u>	0.		0.			0.
	Total from continuation sheets to Part V	II. Section A					•		0.		0.			0.
	Total (add lines 1b and 1c)	,					•		0.		0.			0.
2	Total number of individuals (including but i	not limited to th	nose	e list	ed a	bov	e) w	ho r	eceived more than \$100	0,000 in reportable	e	•••		
	compensation from the organization						•							0
													Yes	No
3	Did the organization list any former officer	, director or tru	ıste	e, ke	y en	nplo	yee,	or I	nighest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for	such individual	,									3		Х
4	For any individual listed on line 1a, is the s	um of reportat	ole c	omp	ens	atıo	n an	d ot	her compensation from	the organization				
	and related organizations greater than \$15	50,000 <i>? If</i> "Yes	, " cc	отр	lete .	Sch	edul	le J	for such individual			4		X
5	Did any person listed on line 1a receive or	accrue compe	nsa	tıon	from	n an	y un	relat	ted organization or indiv	ridual for services				
	rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	uch	per	son					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated in	dep	end	ent d	cont	tract	ors 1	that received more than	\$100,000 of com	pens	ation f	rom	
	the organization NONE													
	(A)								(B)		_	()		_
	Name and business	s address							Description of	services		ompe	nsauo	n
									-					
-														
	Total number of independent contractors	(including but	not I	lımıtı	ad to	th	ا موه	ısto	d above) who received i	more than				
~	\$100,000 in compensation from the organ		ioti		Juli	, u 11	0561	1310	a above, who received i	nore trials				
	#100,000 in compensation nom the older	nzation					<u> </u>						000	

Form 990 (2010) C/O HOUSING AUTHORITY OF THE CITY OF TUL 73-1397452 Page 9
Part VIII Statement of Revenue

	•	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
တ္တတ	1 2	Federated campaigns	1a					010,01014
au	b	Membership dues	1b					
g,E	c	Fundraising events	1c					
Contributions, gifts, grants and other similar amounts		Data to the	1d					
s, g	e	Government grants (contribut		275,444.				
Sisi	f	All other contributions, gifts, gran						
E E	•	similar amounts not included abo		14,388.				
들임	a	Noncash contributions included in lines						
유	-	Total. Add lines 1a-1f		•	289,832.			
\Box				Business Code				
ا پو	2 a		,					
Program Service Revenue	b							
중립	С						_	
eve eve	d							
6	е				-			
ਕੁ	f	All other program service reve	enue					
\perp	g	Total. Add lines 2a-2f		>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	560.			560.
	4	Income from investment of ta	x-exempt bond p	roceeds -				
	5	Royalties		_				
			(ı) Real	(II) Personal				
	6 a	Gross Rents						
	b	•						
	С	` '		L				
- 1		Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b							
		and sales expenses						
ļ	C	Gain or (loss)		l				
Ì	a	Net gain or (loss)	a ayanta (nat	•				
Je l	ва	Gross income from fundraisin	of					
Other Reven		contributions reported on line						
Be		Part IV, line 18	a a					
the l	h	Less direct expenses	b					
ō		Net income or (loss) from fund	_					
		Gross income from gaming a						
		Part IV, line 19	а					
	b	Less. direct expenses	b					
		Net income or (loss) from gan	ning activities					ļ
	10 a	Gross sales of inventory, less	returns					
ļ		and allowances	а					
	b	Less cost of goods sold	b					
1	С	Net income or (loss) from sale	es of inventory					
[Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С	·						
	d	All other revenue						
	е	Total. Add lines 11a-11d		>				
03000	12	Total revenue. See instructions.		<u> </u>	290,392.	0.	0.	
03200 12-21	-10							Form 990 (2010)

73-1397452 Page **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) (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV. line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees) Management Legal Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees q Advertising and promotion 12 13 Office expenses 14 Information technology Royalties 15 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 42,385. 42,385. **EXPENSES** CHDO 25,052 25,052 HOME EXPENSES PROGRAM 19,656 19,656. G&A C 7,272 COUNSELING 7,272 EXPENSES All other expenses f 0. 94,365 74,709 19,656 Total functional expenses Add lines 1 through 24f 25 Joint costs. Check here I if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a

