

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

| A F | or the | 2023 calendar year, or tax year beginning and | ending | | |
|---------------|-------------------|---|---------------|------------------------------|---|
| B c | heck if pplicable | C Name of organization | | D Employer identifi | cation number |
| | Addres | CORPORATION FOR SUPPORTIVE HOUSING | | | |
| | Name change | | | 13-36002 | 32 |
| | Initial return | | Room/suite | E Telephone numbe | |
| | Final return/ | | 10TH F | | |
| | termin- ated | | | G Gross receipts \$ | 75,294,816. |
| | Amend return | | | H(a) Is this a group re | |
| | Application | F Name and address of principal officer: EILEEN HAWES | | for subordinates | |
| | pendin | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No |
| <u> 1 T</u> | ax-exe | mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) c | or 527 | If "No," attach a | list. See instructions |
| | Vebsit | | | H(c) Group exemption | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 1991 | M State of legal domicile; DE |
| Pa | _ | Summary | | | |
| Φ | 1 1 | Briefly describe the organization's mission or most significant activities: ${\color{red} {	ext{SEE}} \ 	ext{SEE}}$ | SCHEDU | LE O | |
| Š | | | | | |
| Governance | l | Check this box if the organization discontinued its operations or dispos | ed of more | | |
| ŏ | | | | 3 | 17 |
| | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 16 |
| Activities & | | Fotal number of individuals employed in calendar year 2023 (Part V, line 2a) | | | 196 |
| Ĭ | | Fotal number of volunteers (estimate if necessary) | | | 16 |
| Ac | | Fotal unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| | ומ | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | Prior Year | Current Year |
| | 。 | Contributions and grants (Part VIII. line 1b) | | 13,982,368. | 31,628,784. |
| ine | l | Contributions and grants (Part VIII, line 1h) | | 32,325,215. | 43,400,136. |
| Revenue | ı | Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 300,682. | 265,896. |
| æ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. |
| | | Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 46,608,265. | 75,294,816. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 6,497,571. | 12,824,206. |
| | l | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| w | l | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 22,801,721. | 26,460,094. |
| Se | | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| Expenses | | Fotal fundraising expenses (Part IX, column (D), line 25) 883,07 | 70. | | |
| ũ | 17 (| Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 12,065,714. | 13,838,492. |
| | 18 ⁻ | Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 41,365,006. | 53,122,792. |
| | | Revenue less expenses. Subtract line 18 from line 12 | | 5,243,259. | 22,172,024. |
| Net Assets or | | | | ginning of Current Year | End of Year |
| sets | 20 | Total assets (Part X, line 16) | | 99,931,142. | 280,716,921. |
| t As | 21 | Total liabilities (Part X, line 26) | | 36,172,590. | 193,267,100. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 63,758,552. | 87,449,821. |
| | ırt II | Signature Block | | | |
| | • | ties of perjury, I declare that I have examined this return, including accompanying schedules | | • | y knowledge and belief, it is |
| true, | correc | , and complete. Declaration of preparer (other than officer) is based on all information of wh | iich preparer | nas any knowledge. | |
| C: | . } | Signature of officer | | I Date | |
| Sign | | EILEEN HAWES, CFO | | Dato | |
| Her | e | Type or print name and title | | | |
| _ | | Print/Type preparer's name Preparer's signature | To | Date Check [| PTIN |
| Paid | , , | LORI ROTHE YOKOBOSKY, CPA | | if self-employ | |
| Prep | 1 | Firm's name COHNREZNICK LLP | <u> </u> | | 2-1478099 |
| Use | 1 | Firm's address 500 EAST PRATT STREET, 4TH FLOOR | | THIII S LIN Z | |
| | J, | BALTIMORE, MD 21202 | | Phone no 41 | 0-783-4900 |
| May | the IF | S discuss this return with the preparer shown above? See instructions | | 1 Hone no. 2 2 | X Yes No |

| Check if Schedule Coordans a response or note to any line in this Part III Britity describe the organization's mission: SEE SCHEDULE O 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 950 or 980 E27 If Yes, "describe these new services on Schedule O. Organization case conclusting, or make significant changes in how it conducts, any program services? | Pa | Statement of Program | | | ড |
|--|-----------------|---------------------------------------|--|--|---------------------|
| 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 950 or 990-E2? If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. If you will be a schedule or service of the service | 1 | Briefly describe the organization's m | | III | <u>A</u> _ |
| prior Form 980 or 980-E27 Yes No 11 Yes', describe these new services on Schedule 0. 11 Yes', describe these new services on Schedule 0. 11 Yes', describe these changes on Schedule 0. 11 Yes', describe these changes on Schedule 0. 12 Yes', describe these changes on Schedule 0. 13 Did the organization cease conducting, or make significant changes in how it conducts, any program services. Yes No If Yes', describe these changes on Schedule 0. 13 Did the organization to others, the total expenses. Section 501(c)(s) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service spected. 4a (code) (Expenses 43,698,311. Including grants of s | | | | | |
| prior Form 980 or 980-E27 Yes No 11 Yes', describe these new services on Schedule 0. 11 Yes', describe these new services on Schedule 0. 11 Yes', describe these changes on Schedule 0. 11 Yes', describe these changes on Schedule 0. 12 Yes', describe these changes on Schedule 0. 13 Did the organization cease conducting, or make significant changes in how it conducts, any program services. Yes No If Yes', describe these changes on Schedule 0. 13 Did the organization to others, the total expenses. Section 501(c)(s) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service spected. 4a (code) (Expenses 43,698,311. Including grants of s | | | | | |
| prior Form 980 or 980-E27 Yes No 11 Yes', describe these new services on Schedule 0. 11 Yes', describe these new services on Schedule 0. 11 Yes', describe these changes on Schedule 0. 11 Yes', describe these changes on Schedule 0. 12 Yes', describe these changes on Schedule 0. 13 Did the organization cease conducting, or make significant changes in how it conducts, any program services. Yes No If Yes', describe these changes on Schedule 0. 13 Did the organization to others, the total expenses. Section 501(c)(s) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service spected. 4a (code) (Expenses 43,698,311. Including grants of s | | Did the erganization undertake any | cianificant program conjugated during the ve | or which were not listed on the | |
| If Yes, 'describe these new services on Schedule O. Did the organization cases conducting, or make significant changes in how it conducts, any program services? | 2 | | | | Ves X No |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? | | | | | [103 [22] 140 |
| If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (code) (copenses 3 | 3 | | | conducts, any program services? | Yes X No |
| Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (code:) (Expenses \$ 43,698,311. Including grants or \$ 12,824,206.) (Revenue \$ 43,400,136.) 4b (Code:) (Expenses \$ | | | | | |
| Treservenue, if any, for each program service reported. | 4 | | | | |
| 4a (Code:) (Expenses \$ 43,698,311. including grants of \$ 12,824,206.) (Revenue \$ 43,400,136.) 4b (Code:) (Expenses \$ | | | | t of grants and allocations to others, the | total expenses, and |
| 4b (Code:) (Expandes \$ | 42 | revenue, if any, for each program se | rvice reported. | 12 824 206 .) (Daviesce & | 43 400 136. |
| 4b (Cose:) (Expenses S | -t a | | including grants of \$ | | <u> </u> |
| 4c (Code:) (Expenses \$ | | | | | |
| 4c (Code:) (Expenses \$ | | | | | |
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| 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses 43,698,311. | 4b | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses 43,698,311. | | | | | |
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| (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses 43,698,311. | | | | | |
| 4e Total program service expenses 43,698,311. | 4d | Other program services (Describe or | n Schedule O.) | | |
| | | (Expenses \$ | |) (Revenue \$ |) |
| | 4e | Total program service expenses | 43,698,311. | | _ 000 |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|---------|------|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| • | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | ا ا | | |
| Ü | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | | ۳ | | 1 |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | x |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | . |
| | Schedule D, Part III | 8 | | <u> </u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | X | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | <u> </u> |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| - | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| _ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | · · · · | | |
| | the organization's separate of consolidated limited statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 120 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | - 21 | |
| ıza | , , | 40- | | x |
| | Schedule D, Parts XI and XII | 12a | | |
| D | Was the organization included in consolidated, independent audited financial statements for the tax year? | 401 | v | |
| 46 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | X | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | - |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | ,, |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u> </u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | l |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u> X</u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| | | | | - |

332003 12-21-23

Form **990** (2023)

| Form | 1990 (2023) CORPORATION FOR SUPPORTIVE HOUSING 13-36 | 00232 | Р | age 4 |
|------|--|---------|-------------|--------------|
| Pai | rt IV Checklist of Required Schedules (continued) | | 1 | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | l |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | ├ |
| 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 | | | 7,7 |
| | Schedule K. If "No," go to line 25a | | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 05- | | x |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| D | 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 | 054 | | X |
| 00 | Schedule L, Part I | 25b | | <u> </u> |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 06 | | X |
| 27 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | <u> </u> |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | 4 | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | - 1 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | 1 |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| u | "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| · | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | | | 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 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | | 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 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | Х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | _ | |
| | Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance | 38 | X | <u> </u> |
| Pa | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | igspace |
| | | | Yes | No |
| | | 07 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | 0 | | |

332004 12-21-23

(gambling) winnings to prize winners?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

023) CORPORATION FOR SUPPORTIVE HOUSING

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| | | | 1 | | Yes | No_ | | | |
|----------|---|---------|-----------------------|-----|-----|----------|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 196 | | | | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 2b | Х | 37 | | | |
| | • | | | 3a | | <u> </u> | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | | 3b | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | • | | | х | | | |
| L | financial account in a foreign country (such as a bank account, securities account, or other financial a | ccour | it)? | 4a | | | | | |
| D | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced Financial Financial Advanced Financial Financia | 200110 | to (EDAD) | | | | | | |
| 52 | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | , | 5a | | Х | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5b | | X | | | |
| | 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 | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | | | | | | | | |
| | were not tax deductible? | | | 6b | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | |
| а | $ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ services \ $ | vices p | rovided to the payor? | 7a | | X | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | ıs requ | uired | | | | | | |
| | to file Form 8282? | I | I | 7c | | X | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | _ | | 37 | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | | t? | 7e | | X | | | |
| t | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | 00 10 | 7f | | <u>X</u> | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | | 7g | | | | | |
| _ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations | | | 7h | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year? | by til | e . | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | Ü | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | | | | |
| | Did the appropriate granization make a distribution to a denor denor advisor, or related person? | | | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | |
| а | 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 | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | l | ? I | 12a | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | - | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 40- | | | | | |
| а | 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. | | | 13a | | | | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| J | organization is licensed to issue qualified health plans | 13b | | | | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | | | | |
| | Did the consideration which are a second of the development of the dev | | | 14a | | Х | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | | | 14b | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | | | | | | |
| | excess parachute payment(s) during the year? | | | 15 | | X | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | incor | ne? | 16 | | X | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac | | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | |

Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

| Sec | tion A. Governing Body and Management | | | | | |
|-----|--|----------|-------------------------|--------|---------|----------|
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 17 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 16 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with a | 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 | | | | | |
| | of officers, directors, 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 9 | 90 was | s filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | 5 | | _X_ |
| 6 | Did the organization have members or stockholders? | | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr | point o | one or | | | |
| | more members of the governing body? | | | 7a | | _X_ |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | tockho | lders, or | | | |
| | persons other than the governing body? | | | 7b | | <u>X</u> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | - | - | | | |
| а | The governing body? | | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code.) | | 1 | |
| | | | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | | | 10a | | <u>X</u> |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such ch | • | | 401 | | |
| 44- | | | a filing the form? | 10b | Х | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body | y belor | e illing the form? | 11a | Λ | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | 12a | х | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? # "\" | | | 120 | -25 | |
| C | | , | | 12c | х | |
| 13 | on Schedule O how this was done Did the organization have a written whistleblower policy? | | | 13 | X | |
| 14 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? | | | 14 | X | _ |
| 15 | Did the process for determining compensation of the following persons include a review and approva | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | aoponaom | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | х | |
| | Other officers or key employees of the organization | | | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger | nent w | ith a | | | |
| | taxable entity during the year? | | | 16a | Х | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | ization | 's | | | |
| | exempt status with respect to such arrangements? | | | 16b | Х | |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filedCA , CT , DC , FL , I | L,M | YN, UN, NM, I | , NV , | OH , | OR |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at | nd 990 | -T (section 501(c)(3)s | only) | availat | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| | X Own website Another's website X Upon request Other (explain | on Sc | hedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | nflict c | of interest policy, and | financ | cial | |
| | statements available to the public during the tax year. | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | oks and | d records | | | |
| | EILEEN HAWES CFO - 212-986-2966 | | | | | |
| | 55 BROADWAY, 10TH FLOOR, NEW YORK, NY 10006 | | | | | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

| (A) Name and title | (B) Average hours per week | box | not cl | (C) Position check more than one ess person is both an end a director/trustee) | | | | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|--|--|--------------------------------|-----------------------|--|--------------|------------------------------|--------|---|---|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (1) DEBORAH DE SANTIS | 40.00 | ., | | 3,7 | | | | 455 057 | 0 | 62 000 |
| PRESIDENT & CEO | 40.00 | Х | | Х | | | | 455,057. | 0. | 62,009. |
| (2) BRIGITT JANDREAU-SMITH | 40.00 | - | | ₩. | | | | 242 552 | 0 | 71 770 |
| CHIEF LOAN OFFICER (3) EILEEN HAWES | 40 00 | | | Х | | | | 342,552. | 0. | 71,770. |
| CFO | 40.00 | | | х | | | | 287,566. | 0. | 39,707. |
| (4) ELIZABETH DRAPA | 40.00 | | | | | | | | | - |
| VP OF CONSULTING AND FIELD | | | | | Х | | | 265,080. | 0. | 50,580. |
| (5) NANCY MCGRAW | 40.00 | | | | | | | | | |
| CDO | | | | Х | | | | 266,151. | 0. | 46,999. |
| (6) RYAN MOSER | 40.00 | | | | | | | | | |
| VP OF STRATEGY AND IMPACT | | | | | Х | | | 196,057. | 0. | 77,593. |
| (7) EDITH GIMM | 40.00 | | | | | | | | | |
| GENERAL COUNSEL | | | | | Х | | | 213,107. | 0. | 49,969. |
| (8) ROBIN ROBIN | 40.00 | | | | | | | | _ | |
| CHIEF PEOPLE AND ADMINISTRATIVE OFFI | | | | Х | | | | 103,319. | 0. | 17,065. |
| (9) CAROLYN POWELL | 1.00 | _ | | | | | | | | _ |
| SECRETARY | | Х | | | | | | 0. | 0. | 0. |
| (10) DEANNA HOSKINS | 1.00 | l | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) DEANNA MINUS-VINCENT | 1.00 | | | | | | | | | _ |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (12) DEBORAH BURKART | 1.00 | ļ | | | | | | | | • |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (13) DIANA YAZZIE DEVINE | 1.00 | ٠,, | | | | | | | _ | 0 |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (14) DONALD S. FALK | 1.00 | · | | | | | | | 0 | 0 |
| DIRECTOR (15) DODOWNY EDWARDS | 1 00 | X | | | | | | 0. | 0. | 0. |
| (15) DOROTHY EDWARDS OUTGOING-DIRECTOR | 1.00 | х | | х | | | | 0. | 0. | 0. |
| (16) DR. JIM O'CONNELL | 1.00 | ^ | \vdash | ^ | | \vdash | | | 0. | <u>U•</u> |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (17) JEFFREY I. BRODSKY | 1.00 | 72 | | | | | | 0. | 0. | <u></u> |
| OUTGOING-DIRECTOR | 1.00 | х | | | | | | 0. | 0. | 0. |
| | 1 | | | | | | 1 | | J • | Form 990 (2022) |

12-21-23 Form **990** (2023)

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | |
|---|--|--------------------------------|--|---------|--------------|------------------------------|--------|---|---|--|
| Section A. Onicers, Directors, Trus | tees, Key Emp (B) | JIOY | ees, | | | Jnes | st C | | , | (E) |
| (A) Name and title | Average hours per week | box | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | n an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | In stit utional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (18) JUDGE STEVEN LEIFMAN DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (19) MATTHEW MORTON DIRECTOR | 1.00 | х | | | | | | 0. | 0. | 0. |
| (20) MICHELLE NORRIS DIRECTOR | 1.00 | х | | | | | | 0. | 0. | 0. |
| (21) PAULA MORABITO DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (22) PEGGY BAILEY DIRECTOR | 1.00 | х | | | | | | 0. | 0. | 0. |
| (23) QAHIR MADHANY DIRECTOR | 1.00 | х | | | | | | 0. | 0. | 0. |
| (24) RACHEL DILLER VICE CHAIRPERSON | 1.00 | х | | | | | | 0. | 0. | 0. |
| (25) ROLAND LAMB DIRECTOR | 1.00 | х | | х | | | | 0. | 0. | 0. |
| (26) STEPHEN NORMAN CHAIRPERSON | 1.00 | х | | Х | | | | 0. | 0. | 0. |
| 1b Subtotal c Total from continuation sheets to Part VI | I, Section A | | | | | | | 2,128,889. | 0. 0. 0. | 415,692. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,128,889. | | 415,692. |

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

compensation from the organization

71

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

| (A) | (B) | (C) |
|---|----------------------------------|--------------|
| Name and business address | Description of services | Compensation |
| 55 BROADWAY, 10TH FLOOR | NEW MARKET TAX | |
| 1602 5TH AVE NORTH, SEATTLE, WA 98109 | CREDIT CONSULTING SE | 360,000. |
| COHNREZNICK, 500 EAST PRATT STREET SUITE | AUDIT AND TAX | |
| 200, BALTIMORE, MD 21202 | SERVICES | 354,425. |
| COLLABORATIVE SOLUTIONS, INC. | PROGRAM CONSULTING | |
| P.O. BOX 13015, BIRMINGHAM, AL 35213 | SERVICES | 168,638. |
| AIMEE E. GOLDSTEIN, ESQ, 20289 BEATTY | | |
| RIDGE ROAD, LOS GATOS, CA 95033 | LEGAL SERVICES | 110,070. |
| JONES DAY | | |
| 250 VESEY STREET, NEW YORK, NY 10281 | LEGAL SERVICES | 102,500. |
| 2 Total number of independent contractors (including but not limited to those liste | ed above) who received more than | |
| \$100,000 of compensation from the organization 5 | | |
| | | 200 |

Form 990 (2023) CORPORA
Part VIII Statement of Revenue

| | | | Check if Schedule O contains a response | or note to any lin | e in this Part VIII | | | |
|--|------|--------------|---|--------------------|---------------------|-------------------|------------------|--------------------------------------|
| | | | • | , | (A) | (B) | (C) | (D) |
| | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| ω ₁₀ | 4 . | _ | Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | ' ' | | | | | | | |
| Ę g | | | | | | | | |
| fts, Ar | | | Fundraising events 1c | | | | | |
| ig gi | • | | Related organizations 1d | 16 059 259 | | | | |
| ns, Sim | • | | Government grants (contributions) 1e | 16,958,258. | | | | |
| utio er (| 1 | T | All other contributions, gifts, grants, and | 14 670 526 | | | | |
| έŧ | | | similar amounts not included above 1f | 14,670,526. | | | | |
| ont od (| 9 | | Noncash contributions included in lines 1a-1f | | 21 600 504 | | | |
| <u>0</u> <u>8</u> | | h | Total. Add lines 1a-1f | T | 31,628,784. | | | |
| | | | | Business Code | | | | |
| ce | 2 8 | а | CONTRACT SERVICE | 900099 | 26,417,932. | 26417932. | | |
| e Z | ı | b | LOAN REVENUE | 522291 | 12,219,998. | 12219998. | | |
| Sc | • | С | NEW MARKET TAX CREDIT FEES | 900099 | 3,647,789. | 3,647,789. | | |
| Program Service Revenue | (| d | TRAINING AND WORKSHOP REVENUE | 900099 | 524,061. | 524,061. | | |
| og F | • | е | CONFERENCE REGISTRATION FEES | 900099 | 498,861. | 498,861. | | |
| ď | 1 | f | All other program service revenue | 900099 | 91,495. | 91,495. | | |
| | | g | Total. Add lines 2a-2f | | 43,400,136. | | | |
| | 3 | | Investment income (including dividends, inter | est, and | | | | |
| | | | other similar amounts) | | 265,896. | | | 265,896. |
| | 4 | | Income from investment of tax-exempt bond | proceeds | | | | |
| | 5 | | Royalties | | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | а | Gross rents6a | | | | | |
| | ı | b | Less: rental expenses 6b | | | | | |
| | | С | Rental income or (loss) 6c | | | | | |
| | (| d | Net rental income or (loss) | | | | | |
| | 7 : | а | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | | assets other than inventory 7a | | | | | |
| | - | b | Less: cost or other basis | | | | | |
| <u>e</u> | | | and sales expenses 7b | | | | | |
| her Revenue | | С | Gain or (loss) 7c | | | | | |
| 3ev | | | Net gain or (loss) | • | | | | |
| er | | | Gross income from fundraising events (not | | | | | |
| 즁 | | | including \$ of | | | | | |
| | | | contributions reported on line 1c). See | | | | | |
| | | | Part IV, line 18 | a | | | | |
| | | b | Less: direct expenses | | | | | |
| | | | Net income or (loss) from fundraising events | | | | | |
| | | | Gross income from gaming activities. See | | | | | |
| | | _ | Part IV, line 19 | a | | | | |
| | | h | Less: direct expenses 9 | | | | | |
| | | | Net income or (loss) from gaming activities_ | <u>- 1</u> | | | | |
| | | | Gross sales of inventory, less returns | | | | | |
| | | u | and allowances 10 | la | | | | |
| | | h | Less: cost of goods sold 10 | | | | | |
| | | | Net income or (loss) from sales of inventory | • | | | | |
| | | _ | Net income of (1033) from sales of inventory | Business Code | | | | |
| Sn. | 11 4 | 2 | | | | | | |
| eo Tue | | a b | | | | | | |
| Miscellaneous Revenue | ' | C | | | | | | |
| Sce | | | All other revenue | | | | | |
| Ξ | | | All other revenue | | | | | |
| | | U | Total revenue See instructions | | 75,294,816. | 43400136. | 0. | 265,896. |
| | 12 | | Total revenue. See instructions | | 1 ,2,434,010. | I #2#00T20. | ı . | 1 405,030. |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 12,824,206. 12,824,206. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,829,381. 2,544,673. 639,967. 75,325. 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) 19,047,944. 13,620,011. 4,868,023. 559,910. Other salaries and wages 7 Pension plan accruals and contributions (include 475,049. 350,924. 109,563. 14,562. section 401(k) and 403(b) employer contributions) 2,896,380. 2,139,588. 88,788. 668,004. Other employee benefits 9 ,496,048. 1,069,732. 382,340. 43,976. 10 Payroll taxes 11 Fees for services (nonemployees): Management 103,224. 344,201. 240,779. 198. Legal $\overline{214}, 439.$ 306,547. 91,932. 176. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 3,427,542. 3,201,780. 197,936. 27,826. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 128,689. 94,150. 30,574. 3,965. Office expenses 13 401,224. 40,732. 360,492. Information technology 14 15 Royalties 1,118,882. 447,046. 615,021. 56,815. 16 Occupancy 774,061. 698,427. 75,130. 504. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 896,750. 832,347. 64,338. 65. Conferences, conventions, and meetings 19 5,099,581. 5,083,256. 16,325. 20 Payments to affiliates 21 50,415. 50,415. Depreciation, depletion, and amortization 22 123,102. 6,185. 116,917. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 693,263. 693,263. ALLOWANCE FOR CREDIT LO 69,437.EQUIPMENT REPAIR & MAIN 145,648. 76,211. 0. 32,165. 43,059. 29,387. 8,969. 1,925. DUPLICATION 8,605. 20,191. 591. d SUPPLIES 256,141. 22,297. 225,400. 8,444. e All other expenses 53,122,792. 43,698,311. 8,541,411. 883,070. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

