

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2024

Open to Public Inspection

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.

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

Form Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: CORPORATION FOR SUPPORTIVE HOUSING. D Employer identification number: 13-3600232. E Telephone number: (212) 986-2966. F Name and address of principal officer: EILEEN HAWES, 55 BROADWAY 10TH FLOOR, NEW YORK, NY 10006. G Gross receipts \$ 106,263,944. H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number. I Tax-exempt status: 501(c)(3). J Website: WWW.CSH.ORG. K Form of organization: Corporation. L Year of formation: 1991. M State of legal domicile: DE.

Part I Summary

Table with 3 main sections: 1. Activities & Governance (mission statement, 3-6, 7a, 7b); 2. Revenue (8-12); 3. Expenses (13-19). Includes columns for Prior Year and Current Year. Net Assets or Fund Balances (20-22) with Beginning of Current Year and End of Year columns.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer EILEEN HAWES CFO, Date 2025-10-28. Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN P01273422, Firm's name COHNREZNICK ADVISORY LLC, Firm's EIN 33-3709623, Firm's address 500 EAST PRATT STREET 4TH FLOOR, BALTIMORE, MD 21202, Phone no. (410) 783-4900.

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O 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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 50,602,364 including grants of \$ 11,395,680) (Revenue \$ 54,378,943)

SEE SCHEDULE OCSH ADVANCES SUPPORTIVE HOUSING THROUGH THE DELIVERY OF OUR FOUR CORE SERVICES: 1) TRAINING AND EDUCATION TO BUILD CAPACITY TO CREATE AND 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 LOCAL, 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 UNITS. IN 2024 ALONE, CSHAPPROVED 54 LOANS TOTALING \$220.5M AND OFFERED HUNDREDS OF ON-LINE ANDSEVERAL IN-PERSON TRAINING EVENTS THAT REACHED THOUSANDS OF PARTICIPANTSACROSS THE COUNTRY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 50,602,364

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Main form content with questions 2a through 17, including sub-questions and input fields for years and amounts.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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 arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed CA, CT, DC, FL, IL, MI, MN, NJ, NY, NV, OH, OR, RI, VA, PA 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: EILEEN HAWES CFO 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 (212) 986-2966

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.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) MICHELLE NORRIS CHAIRPERSON	1.00	X		X				0	0	0
(2) CAROLYN POWELL VICE CHAIR	1.00	X		X				0	0	0
(3) PAULA MORABITO SECRETARY	1.00	X		X				0	0	0
(4) DEBORAH DE SANTIS PRESIDENT & CEO	40.00	X		X			499,523	0	69,967	
(5) PEGGY BAILEY DIRECTOR	1.00	X						0	0	0
(6) JEFF I BRODSKY DIRECTOR	1.00	X						0	0	0
(7) DEBORAH BURKART DIRECTOR	1.00	X						0	0	0
(8) DIANA YAZZIE DEVINE DIRECTOR	1.00	X						0	0	0
(9) DONALD S FALK DIRECTOR	1.00	X						0	0	0
(10) CHRISTINE JAMES-BROWN DIRECTOR	1.00	X						0	0	0
(11) ROLAND LAMB DIRECTOR	1.00	X						0	0	0
(12) RAY LAY DIRECTOR	1.00	X						0	0	0
(13) JUDGE STEVEN LEIFMAN DIRECTOR	1.00	X						0	0	0
(14) QAHIR MADHANY DIRECTOR	1.00	X						0	0	0
(15) MATTHEW MORTON DIRECTOR	1.00	X						0	0	0
(16) DR JIM O'CONNELL DIRECTOR	1.00	X						0	0	0
(17) TRACEY SCOTT DIRECTOR	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) BRIGITT JANDREAU CHIEF LOAN OFFICER	40.00			X			383,147	0	77,220
(19) EILEEN HAWES CHIEF FINANCIAL OFFICER	40.00			X			320,587	0	55,062
(20) NANCY MCGRAW CHIEF DEVELOPMENT OFFICER	40.00			X			307,654	0	44,629
(21) EDITH GIMM GENERAL COUNSEL	40.00			X			305,574	0	63,218
(22) ROBIN ROBIN CHIEF PEOPLE AND ADMINISTRATIVE OFFICER	40.00			X			266,648	0	44,327
(23) ELIZABETH DRAPA VICE PRESIDENT OF CONSULTING AND FIELD OPS	40.00				X		278,756	0	54,311
(24) RYAN MOSER VICE PRESIDENT OF STRATEGY AND IMPACT	40.00				X		219,924	0	93,799
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						2,581,813	0	502,533	