solicitation

combined educational campaign and fundraising

Part X	Balance	Sheet

_ aı	<u>t X</u>	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		74,186.	1	20,078.
	2	Savings and temporary cash investments	Į		2	
	3	Pledges and grants receivable, net	Į.	19,153.	3	<u> 19,619.</u>
	4	Accounts receivable, net		9,511.	4	11,146.
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee	es Complete Part II		1	
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c				
		employers and sponsoring organizations of sect				
Assets		employees' beneficiary organizations (see instru	ctions)		6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use	1,028.	8	279,995.	
	9	Prepaid expenses and deferred charges	, ,		9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 21,700.	00 001		01 500
	b	Less accumulated depreciation	99,931.	10c	21,700.	
	11	Investments - publicly traded securities		11	45,000.	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11	202 000	15	207 520	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	203,809. 16,026.	16	397,538. 13,728.
	17	Accounts payable and accrued expenses	10,020.	17 18	13,720.	
	18	Grants payable		19		
	19	Deferred revenue			20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete	Part IV of Sahadula D		21	
Liabilities	21	Payables to current and former officers, director			21	
Ξ	22	highest compensated employees, and disqualif				
Ë		of Schedule L	ica persons complete rait ii		22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	·		24	, ,
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		16,026.		13,728.
		Organizations that follow SFAS 117, check h	ere X and complete			
S		lines 27 through 29, and lines 33 and 34.				
ü	27	Unrestricted net assets		43,348.	27	42,817.
sala	28	Temporarily restricted net assets		144,435.	28	340,993.
ᅙ	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117, or	heck here 🕨 🔲 and			
ō		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds	,		30	
Ass	31	Paid-in or capital surplus, or land, building, or ea	quipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ncome, or other funds		32	
Z	33	Total net assets or fund balances		187,783.		383,810.
	34	Total liabilities and net assets/fund balances		203,809.	34	397,538.

Form 990 (2010)

HOUSING PARTNERS OF TULSA, INC. C/O HOUSING AUTHORITY OF THE CITY OF TUL Form 990 (2010) Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 290,392. 1 Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) 94,365. 2 2 196,027. 3 Revenue less expenses Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 187,783. 4 Other changes in net assets or fund balances (explain in Schedule O) 5 383,810. 6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990 __ Cash 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 2b X Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X 2¢ review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both Consolidated basis Both consolidated and separate basis X Separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Х Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit 3b or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2010)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HOUSING PARTNERS OF TULSA, INC.

C/O HOUSING AUTHORITY OF THE CITY OF TUL

Employer identification number 73-1397452

Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). \mathbf{x} An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. _ Type I b Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization in col. organization in col (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 C/O HOUSING AUTHORITY OF THE CITY OF TUL73-1397452 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support	<u> </u>	· · · · · · · · · · · · · · · · · · ·	·			
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and				1-7.		
-	membership fees received (Do not						
	include any "unusual grants.")	797,487.	1,484,042.	79,566.	348,986.	289,832.	2,999,913.
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						
4	Total. Add lines 1 through 3	797,487.	1,484,042.	79,566.	348,986.	289,832.	2,999,913.
5	The portion of total contributions	•	• • •			•	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						715,229.
6	Public support. Subtract line 5 from line 4						2 284 684
	ction B. Total Support	1			 		2,204,004.
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	797,487.	1 484 042	79,566.	348,986.	289,832.	2,999,913.
-	Gross income from interest,	75772071	1,404,042.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	32073000	20370321	2,000,010.
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	11,651.	19,809.	6,775.	240.	560.	39,035.
a	Net income from unrelated business	11/031.	13,003.	0,773.	240.	300.	33,033.
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV)	19,329.	7,683.				27,012.
11	Total support. Add lines 7 through 10	17,327.	7,003.				3,065,960.
12	Gross receipts from related activities	etc (see instructi	one)			12	76,096.
	First five years. If the Form 990 is fo	•	-	d fourth or fifth to	av voar as a soctio		
13	organization, check this box and sto	-	s mst, second, time	a, iourni, or mar a	ax year as a section	11 30 1(0)(3)	ightharpoonup
Se	ction C. Computation of Publ		rcentage				
	Public support percentage for 2010 (oluma (fl)		14	74.52 %
15	Public support percentage from 2009		•	0.0 (1,)		15	73.41 %
	a 33 1/3% support test - 2010.If the c			line 13 and line	14 is 33 1/3% or m		
	stop here. The organization qualifies					,0.0, 000	▶ X
ŀ	33 1/3% support test - 2009. If the c		_		line 15 is 33 1/3%	or more, check th	
•	and stop here. The organization qua	-				, or more, erreen a	▶□
17:	a 10% -facts-and-circumstances tes		· · · · · ·		13 16a or 16b s	and line 14 is 10%	or more.
.,,	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances'			-		at iv now the orga	▶ □
	10% -facts-and-circumstances tes	_			_	17a and line 15 is	10% or
	more, and if the organization meets t	_					
	organization meets the "facts-and-cir						_
10	Private foundation. If the organization		_		-		
10	1 Treate Touridation. If the organization	on and mot differ a	DON OH IIIIO TO, TO	u, 100, 17a, 01 17		and see instruction	