| Par | <u>t X</u> | Balance Sheet | | | | | |
|-----------------------------|------------|--|----------|-----------------------|---------------------------------|----|---|
| | | Check if Schedule O contains a response or note | to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 20,756,289. | 1 | 29,876,084. |
| | 2 | Savings and temporary cash investments | | | 15,153,186. | 2 | 16,187,266. |
| | 3 | Pledges and grants receivable, net | | | 11,430,916. | 3 | 25,488,981. |
| | 4 | Accounts receivable, net | | | 1,754,942. | 4 | 2,899,412 |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, substa | antial c | contributor, or 35% | | | |
| | | controlled entity or family member of any of these | e pers | ons | | 5 | |
| | 6 | Loans and other receivables from other disqualif | | | | | |
| | | under section 4958(f)(1)), and persons described | in sec | tion 4958(c)(3)(B) | | 6 | |
| ts | 7 | Notes and loans receivable, net | | | 127,584,821. | 7 | 171,568,505 |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ۲ | 9 | Prepaid expenses and deferred charges | | | 1,018,362. | 9 | 2,050,933 |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 2,633,650. | | | |
| | b | Less: accumulated depreciation | | 793,121. | 13,365. | | 1,840,529 |
| | 11 | Investments - publicly traded securities | | | 20,357,260. | 11 | 24,613,718 |
| | 12 | Investments - other securities. See Part IV, line 1 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 1 | 1 | | 31,840. | 13 | 33,470 |
| | 14 | Intangible assets | | | 1 222 141 | 14 | 4 1 - 4 - 4 - 4 |
| | 15 | Other assets. See Part IV, line 11 | | | 1,830,161. | 15 | 6,158,023 |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 199,931,142. | 16 | 280,716,921 |
| | 17 | Accounts payable and accrued expenses | | | 3,648,004. | 17 | 3,295,468 |
| | 18 | Grants payable | | | 10,220,357. | 18 | 11,288,047 |
| | 19 | Deferred revenue | | | 2,417,578. | 19 | 2,451,276 |
| | 20 | Tax-exempt bond liabilities | | | 15 152 106 | 20 | 16 107 267 |
| | 21 | Escrow or custodial account liability. Complete F | | | 15,153,186. | 21 | 16,187,267 |
| es | 22 | Loans and other payables to any current or form | | | | | |
| Liabilities | | trustee, key employee, creator or founder, substa | | | | | |
| Liak | 00 | controlled entity or family member of any of thes | | , , | 102,716,365. | 22 | 153,431,398 |
| _ | 23 | Secured mortgages and notes payable to unrelate | | | 102,710,303. | 23 | 133,431,390 |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | | | | |
| | | parties, and other liabilities not included on lines of Schedule D | - | • | 2,017,100. | 25 | 6,613,644. |
| | 26 | of Schedule D Total liabilities. Add lines 17 through 25 | | | 136,172,590. | | 193,267,100 |
| | 20 | Organizations that follow FASB ASC 958, chec | | | 130,172,3300 | 20 | 155,207,100 |
| es | | and complete lines 27, 28, 32, and 33. | ok nor | · | | | |
| ů. | 27 | Net assets without donor restrictions | | | 27,838,960. | 27 | 30,855,635 |
| 3ala | 28 | Net assets with donor restrictions | | | 35,919,592. | 28 | 56,594,186. |
| <u>ة</u> | | Organizations that do not follow FASB ASC 95 | | | , , | | , |
| ᆵ | | and complete lines 29 through 33. | , | | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| sets | 30 | Paid-in or capital surplus, or land, building, or eq | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated inc | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 63,758,552. | 32 | 87,449,821. |
| _ | 33 | Total liabilities and net assets/fund balances | | | 199,931,142. | 33 | 280,716,921. |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CORPORATION FOR SUPPORTIVE HOUSING 13-3600232 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023 CORPORATION FOR SUPPORTIVE HOUSING 13-3600 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 | tion |
|---|------|
| fails to qualify under the tests listed below, please complete Part III.) | |

| Sec | Section A. Public Support | | | | | | |
|------|---|-----------------------|----------------------|---------------------|---------------------|--------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 8127283. | 16545378. | 12762958. | 13982368. | 31628784. | 83046771. |
| 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 | 8127283. | 16545378. | 12762958. | 13982368. | 31628784. | 83046771. |
| | 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) | | | | | | 17075999. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 65970772. |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 4 | | 16545378. | 12762958. | 13982368. | 31628784. | |
| | Gross income from interest. | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 447,237. | 400,689. | 241,434. | 300,682. | 265,896. | 1655938. |
| 9 | Net income from unrelated business | • | • | , | , | , | |
| _ | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | 114,415. | | | 114,415. |
| 11 | Total support. Add lines 7 through 10 | | | , | | | 84817124. |
| | Gross receipts from related activities, | etc. (see instructio | ins) | | | | ,504,837. |
| | First 5 years. If the Form 990 is for th | • | , | | | | , , |
| | organization, check this box and stop | | | | | | |
| Sec | tion C. Computation of Publi | | | | | | |
| 14 | Public support percentage for 2023 (li | ine 6, column (f), di | ivided by line 11, o | column (f)) | | 14 | 77.78 % |
| 15 | Public support percentage from 2022 | Schedule A, Part | II, line 14 | | | 15 | 81.26 % |
| 16a | 33 1/3% support test - 2023. If the o | organization did no | t check the box o | n line 13, and line | 14 is 33 1/3% or m | ore, check this bo | x and |
| | stop here. The organization qualifies | as a publicly suppo | orted organization | | | | X |
| b | 33 1/3% support test - 2022. If the o | organization did no | t check a box on l | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization quali | ifies as a publicly s | upported organiza | ation | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the facts | s-and-circumstance | es test, check this | box and stop he | re. Explain in Part | VI how the organiz | ation |
| | meets the facts-and-circumstances te | | | - | | | |
| b | 10% -facts-and-circumstances test | - | | | - | | |
| | more, and if the organization meets th | - | | | | | |
| | organization meets the facts-and-circu | | | | - | | |
| 18 | Private foundation. If the organization | | | | • | | |
| | <u></u> | | , | . , , | | | (Form 990) 2023 |

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

| Se | ction A. Public Support | | | | | | |
|------|--|----------|-----------------|--------------------|----------|-----------------|---------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services 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 | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | Т | T | T | 1 | T | 1 |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 10 | regularly carried on Other income. Do not include gain | | | | | | |
| 12 | or loss from the sale of capital | | | | | | |
| 40 | assets (Explain in Part VI.) | | | | - | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | <u> </u> | 04(-)(0) - : :: | |
| 14 | First 5 years. If the Form 990 is for the | • | | • | • | | |
| Se | check this box and stop here ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2023 (I | | | column (fl) | | 15 | % |
| | Public support percentage from 2022 | , (,, | , | | | 16 | <u>%</u> % |
| | ction D. Computation of Inves | | | | | , 10 | 70 |
| | Investment income percentage for 20 | | | ne 13. column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | <u> </u> |
| | 33 1/3% support tests - 2023. If the | | | | | | |
| | more than 33 1/3%, check this box ar | | | | | | |
| b | 33 1/3% support tests - 2022. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation If the organization | | | | | | |

332023 12-21-23

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 За 3b Зс 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9с 10a 10b

Schedule A (Form 990) 2023

| Par | t IV | Supporting Organizations (continued) | | | |
|------|--------|--|----------|-----|----|
| | | | | Yes | No |
| 11 | Has tl | he organization accepted a gift or contribution from any of the following persons? | | | |
| а | A per | son who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c b | pelow, the governing body of a supported organization? | 11a | | |
| b | A fam | nily member of a person described on line 11a above? | 11b | | |
| С | A 35% | % controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail | in Part VI. | 11c | | |
| Sect | ion I | B. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| | | ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | | supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | | tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | | ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | | orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| | | ne organization operate for the benefit of any supported organization other than the supported | | | |
| | organ | nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | | how providing such benefit carried out the purposes of the supported organization(s) that operated, | _ | | |
| Soot | super | vised, or controlled the supporting organization. | 2 | | |
| Seci | .1011 | C. Type II Supporting Organizations | | 1 | |
| | | | | Yes | No |
| | | a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | | anagement of the supporting organization was vested in the same persons that controlled or managed | 4 | | |
| Sect | ion I | upported organization(s). D. All Type III Supporting Organizations | 1 | | |
| | | Divin Typo in Supporting Significations | | Yes | No |
| 4 | Did #h | ne organization provide to each of its supported organizations, by the last day of the fifth month of the | | 162 | NO |
| | | nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | | (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | | nization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| | - | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | | nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how | | | |
| | | rganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| | | ason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | - | icant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | - | ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | | · · · · · · · · · · · · · · · · · · · | 3 | | |
| Sect | ion I | orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Checi | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| а | | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | Ш | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins | truction | s). | |
| 2 | Activi | ities Test. Answer lines 2a and 2b below. | | Yes | No |
| | | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | | upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those | e supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | | the organization was responsive to those supported organizations, and how the organization determined | | | |
| | | hese activities constituted substantially all of its activities. | 2a | | |
| | | ne activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | | or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | | the reasons for the organization's position that its supported organization(s) would have engaged in | CI. | | |
| | | activities but for the organization's involvement. | 2b | | |
| | | nt of Supported Organizations. Answer lines 3a and 3b below. | | | |
| | | ne organization have the power to regularly appoint or elect a majority of the officers, directors, or | 20 | | |
| | | ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. ne organization exercise a substantial degree of direction over the policies, programs, and activities of each | 3a | | |
| | u u | to organization occided a depotential adgree of another ever the policies, programs, and activities of Cacil | | | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Sche | dule A (Form 990) 2023 CORPORATION FOR SUPPOR | TIVE H | OUSING | 13-3600232 Page 6 |
|------|--|--------------|---------------------------|--------------------------------|
| | t V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Orgar | nizations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on | Nov. 20, 1970 (explain i | in Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | st complete | Sections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| _3_ | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| _5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| _7_ | Other expenses (see instructions) | 7 | | |
| 8_ | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| _5_ | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| _6 | Multiply line 5 by 0.035. | 6 | | |
| _7_ | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |

Schedule A (Form 990) 2023

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023

c Excess from 2021d Excess from 2022e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| Nam | ame of organization Employer identification number | | | | | | | |
|-----|---|--|--|---|---|---|--|--|
| Da | IA | CORPORA | TION FOR SUPPORT anization is exempt und | IVE HOUSING | | 13-3600232 | | |
| 1 2 | Political | a description of the organiz campaign activity expendit | anization is exempt und ation's direct and indirect polition ures | cal campaign activities i | n Part IV. \$ | | | |
| | | | anization is exempt und | | | | | |
| | rt I-B | · · · · · · | • | . , , , | • | | | |
| | | | incurred by the organization un | | | | | |
| | | | incurred by organization manaç n 4955 tax, did it file Form 4720 | | | | | |
| | | | | | | ··· = = | | |
| | | describe in Part IV. | | | | [] Te5 [] NO | | |
| | rt I-C | Complete if the org | anization is exempt und | der section 501(c), | except section 501(c) |)(3). | | |
| 1 | Enter the | amount directly expended | by the filing organization for se | ection 527 exempt funct | tion activities \$ | | | |
| 2 | Enter the | amount of the filing organ | ization's funds contributed to o | ther organizations for se | ection 527 | | | |
| | exempt 1 | unction activities | | | \$ | | | |
| 3 | Total exe | empt function expenditures | . Add lines 1 and 2. Enter here | and on Form 1120-POL, | , | | | |
| | | | | | | | | |
| 4 | | | 1120-POL for this year? | | | | | |
| 5 | made pa | yments. For each organizations received that were pro | nployer identification number (E cion listed, enter the amount pa comptly and directly delivered to additional space is needed, pro | id from the filing organiz a separate political orga | zation's funds. Also enter the anization, such as a separate | e amount of political | | |
| | | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

Schedule C (Form 990) 2023

| | Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under | | | | | | | |
|------------|---|----------------------|-------------------|---|------------------------|------------------------|------------|--|
| | section 501(h)). | | | | | | | |
| A (| A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, | | | | | | | |
| | expenses, and share of excess lobbying expenditures). | | | | | | | |
| B (| Check if the filing organiza | tion checked box | A ar | nd "limited control" pro | visions apply. | | | |
| | Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) (a) Filing organization's totals | | | | | | | |
| | Total lobbying expenditures to influ | rence public opini | ion (| grassroots Johhving) | | 0. | | |
| | Total lobbying expenditures to influ | | | | | 65,570. | | |
| | Total lobbying expenditures (add li | • | | | | 65,570. | | |
| | Other exempt purpose expenditure | | | | | 53,192,116. | | |
| | Total exempt purpose expenditure | | | | | 53,257,686. | | |
| | Lobbying nontaxable amount. Ente | • | | · | | 1,000,000. | | |
| | If the amount on line 1e, column (a) of | | | bying nontaxable am | | | | |
| | not over \$500,000, | | | the amount on line 1e. | | | | |
| | over \$500,000 but not over \$1,000 |),000, \$10 | 0,00 | 00 plus 15% of the exce | ess over \$500,000. | | | |
| | over \$1,000,000 but not over \$1,5 | 00,000, \$17 | ⁷ 5,00 | 00 plus 10% of the exce | ess over \$1,000,000. | | | |
| | over \$1,500,000 but not over \$17, | 000,000, \$22 | 25,00 | 00 plus 5% of the exces | ss over \$1,500,000. | | | |
| | over \$17,000,000, | \$1, | 000, | 000. | | | | |
| g | g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | |
| h | Subtract line 1g from line 1a. If zer | o or less, enter -0- | ٠ | | | 0. | | |
| i | Subtract line 1f from line 1c. If zero | o or less, enter -0- | | | | 0. | | |
| j | If there is an amount other than ze | ro on either line 1 | h or | line 1i, did the organiza | tion file Form 4720 | _ | | |
| | reporting section 4911 tax for this | year? | | | | | Yes No | |
| | (Some organizations t | hat made a secti | on 5 | eraging Period Under 01(h) election do not l ate instructions for lir | nave to complete all o | of the five columns be | low. | |
| | | Lobbying E | xpe | nditures During 4-Yea | r Averaging Period | | | |
| | Calendar year (or fiscal year beginning in) | (a) 2020 | | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total | |
| 2a | Lobbying nontaxable amount | 1,000,00 | 0. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | 6,000,000. | |
| c | Total lobbying expenditures | 17,21 | 9. | | 130,075. | 65,570. | 212,864. | |
| d | Grassroots nontaxable amount | 250,00 | 0. | 250,000. | 250,000. | 250,000. | 1,000,000. | |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | 1,500,000. | |
| | | | | | | | | |