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 **71**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COHN REZNICK 500 E PRATT STREET BALTIMORE, MD 212023100	AUDIT AND TAX SERVICES	346,190
STUDIO OFFICE SOLUTIONS LLC 321 W 44 STREET NEW YORK, NY 10036	INTERIOR DESIGN	320,949
JONES DAY 250 VESEY STREET NEW YORK, NY 10281	LEGAL SERVICES	156,000
AIMEE E GOLDSTEIN ESQ 20289 BEATTY RIDGE RD LOS GATOS, CA 95033	LEGAL SERVICES	144,000
EMILY NOLAN 7017 MARY AVENUE NW SEATTLE, WA 98117	TECHNICAL ASSISTANCE SERVICE	121,719

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Amt Similar Amounts				
1a Federated campaigns		1a		
b Membership dues		1b		
c Fundraising events		1c		
d Related organizations		1d		
e Government grants (contributions)		1e	5,250,000	
f All other contributions, gifts, grants, and similar amounts not included above		1f	45,388,174	
g Noncash contributions included in lines 1a - 1f:\$		1g		
h Total. Add lines 1a-1f				50,638,174

Program Service Revenue		Business Code	(A)	(B)	(C)	(D)
2a CONTRACT SERVICE		900099	32,838,841	32,838,841		
b LOAN REVENUE		522291	17,006,282	17,006,282		
c NEW MARKET TAX CREDIT FEES		900099	3,941,545	3,941,545		
d TRAINING AND WORKSHOP REVENUE		900099	484,069	484,069		
e OTHER REVENUE		900099	85,915	85,915		
f All other program service revenue.			22,291	22,291		
g Total. Add lines 2a-2f.			54,378,943			

Other Revenue				(A)	(B)	(C)	(D)
		(i) Real	(ii) Personal				
3 Investment income (including dividends, interest, and other similar amounts)				1,246,827			1,246,827
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross rents	6a						
b Less: rental expenses	6b						
c Rental income or (loss)	6c						
d Net rental income or (loss)							
7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses	7b						
c Gain or (loss)	7c						
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
11a		Business Code					
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions				106,263,944	54,378,943	0	1,246,827