Schedule A (Form 990 or 990-EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	ınclude any "unusual grants ")								
2	Gross receipts from admissions,								
	merchandise sold or services per-								
	formed, or facilities furnished in any activity that is related to the	 -							
	organization's tax-exempt purpose	 -							
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities				· · · · · · · · · · · · · · · · · · ·				
٠	furnished by a governmental unit to								
	the organization without charge								
_	Total. Add lines 1 through 5						-		
	Amounts included on lines 1, 2, and			-	 				
7 2	3 received from disqualified persons								
۲	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								
	Add lines 7a and 7b				-				
	Public support (Subtract line 7c from line 6)			<u> </u>	<u> </u>	<u>i</u>			
	ction B. Total Support					1 1 2 2 2 2			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
-	Amounts from line 6						-		
108	gross income from interest, dividends, payments received on								
	securities loans, rents, royalties						1		
	and income from similar sources								
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses				İ				
	acquired after June 30, 1975						 		
	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b.								
	whether or not the business is				Ì				
	regularly carried on								
12	Other income Do not include gain								
	or loss from the sale of capital assets (Explain in Part IV)		<u> </u>						
13	Total support (Add lines 9, 10c, 11, and 12)								
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organ	nization,		
	check this box and stop here						<u> </u>		
Se	ction C. Computation of Publ	ic Support Pe	ercentage						
15	Public support percentage for 2010 (line 8, column (f) c	divided by line 13,	column (f))		15	%		
16	Public support percentage from 2009	Schedule A, Part	t III, line 15			16	%		
Se	ction D. Computation of Inve	stment incom	ne Percentage)					
17	Investment income percentage for 20	for 2010 (line 10c, column (f) divided by line 13, column (f))							
18	Investment income percentage from	rom 2009 Schedule A, Part III, line 17							
19	a 33 1/3% support tests - 2010. If the			on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not		
	more than 33 1/3%, check this box a						▶□		
ı	o 33 1/3% support tests - 2009. If the	· ·	•				, and		
	line 18 is not more than 33 1/3%, che	_					. —		
20	Private foundation. If the organization		•	•		_			

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

HOUSING PARTNERS OF TULSA, INC.

C/O HOUSING AUTHORITY OF THE CITY OF TUL

Employer identification number 73-1397452

Par			r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
Ū	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
Ū	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or deficit devices, or for any earlier purpose de	Yes No
Par		ganization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e	`	rically important land area
	Protection of natural habitat	Preservation of a certifie	•
	Preservation of open space		a motorio di datara
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
_	day of the tax year.		a concentation casement on the last
	, ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired	` '	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	
	year >	,	3
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements	J. ,	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements duri	
7	Amount of expenses incurred in monitoring, inspecting, and	_	
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)	(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense st	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	e organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Oth	er 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 (A	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheranc	e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that described	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement ai	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial g	
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