Schedule C (Form 990) 2023

f Grassroots lobbying expenditures

1,788.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | (a) | | (k | o) |
|----------|--|------------------|-----------|-----------|-------|
| | e lobbying activity. | Yes | No | Amo | ount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or | | | | |
| | local legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| | or referendum, through the use of: | | | | |
| а | Volunteers? | | | | |
| | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| | Media advertisements? | | | | |
| | Mailings to members, legislators, or the public? | | | | |
| | Publications, or published or broadcast statements? | | | | |
| | Grants to other organizations for lobbying purposes? | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| | Other activities? | | | | |
| i | Total. Add lines 1c through 1i | | | | |
| | Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| | t III-A Complete if the organization is exempt under section 501(c)(4), section | n 501(c)(5 |), or sec | tion | |
| | 501(c)(6). | | | , | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section | | | | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | 'No" OR (| b) Part I | | 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) | cal | | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| | Current year | | | | |
| | Carryover from last year | | | | |
| С | Total | | | | |
| 3 | | | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc | | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provide the control of the carryover to the reasonable estimate of nondeductible lobbying and provide the carryover to the reasonable estimate of nondeductible lobbying and provide the carryover to the reasonable estimate of nondeductible lobbying and provide the carryover to the reasonable estimate of nondeductible lobbying and provide the carryover to the reasonable estimate of nondeductible lobbying and provide the carryover to the reasonable estimate of nondeductible lobbying and provide the carryover to the reasonable estimate of nondeductible lobbying and provide the carryover to the reasonable estimate of nondeductible lobbying and provide the carryover to the carryover to the reasonable estimate of nondeductible lobbying and provide the carryover to the car | | | | |
| _ | expenditures next year? Taxable amount of lobbying and political expenditures. See instructions | | | | |
| 5 Par | | | 5 | | |
| | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list): Part II-Δ | lines 1 a | nd 2 (see | |
| instru | ictions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | |
| DIE | RECT LOBBYING: | | | | |
| | -FEDERAL | | | | |
| | | | | | - |
| | s. 2932 - HOUSING ALIGNMENT AND COORDINAT | ION OF | CRIT | ICAL | |
| ANI | EFFECTIVE SUPPORTIVE HEALTH SERVICES | | | | |

332043 11-06-23

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023

VOLUNTEERS,

MEDIA ADVERTISEMENT,

RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES, OR

ANY OTHER SIMILAR MEANS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Employer identification number

Schedule D (Form 990) 2023

Name of the organization

CORPORATION FOR SUPPORTIVE HOUSING 13-3600232

| Par | t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | or Accounts. Complete if the |
|-----|--|---|-------------------------------------|
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in wi | riting that the assets held in donor advis | ed funds |
| | are the organization's property, subject to the organization's ex | xclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | | |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose | conferring |
| | | | |
| Par | t II Conservation Easements. Complete if the orga | anization answered "Yes" on Form 990, I | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | n (check all that appl <u>y).</u> | |
| | Preservation of land for public use (for example, recreation | on or education) Preservation of | a historically important land area |
| | Protection of natural habitat | Preservation of | a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | ed conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | - | | |
| С | Number of conservation easements on a certified historic struc | | 2c |
| d | Number of conservation easements included on line 2c acquire | | |
| | on a historic structure listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, release | ased, extinguished, or terminated by the | organization during the tax |
| | year | | |
| 4 | Number of states where property subject to conservation ease | | |
| 5 | Does the organization have a written policy regarding the period | | |
| _ | violations, and enforcement of the conservation easements it h | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, has | andling of violations, and enforcing cons | servation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling | ng of violations, and enforcing conservations | tion easements during the year |
| • | 7 throant of oxponess into an out in mornioning, into posting, manam | ing of violations, and emoroting concerva- | non oddomente dannig the your |
| 8 | Does each conservation easement reported on line 2d above s | satisfy the requirements of section 170(h |)(4)(B)(i) |
| | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | balance sheet, and include, if applicable, the text of the footno | · | |
| | organization's accounting for conservation easements. | | |
| Par | t III Organizations Maintaining Collections of A | Art, Historical Treasures, or Ot | her Similar Assets. |
| | Complete if the organization answered "Yes" on Form 9 | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | , not to report in its revenue statement a | nd balance sheet works |
| | of art, historical treasures, or other similar assets held for publi | c exhibition, education, or research in fu | rtherance of public |
| | service, provide in Part XIII the text of the footnote to its finance | cial statements that describes these item | S. |
| b | If the organization elected, as permitted under FASB ASC 958 | , to report in its revenue statement and b | palance sheet works of |
| | art, historical treasures, or other similar assets held for public $\boldsymbol{\varepsilon}$ | exhibition, education, or research in furth | nerance of public service, |
| | provide the following amounts relating to these items. | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | | | <u> </u> |
| 2 | If the organization received or held works of art, historical treas | sures, or other similar assets for financia | l gain, provide |
| | the following amounts required to be reported under FASB AS | C 958 relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| b | Assets included in Form 990, Part X | | |

332051 09-28-23

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

| | | TION FOR S | | | | | | <u>-3600</u> | | |
|----------|---|------------------------|----------------|---------------------|-----------------|--------------|----------------------|---|--------------|-------------------|
| Par | t III Organizations Maintaining C | collections of Ar | t, Histo | orical Tre | asures, or | Other S | Similar As | sets (| continue | <u>d)</u> |
| 3 | Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its | | | | | | | | | |
| | collection items (check all that apply). | | | | | | | | | |
| а | Public exhibition | ď | ı 🔙 ı | Loan or excl | nange progra | ım | | | | |
| b | Scholarly research | • | • 🔲 (| Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's continuous | ollections and explain | n how the | ey further th | e organizatio | n's exemp | t purpose in | Part XIII | | |
| 5 | During the year, did the organization solicit of | or receive donations | of art, his | torical treas | ures, or othe | r similar as | ssets | | _ | |
| | to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | | | |
| Par | art IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or | | | | | | | | | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | | | | | | | | _ | |
| | on Form 990, Part X? | | | | | | | , X Y | es [| No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing ta | able: | | | | | | |
| | | | | | | | | | mount | |
| С | Beginning balance | | | | | | 1c | | 153, | |
| d | Additions during the year | | | | | | 1d | | 243, | |
| е | Distributions during the year | | | | | | 1e | | 790, | |
| f | Ending balance | | | | | | 1f | | <u> 187,</u> | <u> 267.</u> |
| 2a | a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | | | | | | No | | | |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | L | X |
| Par | t V Endowment Funds Complete in | T | 1 | | | | • TI | | | |
| | | (a) Current year | (b) P | rior year | (c) Two year | s back (c | I) Three years | back (e | e) Four year | ars back |
| | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | • | | , column (a) |) held as: | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | |
| | Permanent endowment | % | | | | | | | | |
| С | Term endowment | _% | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | • | | | | | | | | |
| За | Are there endowment funds not in the posse | ession of the organiza | ation that | are held an | d administer | ed for the | | | Ye | a Na |
| | organization by: | | | | | | | Г | | s No |
| | /m = 1 | | | | | | | Г | 3a(i) | + |
| | | | | | | | | | 3a(ii) | + |
| | If "Yes" on line 3a(ii), are the related organiza | | | | | | | L | 3b | |
| 4 Dar | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm | | wment fu | unds. | | | | | | |
| rai | | |) Dort IV | lino 11a C | 00 Form 000 | Dort V lin | o 10 | | | |
| | Complete if the organization answere | | | | T T | • | | | \ D - ' | -1 |
| | Description of property | (a) Cost or o | | (b) Cost basis (| I | | umulated eciation | (d) |) Book va | aiue |
| _ | Land | ` | neni) | | | uepro | COIALIOIT | 1 | 752 | 502 |
| | Land | | | 1,15 | 2,582. | | | + - ' | 752, | J0Z. |
| | Buildings | | | 3 E | 8,923. | 2. | 70,976 | +- | 9.7 | 917 |
| | Leasehold improvements | | | | 0,9 <u>4</u> 3. | | 22 145. | , | 0/, | $\frac{947.}{0.}$ |

Schedule D (Form 990) 2023

1,840,529.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

| Schedule D | (Form 990) 2023 | CORPORATION | FUK | POLLOW | TTAF | PNICOOU | | | . 5 - 5 0 |
|------------|------------------------|-------------------------|--------|---------------|-----------|---------------|--------------|-----|-----------|
| Part VII | Investments - Ot | her Securities | | | | | | | |
| | Complete if the organi | zation answered "Yes" o | n Form | 990, Part IV, | line 11b. | See Form 990, | Part X, line | 12. | |

| | , , | • |
|--|----------------|---|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| T. I. (0.1 (1) IF | | |

Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|-----------------|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| | |

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) OPERATING LEASES LIABILITIES | 6,255,482. |
| (3) CECL LIABILITIES | 358,162. |
| (4) | |
| (5) | |
| (6) | |
| | |
| (8) | |
| (9) | |
| Total, (Column (b) must equal Form 900, Part Y, line 25, col. (R)) | 6.613.644. |

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

| SCHE | edule D (Form 990) 2023 CORTORATION FOR BOTTORITYE | 110051 | 110 | <u> </u> | JUUULJA Page T |
|------|---|----------|------------------|----------|----------------|
| Pai | t XI Reconciliation of Revenue per Audited Financial Statemen | ts With | Revenue per Ret | turn | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 76,032,978. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 603,268. | | |
| b | Donated services and use of facilities | 2b | 134,894. | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 738,162. |
| 3 | Subtract line 2e from line 1 | | | 3 | 75,294,816. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 75,294,816. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stateme | nts With | n Expenses per R | letur | n |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 53,257,686. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | 134,894. | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 134,894. |
| 3 | Subtract line 2e from line 1 | | | 3 | 53,122,792. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | _ |
| • | Add lines 4a and 4h | | | 4c | 0. |

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18., Part XIII Supplemental Information

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

PART IV, LINE 2B:

DURING 2012, IN CONNECTION WITH ITS WORKING RELATIONSHIP WITH THE CONNECTICUT HOUSING FINANCE AUTHORITY (THE "CHFA"), CSH WAS APPOINTED AS AN AGENT FOR THE ADMINISTRATION OF OPERATING RESERVE ACCOUNTS FOR SEVERAL PROJECTS INTO WHICH THE CHFA AND VARIOUS LIMITED-LIABILITY COMPANIES (THE "COMPANIES") HAD ENTERED. AS A RESULT, CSH MAINTAINS CONTROL OF THE FUNDS DEPOSITED BY THE CHFA TO EACH OF THE COMPANIES' OPERATING RESERVE ACCOUNTS TO ASSIST IN THE OPERATION OF THESE PROJECTS. UNDER THE TERMS OF ITS AGREEMENT WITH THE CHFA, CSH WILL PROCESS THE CORRESPONDING DRAWDOWN REQUESTS AND PAYMENTS. THE FUNDS RECEIVED FOR DISTRIBUTION FROM THE CHFA ARE REPORTED AS A RESTRICTED CASH ASSET AND CORRESPONDING LIABILITY IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. CSH RECEIVES AN ANNUAL FEE

53,122,

FROM EACH OF THE COMPANIES FOR THE ADMINISTRATION OF THESE OPERATING RESERVE ACCOUNTS. DURING 2020, IN CONNECTION WITH ITS WORKING RELATIONSHIP WITH THE CONNECTICUT DEPARTMENT OF HOUSING (THE "DOH"), CSH WAS APPOINTED AS AN AGENT FOR THE ADMINISTRATION OF OPERATING RESERVE ACCOUNTS FOR SEVERAL PROJECTS INTO WHICH THE DOH AND VARIOUS LIMITED-LIABILITY COMPANIES (THE "COMPANIES") HAD ENTERED. AS A RESULT, CSH MAINTAINS CONTROL OF THE FUNDS DEPOSITED BY THE DOH TO EACH OF THE COMPANIES' OPERATING RESERVE ACCOUNTS TO ASSIST IN THE OPERATION OF THESE PROJECTS. UNDER THE TERMS OF ITS AGREEMENT WITH THE DOH, CSH WILL PROCESS THE CORRESPONDING DRAWDOWN REQUESTS AND PAYMENTS. THE FUNDS RECEIVED FOR DISTRIBUTION FROM THE DOH ARE REPORTED AS A RESTRICTED CASH ASSET AND CORRESPONDING LIABILITY IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. CSH RECEIVES COMPENSATION FROM DOH FOR THE ADMINISTRATION OF THESE OPERATING RESERVE ACCOUNTS UNDER A SEPARATE CONTRACT.