OtherRevenueMiscAmt

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,395,680	11,395,680		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,437,556	1,717,769	644,801	74,986
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	20,694,784	14,570,604	5,487,603	636,577
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	615,868	436,319	160,595	18,954
9 Other employee benefits	3,163,174	2,240,990	824,836	97,348
10 Payroll taxes	1,576,483	1,109,957	418,033	48,493
11 Fees for services (non-employees):				
a Management				
b Legal	362,102	274,854	87,248	
c Accounting	309,478	234,909	74,569	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,558,036	7,342,768	172,168	43,100
12 Advertising and promotion				
13 Office expenses	202,048	140,011	55,827	6,210
14 Information technology	453,876	59,313	394,563	
15 Royalties				
16 Occupancy	1,018,099	590,800	378,226	49,073
17 Travel	1,007,512	832,461	174,809	242
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	910,023	499,808	410,215	
20 Interest	8,148,942	8,141,168	7,774	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,770		53,770	
23 Insurance	136,272	5,083	131,189	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ALLOWANCE FOR CREDIT LO	799,026	799,026		
b EQUIPMENT REPAIR & MAIN	217,115	111,108	106,007	
c COPY LEASE MACHINE	30,829	18,936	10,754	1,139
d SUPPLIES	30,493	18,088	11,779	626
e All other expenses	763,307	62,712	690,528	10,067
25 Total functional expenses. Add lines 1 through 24e	61,884,473	50,602,364	10,295,294	986,815
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	29,876,084	1	41,238,684
	2 Savings and temporary cash investments	16,187,266	2	13,428,155
	3 Pledges and grants receivable, net	25,488,981	3	21,771,730
	4 Accounts receivable, net	2,899,412	4	6,201,361
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	171,568,505	7	239,123,395
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,050,933	9	3,498,642
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,891,272		
	b Less: accumulated depreciation	10b 267,945	1,840,529	10c 1,623,327
	11 Investments—publicly traded securities	24,613,718	11	57,050,565
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	33,470	13	35,308
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,158,023	15	5,794,888
16 Total assets: Add lines 1 through 15 (must equal line 33)	280,716,921	16	389,766,055	
Liabilities	17 Accounts payable and accrued expenses	3,295,468	17	9,035,447
	18 Grants payable	11,288,047	18	11,781,440
	19 Deferred revenue	2,451,276	19	2,757,917
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	16,187,267	21	13,428,155
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	153,431,398	23	214,091,767
	24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	6,613,644	25	6,451,533	
26 Total liabilities. Add lines 17 through 25	193,267,100	26	257,546,259	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	30,855,635	27	72,723,028
	28 Net assets with donor restrictions	56,594,186	28	59,496,768
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	87,449,821	32	132,219,796
33 Total liabilities and net assets/fund balances	280,716,921	33	389,766,055	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	106,263,944
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,884,473
3	Revenue less expenses. Subtract line 2 from line 1	3	44,379,471
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	87,449,821
5	Net unrealized gains (losses) on investments	5	390,504
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	132,219,796

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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.

Name of the organization
CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number
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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **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 university:
- 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.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	16,545,378	12,762,958	13,982,368	31,628,784	50,638,174	125,557,662
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	16,545,378	12,762,958	13,982,368	31,628,784	50,638,174	125,557,662
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						13,149,896
6 Public support. Subtract line 5 from line 4.						112,407,766

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. . .	16,545,378	12,762,958	13,982,368	31,628,784	50,638,174	125,557,662
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	400,689	241,434	300,682	265,896	1,246,827	2,455,528
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						128,127,605

12 Gross receipts from related activities, etc. (see instructions) **12** 192,034,788

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	87.730 %
15 Public support percentage for 2023 Schedule A, Part II, line 14	15	77.780 %

16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: Calendar year (or fiscal year beginning in), 1 Gifts, grants, contributions, and membership fees received, 2 Gross receipts from admissions, merchandise sold or services performed, 3 Gross receipts from activities that are not an unrelated trade or business under section 513, 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf, 5 The value of services or facilities furnished by a governmental unit to the organization without charge, 6 Total. Add lines 1 through 5, 7a Amounts included on lines 1, 2, and 3 received from disqualified persons, b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year, c Add lines 7a and 7b., 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: Calendar year (or fiscal year beginning in), 9 Amounts from line 6., 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources, b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975, c Add lines 10a and 10b., 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on, 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.), 13 Total support. (Add lines 9, 10c, 11, and 12.), 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17. Row 19a: 33 1/3% support tests—2024. Row b: 33 1/3% support tests—2023. Row 20: Private foundation.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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 (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).		