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Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, o	r Othe	r Simila	ar Asse	ts (conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	is, check	any of the	following that	are a si	gnıfıcant ı	use of its	collection	ı item:	S
	(check all that apply)										
а	Public exhibition	d	ı 🔲 1	Loan or exc	hange progra	ms					
b	Scholarly research	е	, 🔲	Other							
С	Preservation for future generations					-					
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizatio	n's exer	npt purpo	se in Pari	XIV		
	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma								Yes		No
	t IV Escrow and Custodial Arran					Yes" to	Form 990	. Part IV. I			
	reported an amount on Form 990, Par			3				,	,		
	Is the organization an agent, trustee, custodi		diary for	contribution	s or other as	sets not	ıncluded				
10	on Form 990, Part X?	an or outer intermet	aidi y ioi	CONTINUENCE	15 01 011101 45	octo not	incidaca		Yes		No
.	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	table				<u> </u>	J 162		, 140
D	ii res, explain the analigement in Fart Alv	and complete the ic	onowing i	abic					Amount		
_	Deginning helenes						4-		Amoun	·	
	Beginning balance						1c		-		
	Additions during the year						1d				
_	Distributions during the year						1e				
f	Ending balance						1f		7	$\overline{}$	1
	2a Did the organization include an amount on Form 990, Part X, line 21?								」Yes	<u> </u>	J No
	If "Yes," explain the arrangement in Part XIV	•									
Par	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back										
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three y	rears back	(e) Foul	years	<u>back</u>
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses				1						
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held	as								
а	Board designated or quasi-endowment		%								
	Permanent endowment	%	_								
С	Term endowment	 %									
	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	red for t	he organi	zation			
	by	ŭ					J			Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations	s listed as required (on Sche	dule R?					3b		
4	Describe in Part XIV the intended uses of the										
Pai	t VI Land, Buildings, and Equipm										
	Description of investment	(a) Cost or o			t or other	(a) A	ccumulate	ad T	(d) Boo	k valu	
	Description of investment	basis (invest			(other)		preciation		(u) D00	r valu	C
4.	Land	2235 (ł	21,700.				2	1 7	00.
	Land			-	<u> , , , , , , , , , , , , , , , , , ,</u>				4	<u>+, /</u>	00.
	Buildings								-		
	Leasehold improvements			-							
	Equipment			 							
	Other			L						1 -	
<u>Tota</u>	I. Add lines 1a through 1e (Column (d) must e	egual Form 990, Par	t X, colui	mn (B), line	10(c).)				2	<u> 1,/</u>	00.

C/O HOUSING AUTHORITY OF THE CITY OF TUL

Part VII Investments - Other Securities. See Form 990, Part X, line 12 (c) Method of valuation (a) Description of security or category (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (1) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation. (a) Description of investment type (b) Book value Cost or end-of-year market value (1) (2) (3)(4)(5)(6) (7) (8) (9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1)(2)(3)(4)(5) (6) (7)(8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) \triangleright Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount (1) Federal income taxes (2)(3)(4) (5)(6) (7) (8) (9) (10)(11)Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

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

Schedule D (Form 990) 2010

73-1397452 Page 3

HOUSING PARTNERS OF TULSA, INC. Schedule D (Form 990) 2010 C/O HOUSING AUTHORITY OF THE CITY OF TUL 73-1397452 Page **4** Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 290,392. Total revenue (Form 990, Part VIII, column (A), line 12) 2 94,365. 2 Total expenses (Form 990, Part IX, column (A), line 25) 196,027. 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 6 Investment expenses Prior period adjustments 7 8 Other (Describe in Part XIV) 8 0. 9 Total adjustments (net) Add lines 4 through 8 196,027 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 290,392. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2a b Donated services and use of facilities 2b Recoveries of prior year grants 2c d Other (Describe in Part XIV) 2de Add lines 2a through 2d 2e 290,392. 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4b 4c c Add lines 4a and 4b 290,392. 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 94,365. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX. line 25: Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c 2d Other (Describe in Part XIV) Add lines 2a through 2d 2e 94,365. 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV) 4b c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 1b and 2b an X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

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

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HOUSING PARTNERS OF TULSA, INC.
C/O HOUSING AUTHORITY OF THE CITY OF TUL

Employer identification number 73-1397452

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOR LOW AND MODERATE INCOME TULSANS AND TO PROMOTE PROGRAMS LEADING TO
SELF-SUFFICIENCY AND HOME OWNERSHIP. TO ACHIEVE THESE ENDS, HPT WILL
INITIATE COOPERATIVE EFFORTS WITHIN THE PRIVATE AND PUBLIC SECTORS TO
MOBILIZE RESOURCES AND COORDINATE PROGRAMS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PRIVATE AND PUBLIC SECTORS TO MOBILIZE RESOURCES AND COORDINATE
PROGRAMS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
FHIP & GOOD NEIGHBOR REI LLC
FORM 990, PART VI, SECTION B, LINE 11: THE PRESIDENT AND TREASURER OF HPT
REVIEW AND APPROVE THE 990.
FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE TO
INTERESTED PARTIES UPON DEMAND.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010 Open to Public Inspection

Employer identification number 73-1397452

End-of-year assets Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. Total income € Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) C/O HOUSING AUTHORITY OF THE CITY OF TUL HOUSING PARTNERS OF TULSA, INC. Primary activity HOUSING ASSISTANCE 9 GOOD NEIGHBOR REI, LLC - 26-0759210 Name, address, and EIN of disregarded entity Name of the organization 415 E INDEPENDENCE 74136 Department of the Treasury Internal Revenue Service OK Part 1 TULSA.