PART X, LINE 2:

CSH IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE (THE "IRC") AND FROM STATE AND LOCAL TAXES UNDER COMPARABLE LAWS.

THE HC USES THE ASSET AND LIABILITY METHOD TO ACCOUNT FOR DEFERRED INCOME TAXES. UNDER THIS METHOD, ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE FUTURE TAX ATTRIBUTABLE TO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS AND THE RESPECTIVE TAX BASIS. DEFERRED TAX ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED TO BE RECOVERED OR SETTLED. THE EFFECT ON DEFERRED TAX ASSETS AND LIABILITIES OF A CHANGE IN THE TAX RATE IS RECOGNIZED IN THE PERIOD THAT INCLUDES THE ENACTMENT DATE. DEFERRED TAX ASSETS ARE ONLY RECOGNIZED TO THE EXTENT THAT IT IS MORE LIKELY THAN NOT THAT THEY WILL BE REALIZED BASED ON CONSIDERATION OF

332055 09-28-23

13-360023<u>2 Page 5</u> CORPORATION FOR SUPPORTIVE HOUSING Schedule D (Form 990) 2023 Part XIII | Supplemental Information (continued) AVAILABLE EVIDENCE, INCLUDING TAX PLANNING STRATEGIES AND OTHER FACTORS. AS OF DECEMBER 31, 2023 AND 2022, THE HC DID NOT ENGAGE IN ACTIVITY REQUIRING THE RECOGNITION OF A DEFERRED TAX ASSET OR LIABILITY OR RECORDING A CURRENT PROVISION FOR INCOME TAXES. CSH IS THE SINGLE MEMBER OF THE SOLUTIONS FUND. AS SUCH, THE SOLUTIONS FUND IS TREATED AS A DISREGARDED ENTITY UNDER THE IRC AND CSH REPORTS THE ACTIVITIES OF THE SOLUTIONS FUND AND THE EXISTENCE OF ITS CONTROLLING INTEREST IN THE SOLUTIONS FUND ON CSH'S TAX RETURN. CSH IS THE SINGLE MEMBER OF THE DENVER SIPPRA, LLC. AS SUCH, THE DENVER SIPPRA, LLC IS TREATED AS A DISREGARDED ENTITY UNDER THE IRC AND CSH REPORTS THE ACTIVITIES OF THE DENVER SIPPRA, LLC AND THE EXISTENCE OF ITS CONTROLLING INTEREST IN THE DENVER SIPPRA, LLC ON CSH'S TAX RETURN. CSH AND THE HC ARE REQUIRED TO FILE AND DO FILE TAX RETURNS WITH THE INTERNAL REVENUE SERVICE ("IRS") AND OTHER TAXING AUTHORITIES. INCOME TAX RETURNS FILED BY CSH AND THE HC ARE SUBJECT TO EXAMINATION BY THE IRS FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE IRS, TAX YEARS SINCE 2020 REMAIN OPEN.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization CORPORATI | ON FOR SU | PPORTIVE HO | USING | | | | Employer identification number $13-3600232$ |
|---|-------------------|------------------------------------|--------------------------|----------------------------------|---|---------------------------------------|---|
| Part I General Information on Grants a | nd Assistance | | | | | | |
| Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's pro | stance? | | | | | | |
| Part II Grants and Other Assistance to recipient that received more than S | | | | | anization answered " | Yes" on Form 990, Part | IV, line 21, for any |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| AFFORDABLE LIVING FOR THE AGING 2029 CENTURY PARK EAST SUITE 4393 LOS ANGELES, CA 90067 | 95-3301874 | 501(C)(3) | 175,000. | 0. | воок | | FINANCIAL ASSISTANCE |
| ANISHINAABE ENDAAD, LLC 3529 ZENITH AVE N | 05 1400065 | E01/G)/(2) | , | | | | |
| ROBBINSDALE, MN 55422 ARLINGTON PARTNERSHIP FOR | 85-1492067 | 501(C)(3) | 25,000. | 0. | воок | _ | FINANCIAL ASSISTANCE |
| AFFORDABLE HOUSING, INC 4318 N CARLIN SPRINGS ROAD - ARLINGTON, VA 22203 | 54-1515133 | 501(C)(3) | 300,000. | 0. | воок | | FINANCIAL ASSISTANCE |
| BOLD COMMUNITIES 4915 GAMBIER STREET LOS ANGELES, CA 90032 | 46-5478037 | 501(C)(3) | 175,000. | 0. | воок | | FINANCIAL ASSISTANCE |
| BRADLEY & ASSOCIATES, LLC - DBA RESTORATION COMMUNITY ALLIANCE (RCA) - PO BOX 73172, - | | | | | | | |
| WASHINGTON, DC 20056 | 47-4898609 | 501(C)(3) | 15,100. | 0. | воок | | FINANCIAL ASSISTANCE |
| COALITION FOR RESPONSIBLE COMMUNITY DEVELOPMENT - 3101 S. GRAND AVENUE - LOS ANGELES, CA | | | | | | | |
| 90007 | 20-2445113 | 501(C)(3) | 175,000. | 0. | воок | | FINANCIAL ASSISTANCE |
| 2 Enter total number of section 501(c)(3) a | nd government org | ganizations listed in th | ne line 1 table | | | | 60. |

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2023

| | | PPORTIVE HO | | . (0 -1- | - d. d. d. (Farra 000) D. | | 3-3600232 Page |
|--|------------|-------------------------------|--------------------------|-----------------------|-------------------------------|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash | (f) Method of valuation | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | assistance | (book, FMV, appraisal, other) | | |
| COLEMAN PROFESSIONAL SERVICES | | | | | | | |
| 5982 RHODES ROAD | | | | | | | |
| KENT, OH 44240 | 34-1240178 | 501(C)(3) | 158,910. | 0. | воок | | FINANCIAL ASSISTANCE |
| COMMUNITY CONNECTIONS INC. | | | | | | | |
| 801 PENNSYLVANIA AVE SE | | | | | | | |
| WASHINGTON, DC 20003 | 52-1349382 | 501(C)(3) | 7,600. | 0. | воок | | FINANCIAL ASSISTANCE |
| COMMUNITY FOR CREATIVE | | | | | | | |
| NON-VIOLENCE - 425 SECOND STREET | | | | | | | |
| NW - WASHINGTON, DC 20001 | 52-1748195 | 501(C)(3) | 7,500. | 0. | воок | | FINANCIAL ASSISTANCE |
| | | | | | | | |
| COMMUNITY HEALTH RESOURCES, INC. | | | | | | | |
| 2 WATERSIDE CROSSING SUITE 401 | 06 6000505 | 501/61/21 | 50.000 | | | | |
| WINDSOR, CT 06095 | 06-6082527 | 501(C)(3) | 50,000. | 0. | BOOK | | FINANCIAL ASSISTANCE |
| COMMUNITY OF HOPE | | | | | | | |
| 4 ATLANTIC STREET SW | | | | | | | |
| WASHINGTON, DC 20032 | 52-1184749 | 501(C)(3) | 7,600. | 0. | воок | | FINANCIAL ASSISTANCE |
| COMMUNITY SUPPORT SERVICES | | | | | | | |
| 150 CROSS ST. | | | | | | | |
| AKRON, OH 44311 | 23-7029146 | 501(C)(3) | 284,452. | 0. | воок | | FINANCIAL ASSISTANCE |
| | | | | | | | |
| CONNECTICUT HOUSING PARTNERS | | | | | | | |
| 1235 HUNTINGTON TURNPIKE | 22-3035152 | E01/Q\/2\ | E0 000 | 0 | воок | | FINANCIAL ASSISTANCE |
| TRUMBULL, CT 06611 | 22-3035152 | 501(0)(3) | 50,000. | 0. | BOOK | | FINANCIAL ASSISTANCE |
| COOK COUNTY HEALTH AND HOSPITALS | | | | | | | |
| SYSTEM (CCHHS) - 1900 W POLK ST. | | | | | | | |
| ROOM 836 - CHICAGO, IL 60612 | 36-6006541 | 501(C)(3) | 254,695. | 0. | воок | | FINANCIAL ASSISTANCE |
| CORE DC, LLC | | | | | | | |
| 3703 BENNING ROAD NE | | | | | | | |
| WASHINGTON, DC 20009 | 47-4255238 | 501(C)(3) | 17,600. | 0. | воок | | FINANCIAL ASSISTANCE |

Schedule I (Form 990)

| Part II Continuation of Grants and Other A | | | | | | , <u> </u> | |
|---|------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CORNERSTONES HOUSING CORPORATION | | | | | | | |
| 11150 SUNSET HILLS ROAD SUITE 210 | | | | | | | |
| RESTON, VA 20190 | 54-1714395 | 501(C)(3) | 300,000. | 0 | воок | | FINANCIAL ASSISTANCE |
| MDION, VII 20130 | 31 1711333 | 301(3) | 300,000. | • | Book | | TIME TO THE TIME |
| DC DOORS INC. | | | | | | | |
| PO BOX 73324 | | | | | | | |
| WASHINGTON, DC 20056-3324 | 61-1637906 | 501(C)(3) | 12,600. | 0. | воок | | FINANCIAL ASSISTANCE |
| , | | | , - | | | | |
| EAST AFRICAN COMMUNITY SERVICES | | | | | | | |
| (EACS) - 7050 32ND AVE S - | | | | | | | |
| SEATTLE, WA 98118 | 91-2138852 | 501(C)(3) | 17,337. | 0. | воок | | FINANCIAL ASSISTANCE |
| | | | | | | | |
| EAST LOS ANGELES COMMUNITY | | | | | | | |
| CORPORATION - 2917 EAST 1ST STREET | | | | | | | |
| SUITE 101 - LOS ANGELES, CA 90033 | 95-4531076 | 501(C)(3) | 175,000. | 0. | воок | | FINANCIAL ASSISTANCE |
| | | | | | | | |
| EDEN, INC. | | | | | | | |
| 7812 MADISON AVENUE | | | | | | | |
| CLEVELAND, OH 44102 | 34-1667990 | 501(C)(3) | 1,757,498. | 0. | воок | | FINANCIAL ASSISTANCE |
| | | | | | | | |
| EDGEWOOD BROOKLAND FAMILY SERVICES | | | | | | | |
| COLLABORATIVE - 601 EDGEWOOD ST. | | | | | | | |
| NE SUITE 25 - WASHINGTON, DC 20017 | 52-2246995 | 501(C)(3) | 7,600. | 0. | воок | | FINANCIAL ASSISTANCE |
| | | | | | | | |
| EVERYONE HOME | | | | | | | |
| 415 2ND STREET NE 3RD FLOOR | 50 005050 | 504 (5) (0) | 1 | | | | L |
| WASHINGTON, DC 20002 | 52-0853501 | 501(C)(3) | 17,600. | 0. | BOOK | | FINANCIAL ASSISTANCE |
| EATHU MICCION | | | | | | | |
| FAITH MISSION | | | | | | | |
| 245 N. GRANT AVE | 31 0000750 | E01/Q\/2\ | 015 100 | _ | DOOK | | ETNANGTAL AGGEGRANGE |
| COLUMBUS, OH 43215 | 31-0809759 | DUI(C)(3) | 815,189. | 0. | BOOK | | FINANCIAL ASSISTANCE |
| FAMILY & COMMINITARY CERVITORS TWO | | | | | | | |
| FAMILY & COMMUNITY SERVICES, INC. 705 OAKWOOD ST. SUITE 221 | | | | | | | |
| | 24 1002451 | E01/G\/3\ | 04 664 | | BOOK . | | ETNANCIAL ACCIONANCE |
| RAVENNA, OH 44266 | 34-1902451 | DOT(C)(3) | 94,664. | U. | воок | | FINANCIAL ASSISTANCE |