HOUSING PARTNERS OF

849 TULSA

Direct controlling

e

entity

Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Part II

Olganizations duming the tax year /							
(a) Name address and FIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13)	b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	,
				501(c)(3))		Yes	No
HOUSING AUTHORITY OF THE CITY OF TULSA -							
73-0765740, 415 E, INDEPENDENCE STREET,	PROVISION OF PUBLICLY						
TULSA OK 74106-5727	ASSISTED HOUSING	ОКГАНОМА	501(C)(3)				.
	!						
							
						_	

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

Schedule R (Form 990) 2010

032161 12-21-10 LHA

C/O HOUSING AUTHORITY OF THE CITY OF TUL Schedule R (Form 990) 2010

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

Page 2

73-1397452

Percentage ownership General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Ξ 3 Code V-UBI General or Pramount in box managing cod Schedule R-1 (Form 1065) Yes No Share of end-of-year assets Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e 6** Direct controlling entity Share of total Income Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) ত <u>e</u> Primary activity Direct controlling entity 9 ਉ (c)
Legał
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> Part IV

Schedule R (Form 990) 2010

032162 12-21-10

73-1397452 Page 3

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HOUSING PARTNERS OF TULSA, INC.

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36) C/O HOUSING AUTHORITY OF THE CITY OF TUL Schedule R (Form 990) 2010

Part V Transactions With Related Organizations (Complete of the organization answered "Yes" to Form

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

- During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
 - h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- 1 Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
 - n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- Qther transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) (b) Amount involved Amount involved Method of determine the structure of other organization and transaction thresholds.	who must complete tr (b) Transaction	is line, including covered re (c) Amount involved	elationships and transaction thresholds (d) Method of determining
	type (a-r)		amount involved
(1) HOUSING AUTHORITY OF THE CITY OF TULSA	Q	11,053.CASH	АЗН
(2) HOUSING AUTHORITY OF THE CITY OF TULSA	ы	2,142.CASH	ASH
(3) HOUSING AUTHORITY OF THE CITY OF TULSA	Ċ.	94,365.2	94,365.ALLOCATION BASED ON EMPLOYEE TIME
(4) HOUSING AUTHORITY OF THE CITY OF TULSA	ن	13,272.CASH	ASH
(5)			
(9)			

032163 12-21-10

Schedule R (Form 990) 2010

73-1397452 Page 4

HOUSING PARTNERS OF TULSA, INC.

C/O HOUSING AUTHORITY OF THE CITY OF TUL Schedule R (Form 990) 2010

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c/3) organizations? Yes No	(e) Share of end-of- year assets	Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes No
						Schedule R (Form 990) 2010	n 990) 2010

Schedule D	(Form 990) 2010	HOUSING C/O HOUS	PART	NERS	OF	TULS	A, I	NC.	OF	कारा. ७ २	130	7/50 -	Dage F
Part VII	(Form 990) 2010 Supplemental Inform	nation	STING	AUIII	OKII	1 OF	Inc	<u> </u>	OF	1011/3	<u> </u>	/434 F	age 5
	Complete this part to prov	ide additional in	formatio	n for reen	oneae t	o allectio	ne on S	Schodula F	2 (eaa in	etriictione	.1		
	Complete this part to prov	ide additional iii	TOTTHATIO	ii ioi reap	011363 1	o questic) 113 OH C	oci leddie i	1 (300 111	Structions	·)		
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Schedule R (Form 990) 2010