| Part II Continuation of Grants and Other A | 100.010.100 10 20. | | | 101111101110 (GG.) | | T | |
|--|--------------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| RIENDSHIP PLACE | | | | | | | |
| 3655 CALVERT STREET NW | | | | | | | |
| WASHINGTON, DC 20007 | 52-1925494 | 501(C)(3) | 10,100. | 0. | воок | | FINANCIAL ASSISTANCE |
| GORDON INTERNATIONAL HOLDINGS LLC | | | | | | | |
| D/B/A NCV CAPITAL PARTNERS - 1974 | | | | | | | |
| MADISON AVENUE GROUND FLOOR - NEW | | | | | | | |
| YORK, NY 10035 | 20-8551961 | 501(C)(3) | 75,000. | 0. | воок | | FINANCIAL ASSISTANCE |
| | | | | | | | |
| GREATER CINCINNATI BEHAVIORAL | | | | | | | |
| HEALTH SERVICES - 1501 MADISON | | | | | | | |
| ROAD - CINCINNATI, OH 45206 | 31-0802647 | 501(C)(3) | 194,124. | 0. | воок | | FINANCIAL ASSISTANCE |
| | | | | | | | |
| HEARTH CONNECTION | | | | | | | |
| 2446 UNIVERSITY AVENUE W SUITE 150 | 41 1045056 | E01/a)/2) | 140.000 | • | D. C. C. | | |
| ST. PAUL, MN 55114 | 41-1945956 | 501(C)(3) | 140,000. | 0. | воок | | FINANCIAL ASSISTANCE |
| HOMEFULL | | | | | | | |
| 829 GETTYSBURG AVENUE | | | | | | | |
| DAYTON, OH 45417 | 31-1236989 | 501(C)(3) | 134,000. | 0. | BOOK | | FINANCIAL ASSISTANCE |
| , | | | | | | | |
| HOUSING CALIFORNIA | | | | | | | |
| 1107 9TH ST SUITE 560 | | | | | | | |
| SACREMENTO, CA 95814 | 68-0133565 | 501(C)(3) | 15,000. | 0. | воок | | FINANCIAL ASSISTANCE |
| | | | | | | | |
| HOUSING UP | | | | | | | |
| 1322 MAIN DRIVE NW ABRAMS HALL | | | | | | | |
| WASHINGTON, DC 20012 | 52-1675958 | 501(C)(3) | 10,100. | 0. | BOOK | | FINANCIAL ASSISTANCE |
| TWIGTING LOG NACHLES | | | | | | | |
| IMAGINE LOS ANGELES | | | | | | | |
| 672 SO LAFAYETTE PARK PLACE UNIT 28 | 20 4627000 | E01/G\/3\ | 30.000 | • | DOOK | | ETNANGTAL AGGTGERANGE |
| LOS ANGELES, CA 90057 | 20-4637089 | DUI(C)(3) | 30,000. | 0. | воок | | FINANCIAL ASSISTANCE |
| INNER CITY LAW CENTER | | | | | | | |
| 1309 E. 7TH STREET | | | | | | | |
| LOS ANGELES, CA 90021 | 95-3697572 | 501(C)(3) | 40,000. | 0 | воок | | FINANCIAL ASSISTANCE |

| Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) | | | | | | | | | | | |
|--|----------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| INTEGRATED SERVICES FOR BEHAVIORAL | | | | | | | | | | | |
| HEALTH - PO BOX 1595 - COLUMBUS, | | | | | | | | | | | |
| ОН 43126 | 31-1472366 | 501(C)(3) | 1,738,725. | 0. | воок | | FINANCIAL ASSISTANCE | | | | |
| | | | | | | | | | | | |
| JAYDOT LLC | | | | | | | | | | | |
| 4916 43RD PLACE NW | 45-2954977 | E01/G\/3\ | 17,600. | 0 | воок | | FINANCIAL ASSISTANCE | | | | |
| WASHINGTON, DC 20016 LICKING COUNTY COALITION FOR | 45-2954977 | 501(C)(3) | 17,600. | 0. | BOOK | | FINANCIAL ASSISTANCE | | | | |
| HOUSING, INC 23 SOUTH PARK | | | | | | | | | | | |
| PLACE SUITE 200 - NEWARK, OH | | | | | | | | | | | |
| 43058 | 31-1369756 | 501(C)(3) | 761,540. | 0. | BOOK | | FINANCIAL ASSISTANCE | | | | |
| | | | | | | | | | | | |
| LITTLE TOKYO SERVICE CENTER | | | | | | | | | | | |
| 231 E. THIRD STREET SUITE G106 | | | | | | | | | | | |
| LOS ANGELES, CA 90013 | 95-4444102 | 501(C)(3) | 175,000. | 0. | воок | | FINANCIAL ASSISTANCE | | | | |
| | | | | | | | | | | | |
| METROPOLITAN EDUCATIONAL SOLUTIONS | | | | | | | | | | | |
| 2011 BUNKER HILL ROAD NE SUITE A | | | | | | | | | | | |
| WASHINGTON, DC 20018 | 20-8716871 | 501(C)(3) | 7,600. | 0. | BOOK | | FINANCIAL ASSISTANCE | | | | |
| | | | | | | | | | | | |
| MIAMI VALLEY HOUSING OPPORTUNITIES | | | | | | | | | | | |
| (MVHO) - 907 W. FIFTH STREET SUITE | 31-1321426 | E01/G\/3\ | 706 220 | 0 | воок | | ETNANCIAL ACCICMANCE | | | | |
| 300 - DAYTON, OH 45402 | 31-1321426 | 501(C)(3) | 786,228. | 0. | BOOK | | FINANCIAL ASSISTANCE | | | | |
| MIRIAM'S KITCHEN | | | | | | | | | | | |
| 2401 VIRGINIA AVENUE, NW | | | | | | | | | | | |
| WASHINGTON, DC 20037 | 52-1331552 | 501(C)(3) | 10,100. | 0. | BOOK | | FINANCIAL ASSISTANCE | | | | |
| , | | | , | | | | | | | | |
| N STREET VILLAGE | | | | | | | | | | | |
| 1333 N STREET, NW | | | | | | | | | | | |
| WASHINGTON, DC 20005 | 52-1007373 | 501(C)(3) | 10,200. | 0. | воок | | FINANCIAL ASSISTANCE | | | | |
| | | | | | | | | | | | |
| NEW HOUSING OHIO, INC. | | | | | | | | | | | |
| 1160 E. MAIN STREET | | | | | | | | | | | |
| LEBANON, OH 45036 | 31-1435217 | 501(C)(3) | 287,810. | 0. | воок | | FINANCIAL ASSISTANCE | | | | |

| Part II Continuation of Grants and Other A | Assistance to Do | mestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | urt II.) | T |
|--|------------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NEW LONDON HOMELESS HOSPITALITY | | | | | | | |
| CENTER, INC 730 STATE PIER ROAD | | | | | | | |
| - NEW LONDON, CT 06320 | 20-5606908 | 501/0\/3\ | 14,000. | _ | воок | | FINANCIAL ASSISTANCE |
| - NEW HONDON, CI 00320 | 20-3000900 | 501(0/(3/ | 14,000. | 0. | BOOK | | FINANCIAL ASSISTANCE |
| OPEN ARMS HOUSING, INC. | | | | | | | |
| 57 O STREET, NW | | | | | | | |
| WASHINGTON, DC 20001 | 52-2040518 | 501(C)(3) | 10,100. | 0 | BOOK | | FINANCIAL ASSISTANCE |
| | | | 10,200. | • | | | |
| PACIFIC HOUSE, INC. | | | | | | | |
| 137 HENRY STREET | | | | | | | |
| STAMFORD, CT 06902 | 06-1144355 | 501(C)(3) | 117,500. | 0. | BOOK | | FINANCIAL ASSISTANCE |
| , | | | , | | | | |
| PATHWAY HOMES, INC. | | | | | | | |
| 10201 FAIRFAX BOULEVARD, SUITE 200 | | | | | | | |
| FAIRFAX, VA 22030 | 54-1041459 | 501(C)(3) | 300,000. | 0. | воок | | FINANCIAL ASSISTANCE |
| | | | | | | | |
| PEOPLE ASSISTING THE HOMELESS | | | | | | | |
| (PATH) - 340 N. MADISON AVENUE - | | | | | | | |
| LOS ANGELES, CA 90004 | 95-3950196 | 501(C)(3) | 325,000. | 0. | воок | | FINANCIAL ASSISTANCE |
| RESEARCH FOUNDATION FOR MENTAL | | | | | | | |
| HYGIENE, INC (RFMH) - 150 | | | | | | | |
| BROADWAY, SUITE 301 - ALBANY, NY | | | | | | | |
| 12204 | 14-1410842 | 501(C)(3) | 100,000. | 0. | воок | | FINANCIAL ASSISTANCE |
| | | | | | | | |
| SKID ROW HOUSING TRUST | | | | | | | |
| 1317 E. 7TH STREET | | | | | | | |
| LOS ANGELES, CA 90021 | 95-4205316 | 501(C)(3) | 400,000. | 0. | воок | | FINANCIAL ASSISTANCE |
| SOUTHERN CALIFORNIA HEALTH AND | | | | | | | |
| REHABILITATION PROGRAM (SCHARP) - | | | | | | | |
| 2610 INDUSTRY WAY, SUITE A - | | | | | | | |
| LYNWOOD, CA 90262 | 95-4482413 | 501(C)(3) | 175,000. | 0. | воок | | FINANCIAL ASSISTANCE |
| | | | | | | | |
| TALBERT HOUSE | | | | | | | |
| 2600 VICTORIA PARKWAY | | | | | | | |
| CINCINNATI, OH 45206 | 31-0713350 | 501(C)(3) | 998,961. | 0. | воок | | FINANCIAL ASSISTANCE |

| Schedule I (Form 990) CORPORATION Part II Continuation of Grants and Other A | | PPORTIVE HOME HOW THE HOME HOW THE HOME HOW THE HOME HOW THE HOW THE HOME HOW THE HOW | | vernments (Sch | edule I (Form 990), Pa | | 3-3600232 Pa |
|---|----------------|---|--------------------------|----------------------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ASC OF NORTHWEST OHIO | | | | | | | |
| 330 GLENDALE AVE | | | | | | | |
| OLEDO, OH 43614 | 34-1844894 | 501(C)(3) | 372,312. | 0 | воок | | FINANCIAL ASSISTANCE |
| OLLDO, OII 43014 | 34 1044034 | 301(0)(3) | 372,312. | 0. | Book | | I IMMEINE NOOIDINNEE |
| HE MOORE WRIGHT GROUP | | | | | | | |
| 401 SIMPSON AVE | | | | | | | |
| BERDEEN, WA 98520 | 81-5157499 | 501(C)(3) | 23,250. | 0. | воок | | FINANCIAL ASSISTANCE |
| THE NATIONAL CENTER FOR CHILDREN | | | | | | | |
| ND FAMILIES (NCCF) - 1438 RHODE | | | | | | | |
| SLAND AVE NE - WASHINGTON, DC | | | | | | | |
| 0018 | 52-0591586 | 501(C)(3) | 10,000. | 0. | воок | | FINANCIAL ASSISTANCE |
| ESLEY HOUSING DEVELOPMENT | | | , - | - | | | |
| ORPORATION OF NORTHERN VIRGINIA - | | | | | | | |
| 311 HUNTINGTON AVENUE - | | | | | | | |
| LEXANDRIA, VA 22303 | 51-0155779 | 501(C)(3) | 300,000. | 0. | воок | | FINANCIAL ASSISTANCE |
| HEELER CREEK COMMUNITY | | | | | | | |
| EVELOPMENT CORPORATION - 1130 | | | | | | | |
| ARNEY STREET SE - WASHINGTON, DC | | | | | | | |
| 0032 | 52-0245460 | 501(C)(3) | 12,600. | 0. | воок | | FINANCIAL ASSISTANCE |
| OMEN ORGANIZING RESOURCES, | | | | | | | |
| NOWLEDGE & SERVICES (W.O.R.K.S.) | | | | | | | |
| 795 N. AVENUE 50 - LOS ANGELES, | | | | | | | |
| A 90042 | 95-4680440 | 501(C)(3) | 175,000. | 0. | воок | | FINANCIAL ASSISTANCE |
| | | | | | | | |
| OODLEY HOUSE | | | | | | | |
| 000 CONNECTICUT AVENUE, NW #108 | | | | | | | |
| ASHINGTON, DC 20008 | 53-0245460 | 501(C)(3) | 15,100. | 0. | воок | | FINANCIAL ASSISTANCE |
| | | | | | | | |
| OUNG COMMUNITY DEVELOPERS | | | | | | | |
| 715 YOSEMITE AVE | | | | | | | |
| AN FRANCISCO, CA 94124 | 94-2187776 | 501(C)(3) | 75,000. | 0. | BOOK | | FINANCIAL ASSISTANCE |
| | | | | | | | |
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| | | | | | | | |

| Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed. | . Complete if the | e organization answe | erea "Yes" on Form S | | |
|--|---------------------------|----------------------------|---------------------------------------|---|---------------------------------------|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| | | | | | |
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| Part IV Supplemental Information. Provide the information rec | uired in Part I, lin | ıe 2; Part III, column | (b); and any other ac | ditional information. | |
| PROCESS FOR MONITORING USE OF GRAN | r funds | | | | |
| | | | | | |
| WHEN CSH ADMINISTERS A GRANT, IT R | EQUIRES 1 | HE LOTTOM1 | ING ITEMS F | ROM THE | |
| GRANTEE 1) IRS DETERMINATION LETTE | R PROVING | THEY ARE | A NOT-FOR- | PROFIT | |
| ENTITY 2) A CERTIFICATE FROM THE G | RANTEES F | ORMATION S | STATE, STAT | ING THEY | |
| ARE IN GOOD STANDING FOR GRANTS UT | ILIZING F | UNDS RECEI | VED FROM F | EDERAL | |
| | | | | | |
| SOURCES, CSH ALSO VERIFIES THAT THE | | | | | |
| FEDERAL FUNDS VIA THE ONLINE EXCLU | DED PARTI | ES LIST SY | STEM (EPLS |). CSH | |
| ALSO MONITORS THE USE OF GRANT FUN | DS BY OBT | AINING QUA | ARTERLY WRI | TTEN | |
| REPORTS OF EXPECTED OUTCOMES OF TH | E GRANT A | S STATED E | BY THE GRAN | т | |
| | | | | | 0-11-1-1/5 000\ 0000 |

| Part IV Supplemental Information |
|--|
| AGREEMENT. THE REPORT IS REQUIRED TO CONTAIN A FINANCIAL REPORT |
| DETAILING THE EXPENDITURES BY COST LINE. CSH STRUCTURES MOST OF THE |
| GRANTS SO THAT THERE ARE MULTIPLE DISBURSEMENTS OF GRANT FUNDS WITH |
| SUBSEQUENT DISBURSEMENTS CONTINGENT ON COMPLIANCE WITH REPORTING |
| GUIDELINES, INCLUDING FINANCIAL REPORTS. FINALLY, THE MAJORITY OF |
| GRANTEES ARE IN LOCATIONS WHERE CSH HAS A LOCAL OFFICE THAT DIRECTLY |
| MONITORS GRANT COMPLIANCE THROUGH LOCAL SITE VISITS AND ONE-ON-ONE |
| REVIEW OF GRANT GOALS AND EXPENDITURES. |
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SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Go to www.irs.gov/Form990 for instructions and the latest information.

CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number 13-3600232

| | | | Yes | No |
|------------|--|----|-----|-----|
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee X Written employment contract | | | |
| | Independent compensation consultant Independent compensation consultant Independent compensation consultant | | | |
| | X Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | ,,,,,,, | | | |
| Ļ | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | | 4a | | Х |
| b | | 4b | | Х |
| | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | Х |
| b | Any related organization? | 5b | | Х |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| a | | 6a | | Х |
| b | The organization? Any related organization? | 6b | | X |
| J | If "Yes" on line 6a or 6b, describe in Part III. | JU | | -23 |
| , | · | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | 7 | | Х |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | _ | | ~ |
| _ | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

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

Schedule J (Form 990) 2023

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

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

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

| | | (B) Breakdown of W | /-2 and/or 1099-MIS0 compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) | |
|----------------------------|------|--------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 | |
| (1) DEBORAH DE SANTIS | (i) | 385,742. | 69,315. | 0. | 48,688. | 13,321. | 517,066. | 0. | |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (2) BRIGITT JANDREAU-SMITH | (i) | 314,073. | 28,479. | 0. | 45,979. | 25,791. | 414,322. | 0. | |
| CHIEF LOAN OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (3) EILEEN HAWES | (i) | 263,925. | 23,641. | 0. | 36,705. | 3,002. | 327,273. | 0. | |
| CFO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (4) ELIZABETH DRAPA | (i) | 242,530. | 22,550. | 0. | 34,835. | 15,745. | | 0. | |
| VP OF CONSULTING AND FIELD | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (5) NANCY MCGRAW | (i) | 255,013. | 11,138. | 0. | 32,878. | 14,121. | 313,150. | 0. | |
| СДО | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (6) RYAN MOSER | (i) | 187,055. | 9,002. | 0. | 30,999. | 46,594. | 273,650. | 0. | |
| VP OF STRATEGY AND IMPACT | (ii) | 0. | 0. | 0. | 0. | 0. | | 0. | |
| (7) EDITH GIMM | (i) | 202,387. | 10,720. | 0. | 36,132. | 13,837. | 263,076. | 0. | |
| GENERAL COUNSEL | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
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| | (ii) | | | | | | | | |
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| | (ii) | | | | | | | | |

| Part III Supplemental Information |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number 13-3600232

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO ADVANCE HOUSING SOLUTIONS THAT DELIVER 3 POWERFUL

OUTCOMES:1)IMPROVED LIVES FOR VULNERABLE PEOPLE 2)MAXIMIZED PUBLIC

RESOURCES AND 3)STRONG, HEALTHY COMMUNITIES ACROSS THE COUNTRY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO ADVANCE HOUSING SOLUTIONS THAT DELIVER THREE POWERFUL OUTCOMES: 1)

IMPROVED LIVES FOR VULNERABLE PEOPLE, 2) MAXIMIZED PUBLIC RESOURCES AND

3) STRONG, HEALTHY COMMUNITIES ACROSS THE COUNTRY.

PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: CSH ADVANCES SUPPORTIVE HOUSING THROUGH THE DELIVERY OF OUR FOUR CORE TRAINING AND EDUCATION TO BUILD CAPACITY TO CREATE AND SERVICES: 1) OPERATE HIGH-QUALITY SUPPORTIVE HOUSING 2) GRANTS AND LENDING THROUGH LOW INTEREST LOANS WITH FLEXIBLE UNDERWRITING TERMS TO COVER PREDEVELOPMENT COSTS AND FILL GAPS IN DEVELOPMENT BUDGETS FOR NEW SUPPORTIVE HOUSING 3) CONSULTING AND TECHNICAL ASSISTANCE FOR PROJECT SPONSORS TO DEVELOP STRONG PLANS FOR NEW SUPPORTIVE HOUSING ROOTED IN EVIDENCE BASED PRACTICES; 4) POLICY REFORM THROUGH COLLABORATION WITH COUNTY AND STATE AGENCIES TO STREAMLINE RESOURCES & PROGRAMS FOR SUPPORTIVE HOUSING. SINCE INCEPTION, CSH'S LENDING, ADVOCACY AND TECHNICAL ASSISTANCE HAVE HELPED COMMUNITIES CREATE SUPPORTIVE HOUSING IN 2023 ALONE, CSH APPROVED 53 LOANS TOTALING \$187.2M AND UNITS. OFFERED HUNDREDS OF ON-LINE AND SEVERAL IN-PERSON TRAINING EVENTS THAT REACHED THOUSANDS OF PARTICIPANTS ACROSS THE COUNTRY.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization CORPORATION FOR SUPPORTIVE HOUSING Employer identification number 13-3600232

FORM 990, PART VI, SECTION B, LINE 11B:

MANAGEMENT OF CSH PROVIDES COPIES OF THE FORM 990 TO BOTH ITS AUDIT

COMMITTEE AND BOARD OF DIRECTORS TO REVIEW. THE AUDIT COMMITTEE BASED ON

ITS REVIEW, RECOMMENDS TO THE BOARD OF DIRECTORS ACTION TO BE TAKEN ON THE

RETURN, BASED ON THIS RECOMMENDATION AND ITS OWN REVIEW, THE BOARD OF

DIRECTORS MOVES FOR APPROVAL OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

CSH REQUIRES EACH OF ITS DIRECTORS TO SIGN A CONFLICT OF INTEREST POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

CSH BOARD OF DIRECTORS REVIEW THE RECOMMENDED COMPENSATION OF ITS

PRESIDENT, CFO AND OTHER TOP MANAGEMENT EMPLOYEES BASED ON ANALYZING

CURRENT MARKET TRENDS AND REVIEW OF SIMILAR ORGANIZATIONS' FORM 990,

SURVEYS OF COMPARABLE LEVEL COMPENSATION AND BOARD REVIEW OF EMPLOYEES

PERFORMANCE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA,CT,DC,FL,IL,MI,MN,NJ,NY,NV,OH,OR,RI,VA,PA

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS' FORM 990 AND FINANCIAL STATEMENTS AVAILABLE

UPON REQUEST. THE GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE

DISTRIBUTED INTERNALLY AND NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CUMULATIVE EFFECT OF ADOPTION OF ASC 326

915,977.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| CORPORATION FO | R SUPPORTIVE HOUSIN | 1G | | | | 13-36002 | 32 | | |
|---|---------------------------------------|---|------------------------|--------------------|---------|---------------------------|--|------|--|
| Part I Identification of Disregarded Entities. Complet | e if the organization answered "Yes" | on Form 990, Part IV, line 33 | В. | | | | | | |
| | (b) | (c) | (d) | (e) | | | (f) | | |
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state of foreign country) | r Total incon | ne End-of-year | assets | ets Direct cont entity | | | |
| HOUSING SOLUTIONS FUND LLC - 46-2797064 | | | | | | | | | |
| 55 BROADWAY, 10TH FLOOR | | | | | | | | | |
| NEW YORK, NY 10006 | LENDING | DELAWARE | 4,287, | 722. 80,56 | 4,090. | CORPORATION | | | |
| DENVER SIPPRA LLC | | | | | | | | | |
| 55 BROADWAY, 10TH FLOOR | | | | | | | | | |
| NEW YORK, NY 10006 | LENDING | DELAWARE | | 0. 2,20 | 0,327. | . CORPORATION | | | |
| | | | | | | | | | |
| | 1 | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations during the tax year. | tions. Complete if the organization a | nswered "Yes" on Form 990 | , Part IV, line 34, be | ecause it had one | or more | related tax-exer | mpt | | |
| (a) | (b) | (c) | (d) | (e) | | (f) | (9 | g) | |
| Name, address, and EIN | Primary activity | Legal domicile (state or | Exempt Code | Public charity | Dire | ect controlling | (g) Section 512(b)(13 controlled | | |
| of related organization | | foreign country) | section | status (if section | | entity | | ity? | |
| | | | | 501(c)(3)) | | | Yes | No | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (ł | n) | (i) | (j) | (k) |
|--|------------------|---|---------------------------|---|-----------------------|-----------------------------------|----------|--------|---|-------------------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year assets | Dispropo | tions? | Code V-UBI amount in box 20 of Schedule | managing partner? | Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes No | <u> </u> |
| CATALYST CDE 5, LLC - | - | | | | | | | | | | |
| 47-4853757, 55 BROADWAY, 10TH FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | CSH | RELATED | 20. | 907. | | X | N/A | x | .01% |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | | , | | |
| CATALYST CDE 6, LLC - |] | | | | | | | | | | |
| 47-4864477, 55 BROADWAY, 10TH | | | | | | | | | | | |
| FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | СSН | RELATED | 0. | 0. | | X | N/A | X | .01% |
| CATALYST CDE 7, LLC - | - | | | | | | | | | | |
| 47-4878025, 55 BROADWAY, 10TH | 1 | | | | | | | | | | |
| FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | сѕн | RELATED | 32. | 1,114. | | x | N/A | Х | .01% |
| | | | | | | | | | | | |
| CATALYST CDE 8, LLC - | | | | | | | | | | | |
| 47-4888993, 55 BROADWAY, 10TH |] | | | | | | | | | | |
| FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | СSН | RELATED | 12. | 496. | | X | N/A | Х | .01% |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | 512(b | tion b)(13) rolled tity? |
|--|--------------------------------|--------------------------------------|-------------------------------|---|---------------------------------|--|--------------------------------|-------|-----------------------------------|
| | | country) | | 2, | | | | Yes | No |
| CATALYST CDE 4, LLC - 45-3629305 | | | | | | | | | |
| 55 BROADWAY, 10TH FLOOR | | | | | | | | | |
| NEW YORK, NY 10006 | DEVELOPMENT | DE | СSН | C CORP | 0. | 0. | .01% | | X |
| CATALYST CDE 9, LLC - 47-4904233 | | | | | | | | | |
| 55 BROADWAY, 10TH FLOOR | | | | | | | | | |
| NEW YORK, NY 10006 | DEVELOPMENT | DE | СSН | C CORP | 3. | 1,051. | .01% | | Х |
| CATALYST CDE 14, LLC - 38-4026054 | | | | | | | | | |
| 55 BROADWAY, 10TH FLOOR | | | | | | | | | |
| NEW YORK, NY 10006 | DEVELOPMENT | DE | сѕн | C CORP | 1. | 1,601. | .01% | | X |
| CATALYST CDE 16, LLC - 82-5263571 | | | | | | | | | |
| 55 BROADWAY, 10TH FLOOR |] | | | | | | | | |
| NEW YORK, NY 10006 | DEVELOPMENT | DE | сѕн | C CORP | 2. | 700. | .01% | | X |
| | | | | | | | | | |
| | | | | | | | | | |