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previous Part II on page 1). Part II	(no copies n	·	▶ X
Part II	(no copies n	needed). loyer identifica	ation number
Part II	Empl	loyer identifica	ation number
Name of exempt organization HOUSING PARTNERS OF TULSA, INC. C/O HOUSING AUTHORITY OF THE CITY OF TUL Number, street, and room or suite no. If a PO box, see instructions and your win See PO BOX 6369 City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74148-0369 City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74148-0369 Inter the Return code for the return that this application is for (file a separate application for each return) populication For Code Inter the Return code for the return that this application is for (file a separate application for each return) populication For Code Inter the Return code for the return that this application is for (file a separate application for each return) populication For Code Inter the Return code for the return that this application is for (file a separate application for each return) populication For Code Inter the Return code for the return that this application is for (file a separate application for each return) populication For Code Inter the Return code for the return that this application is for form populication For Code Inter the Return code for the return that this application is for form populication Inter the Return code for the return that this application is for Form 990-E City, town or post office, state, and ZIP code. For a foreign address, see instructions Norm 990-F City, town or post office, state, and ZIP code. For a foreign address, see instructions Norm 990-F City, town or post office, state, and ZIP code. For a foreign address, see instructions Norm 990-F City, town or post office, state, and ZIP code. For a foreign address, see instructions Norm 990-F City, town or post office, state, and ZIP code. For a foreign address, see instructions Norm 990-F City, town or post office, state, and ZIP code. For a foreign address, see instructions Norm 990-F City town or post office, state, and ZIP code. For form 990-F, 990-T, 4720, or 6069, en	Empl	loyer identifica	ation number
HOUSING PARTNERS OF TULSA, INC. C/O HOUSING AUTHORITY OF THE CITY OF TUL Number, street, and room or suite no. If a P O box, see instructions PO BOX 6369 City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74148-0369 City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74148-0369 City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74148-0369 City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74148-0369 City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74148-0369 City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74148-0369 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Tom 990- City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74148-0369 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Tom 990- City, town or post office, state, and ZIP code. For a foreign address, see instructions. Tom 990- City, town or post office, state, and ZIP code. For a foreign address, see instruction. Tom 990- City, town or post office, state, and ZIP code. For a foreign address, see instruction. Tom 990- City, town or post office, state, and ZIP code. For a foreign address, see instruction. Tom 990- City, town or post office, state, and ZIP code. For a foreign address, see instruction. Tom 990- City, town or post office, state, and ZIP code. Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonerfundable credits. See instructions. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimate tax payments made include any pnor year overpayment allowed as a credit and any amount paid previously with Form 8868			ation number
C/O HOUSING AUTHORITY OF THE CITY OF TUL Number, street, and room or suite no if a P O box, see instructions PO BOX 6369 City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74148−0369 Inter the Return code for the return that this application is for (file a separate application for each return) Populication Return Application Form 990 On 1990-EZ On 990-EZ On 990-EZ On 990-EZ On 990-T (first other than above) On 990-T (first other than above) HOUSING PARTNERS OF TULSA, OK 7410-FAX No ► HOUSING PARTNERS OF TULSA, OK 7410-FAX No ► If the organization does not have an office or place of business in the United States, check this box If this so for a Group Return, enter the organization's four digit Group Exemption Number (GEN) OX ► If it is for part of the group, check this box ► Add and attach a list with the names and EIN If request an additional 3-month extension of time until MAY 15, 2012 For calendar year or other tax year beginning JUL 1, 2010 and efficition of the program of the progra	7	3-13974	
AUTHORITY OF THE CITY OF TOLE Number, street, and room or suite no. If a P O box, see instructions PO BOX 6369 City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74148−0369 City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74148−0369 City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74148−0369 City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74148−0369 City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74148−0369 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Return Application for each return) Return Application for each return) For Code Is For Code Is For Simple Signature Application for each return) Population Signature Application for each return) Code Is For signature Application for each return) Return Application for each return) Population Signature Application for each return) Code Is For signature Application for each return) Return Application for each return is for Form 890-EL Signature Application is for Form 990-Form 990-For		4-13974	F.0
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City, town or post office, state, and ZIP code. For a foreign address, see instructions. TULSA, OK 74148-0369 ter the Return code for the return that this application is for (file a separate application for each return) plication For Code Is For If you were not already granted an automatic 3-month extension on a process and additional 3-month extension's four digit Group Exemption Number (GEN) If it is for part of the group, check this box I request an additional 3-month extension of time until For calendar year or or other tax year beginning Utl 1, 2010 Initial 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-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, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimate tax payments made Include any pnor year overpayment allowed as a credit and any amount paid previously with Form 8868			
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