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

| (0) | /h) | (0) | (al) | (0) | (6) | (a) | , | - 1 | /:\ | /:\ | (14) |
|--------------------------------------|----------------------|-----------------------|------------------------|---|------------------------------|------------------------|-----------------|------------|-----------------------------------|------------------|-------------------|
| (a) Name, address, and EIN | (b) Primary activity | (c) Legal | (d) Direct controlling | (e) Predominant income | (f) Share of total | (g) Share of | 1 . | h) | (i) Code V-UBI | (j) General o | (k) Percentage |
| of related organization | Primary activity | domicile (state or | entity | (related, unrelated, | income | end-of-year | Dispropate allo | | amount in box | managing | Ownershin |
| | | foreign country) | | excluded from tax under sections 512-514) | | assets | Yes | | 20 of Schedule K-1 (Form 1065) | | |
| | | oouning) | | | | | 103 | 110 | (| 103140 | <u> </u> |
| CATALYST CDE 10, LLC - | | | | | | | | | | | |
| 47-4913878, 55 BROADWAY, 10TH | | | | | | | | | | | |
| FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | CSH | RELATED | 5. | 1,161. | | X | N/A | X | .01% |
| | | | | | | | | | | | |
| CATALYST CDE 11, LLC - | | | | | | | | | | | |
| 35-2584246, 55 BROADWAY, 10TH | | | | | | | | | | | |
| FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | CSH | RELATED | 24. | 1,449. | | X | N/A | X | .01% |
| | | | | | | | | | | | |
| CATALYST CDE 12, LLC - | _ | | | | | | | | | | |
| 30-0966554, 55 BROADWAY, 10TH | | | | | | | | L_ | /- | | |
| FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | сѕн | RELATED | 5. | 1,197. | | X | N/A | X | .01% |
| GAMALINGM GDR 12 TTG | 4 | | | | | | | | | | |
| CATALYST CDE 13, LLC - | _ | | | | | | | | | | |
| 61-1815643, 55 BROADWAY, 10TH | DEVELOPMENT | DE | CSH | RELATED | -5. | 965. | | X | NT / 7 | - V | .01% |
| FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | Съп | RELATED | -5. | 965. | | Δ_ | N/A | X | .01* |
| CATALYST CDE 15, LLC - | 1 | | | | | | | | | | |
| 32-0517614, 55 BROADWAY, 10TH | - | | | | | | | | | | |
| FLOOR, NEW YORK, NY 10006 | - DEVELOPMENT | DE | CSH | RELATED | 5. | 780. | | X | N/A | x | .01% |
| | | | | | | | | <u> </u> | 21,7 22 | | |
| JIR PFS LLC - 82-1917036 | 1 | | | | | | | | | | |
| 55 BROADWAY, 10TH FLOOR | | | | | | | | | | | |
| NEW YORK, NY 10006 | DEVELOPMENT | DE | CSH | RELATED | 0. | 0. | | X | N/A | X | 50.00% |
| | | | | | | | | | | | |
| DENVER PFS - 81-0784340 | | | | | | | | | | | |
| 55 BROADWAY, 10TH FLOOR | | | | | | | | | | | |
| NEW YORK, NY 10006 | DEVELOPMENT | DE | CSH | RELATED | 0. | 0. | | X | N/A | X | 50.00% |
| | _ | | | | | | | | | | |
| CATALYST CDE 17, LLC - | | | | | | | | | | | |
| 82-5274251, 55 BROADWAY, 10TH | | | | | | | | L_ | /- | | |
| FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | сѕн | RELATED | 5. | 1,075. | | X | N/A | X | .01% |
| CAMALYCH CDR 10 II.C | - | | | | | | | | | | |
| CATALYST CDE 18, LLC - | - | | | | | | | | | | |
| 82-5292467, 55 BROADWAY, 10TH | DEVELOPMENT | DE | CSH | RELATED | 7. | 1 570 | | v | N/A | v | .01% |
| FLOOR, NEW YORK, NY 10006 | heardament. | חה | СЭП | KELATED | 7. | 1,570. | | X | N/A | X | 1 .014 |

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

| (0) | (b) | (0) | (4) | (0) | (5) | (a) | | h) | (i) | /:\ | (14) |
|--------------------------------------|----------------------|-----------------------|------------------------|---|------------------------------|------------------------|-----|----------|-----------------------------------|------------------|-------------------|
| (a) Name, address, and EIN | (b) Primary activity | (c) Legal | (d) Direct controlling | (e) Predominant income | (f) Share of total | (g) Share of | 1 | h) | (i) Code V-UBI | (j) General (| (k) Percentage |
| of related organization | Primary activity | domicile (state or | entity | (related, unrelated, | income | end-of-year | | | amount in box | managin | ownership |
| | | foreign country) | | excluded from tax under sections 512-514) | | assets | Yes | | 20 of Schedule K-1 (Form 1065) | | |
| | | , | | , | | | 100 | 110 | , | 10011 | |
| CATALYST CDE 19, LLC - | 1 | | | | | | | | | | |
| 82-5321172, 55 BROADWAY, 10TH | 1 | | | | | | | | | | |
| FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | CSH | RELATED | 4. | 810. | | X | N/A | X | .01% |
| | | | | | | | | | | | |
| CATALYST CDE 20, LLC - | | | | | | | | | | | |
| 82-5328145, 55 BROADWAY, 10TH | | | | | | | | | | | |
| FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | СSН | RELATED | 6. | 1,182. | | X | N/A | X | .01% |
| | | | | | | | | | | | |
| CATALYST CDE 22, LLC - | | | | | | | | | | | |
| 84-3099349, 55 BROADWAY, 10TH | | | | | | | | | | | |
| FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | CSH | RELATED | 5. | 1,157. | | X | N/A | X | .01% |
| | 4 | | | | | | | | | | |
| CATALYST CDE 23, LLC - | 4 | | | | | | | | | | |
| 84-3119066, 55 BROADWAY, 10TH | 4 | | | | | | | L_ | ,_ | | |
| FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | сѕн | RELATED | 7. | 1,579. | | X | N/A | X | .01% |
| | 4 | | | | | | | | | | |
| CATALYST CDE 24, LLC - | 4 | | | | | | | | | | |
| 84-3164259, 55 BROADWAY, 10TH | DELICE OF STREET | DE | CCIT | D | | 939. | | 37 | NT / 7 | 1 | 0.1.9 |
| FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | СSН | RELATED | 4. | 939. | | X | N/A | X | .01% |
| CATALYST CDE 25, LLC - | 1 | | | | | | | | | | |
| 84-3180831, 55 BROADWAY, 10TH | † | | | | | | | | | | |
| FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | CSH | RELATED | 4. | 891. | | X | N/A | x | .01% |
| | | | | | | | | <u> </u> | 21,722 | | |
| CATALYST CDE 26, LLC - | 1 | | | | | | | | | | |
| 85-3332533, 55 BROADWAY, 10TH | 1 | | | | | | | | | | |
| FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | сѕн | RELATED | 7. | 1,488. | | X | N/A | X | .01% |
| | | | | | | | | | | | |
| CATALYST CDE 27, LLC - | 1 | | | | | | | | | | |
| 85-3347757, 55 BROADWAY, 10TH |] | | | | | | | | | | |
| FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | CSH | RELATED | 7. | 1,491. | | X | N/A | X | .01% |
| | | | | | | | | | | | |
| CATALYST CDE 28, LLC - | _ | | | | | | | | | | |
| 85-3366522, 55 BROADWAY, 10TH | 1 | | | | | | | | | | |
| FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | CSH | RELATED | 14. | 1,495. | | X | N/A | X | .01% |

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

| | (1.) | (-) | (-1) | 1 (2) | (6) | (-) | , | 1. \ | (2) | T (2) | (1.) |
|--|------------------|-----------------------|---------------------------|--|-----------------------|-------------------------|-----|----------------------|--|---------------|-------------------------|
| (a) | (b) | (c) Legal | (d) | (e) | (f) | (g) | l | h) | (i) | (j) | (k) |
| Name, address, and EIN of related organization | Primary activity | domicile (state or | Direct controlling entity | Predominant income (related, unrelated, | Share of total income | Share of end-of-year | I | portion- cations? | Code V-UBI amount in box | managi | or Percentage ownership |
| C | | foreign country) | | (related, unrelated, excluded from tax under sections 512-514) | | assets | | No | amount in box 20 of Schedule K-1 (Form 1065) | partne | <u>.</u> |
| | | Country) | | 30000013 3 12 3 14) | | | res | NO | 10 1 (1 01111 1005) | resin | 0 |
| CATALYST CDE 29, LLC - | 1 | | | | | | | | | | |
| 85-3429576, 55 BROADWAY, 10TH | † | | | | | | | | | | |
| FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | сѕн | RELATED | 4. | 1,295. | | x | N/A | x | .01% |
| | | | | | | | | T | 21,722 | 1-7 | |
| CATALYST CDE 30, LLC - | 1 | | | | | | | | | | |
| 85-3455638, 55 BROADWAY, 10TH | 1 | | | | | | | | | | |
| FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | сѕн | RELATED | 1. | 1,300. | | X | N/A | X | .01% |
| | | | | | | • | | | | | |
| CATALYST CDE 31, LLC - | 1 | | | | | | | | | | |
| 92-0753318, 55 BROADWAY, 10TH | 1 | | | | | | | | | | |
| FLOOR, NEW YORK, NY 10006 | DEVELOPMENT | DE | СSН | RELATED | 2. | 1,498. | | x | N/A | X | .01% |
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

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

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

| b Giff, grant, or capital contribution to related organization(s) | | | | ar | | $\perp \Delta$ | |
|--|---------------------|-----------------------------------|--|--------|-------|----------------|--|
| c Gift, grant, or capital contribution from related organization(s) | | | | 1c | | Х | |
| | | | | 1d | Х | | |
| k Lease of facilities, equipment, or other assets from related organization(s) I Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 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) (c) (d) | | | | | | | |
| | | | | | | | |
| f Dividends from related organization(s) | | | | 1f | | Х | |
| g Sale of assets to related organization(s) | | | | 1g | | X | |
| | | | | 1h | | X | |
| i Exchange of assets with related organization(s) | | | | 1i | | X | |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | | | | |
| | | | | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | X | | |
| I Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | |
| m Performance of services or membership or fundraising solicitations by related organ | nization(s) | | | 1m | | X | |
| g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 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 threshold (a) Name of related organization Name of related organization Method of determining a more constant of the same constant involved method of determining a more constant of the same constant involved method of determining a more constant of the same constant involved method of determining a more constant of the same constant involved method of determining a more constant involved method of determining | | | | | | | |
| Sharing of paid employees with related organization(s) | | | | 10 | | X | |
| | | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | 1p | | X | | | |
| q Reimbursement paid by related organization(s) for expenses | | | | 1q | | X | |
| | | | | | | | |
| r Other transfer of cash or property to related organization(s) | | | | 1r | | X | |
| | | | | 1s | | X | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on w | ho must complete th | is line, including covered relati | onships and transaction thresholds. | | | | |
| (a) Name of related organization | Transaction | | (d) Method of determining amount in | volved | | | |
| 1) NEW MARKET TAX CREDIT FEES | V | | | | | | |
| 2) | | | | | | | |
| 3) | | | | | | | |
| 4) | | | | | | | |
| | | | | | | | |
| 5) | | | | | | | |
| 6) | | | | | | | |
| 32163 09-28-23 | | | Schedule | R (For | n 990 | 2023 (| |

Schedule R (Form 990) 2023

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec. 501(c)(3) orgs.? Yes No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproptionate allocation | Code V-UBI amount in box 2 of Schedule K- | General of managing partner? Yes No | (k) r Percentage ownership |
|--------------------------------------|----------------------|-----|---|--|------------------------------------|--|-------------------------------|---|--------------------------------------|----------------------------|
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