Part IV Supporting Organizations (continued)

- | | Yes | No |
|------------|-----|----|
| | | |
| 11a | | |
| 11b | | |
| 11c | | |
- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.*

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

- | | Yes | No |
|----------|-----|----|
| | | |
| 1 | | |
- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

- 2** Activities Test. **Answer lines 2a and 2b below.**

- | | Yes | No |
|-----------|-----|----|
| | | |
| 2a | | |
| | | |
| 2b | | |
- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

- 3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- | | Yes | No |
|-----------|-----|----|
| | | |
| 3a | | |
| | | |
| 3b | | |
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | | | |
|----------|---|-----------|--|--|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | | |
| 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 | | |

Section C - Distributable Amount

Current Year

- | | | | | |
|----------|--|----------|--|--|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

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

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

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	PROVISION FOR BAD DEBTS RECOVERY - 2021 AMOUNT: \$ 114,415.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)() (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number
13-3600232

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number
13-3600232

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization
CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number

13-3600232

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

Return to Form

Software ID:

Software Version:

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **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.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."		
2	Political campaign activity expenditures. See instructions	▶	\$ _____
3	Volunteer hours for political campaign activities. See instructions		_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955		\$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955		\$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.		

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities		\$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶	\$ _____
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.....		\$ _____
4	Did the filing organization file Form 1120-POL for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.		

(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-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- 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 organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	6,995	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	141,279	
c Total lobbying expenditures (add lines 1a and 1b)	148,274	
d Other exempt purpose expenditures	61,888,491	
e Total exempt purpose expenditures (add lines 1c and 1d)	62,036,765	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000	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		130,075	65,570	148,274	343,919
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures		1,788		6,995	8,783

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f 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?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

Provide 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-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization
CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number

13-3600232

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? **Yes** **No**

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Yes** **No**

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? **Yes** **No**

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **Yes** **No**

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|------------|
| c Beginning balance | 16,187,267 |
| d Additions during the year | 1,013,038 |
| e Distributions during the year | 3,772,150 |
| f Ending balance | 13,428,155 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,498,333		1,498,333
b Buildings				
c Leasehold improvements		301,263	176,269	124,994
d Equipment		91,676	91,676	0
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,623,327

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

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. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

Part IX 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, col.(B) line 15.)	▶

Part X 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	
OPERATING LEASES LIABILITIES	5,833,570
CECL LIABILITIES	617,963
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 6,451,533

2. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	106,806,740
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	390,504	
b	Donated services and use of facilities	2b	152,292	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e 542,796
3	Subtract line 2e from line 1			3 106,263,944
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 106,263,944

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	62,036,765
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	152,292	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e 152,292
3	Subtract line 2e from line 1			3 61,884,473
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 61,884,473

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.

Return Reference	Explanation
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 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 AVAILABLE EVIDENCE, INCLUDING TAX PLANNING STRATEGIES AND OTHER FACTORS. AS OF DECEMBER 31, 2024 AND 2023, 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 2021 REMAIN OPEN.

Additional Data

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**Schedule I
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

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 instructions and the latest information.

**Open to Public
Inspection**

Name of the organization
CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number
13-3600232

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AHC INC 2230 FAIRFAX DRIVE SUITE 100 ARLINGTON, V A 22201	54-1026365	501(C)(3)	300,000	0	BOOK		FINANCIAL ASSISTANCE
(2) ARLINGTON PARTNERSHIP FOR AFFORDABLE HOUSING INC 4318 N CARLIN SPRINGS ROAD ARLINGTON, V A 22203	54-1515133	501(C)(3)	300,000	0	BOOK		FINANCIAL ASSISTANCE
(3) AVALON HOUSING INC 1327 JONES DRIVE SUITE 102 ANN ARBOR, MI 48105	38-3086920	501(C)(3)	15,000	0	BOOK		FINANCIAL ASSISTANCE
(4) BAY AGING 5306 OLD VIRGINIA STREET PO BOX 610 URBANNA, V A 23175	54-1085032	501(C)(3)	300,000	0	BOOK		FINANCIAL ASSISTANCE
(5) BROOKLYN COMMUNITY SERVICES 151 LAWRENCE STREET BROOKLYN, NY 11201	11-1630780	501(C)(3)	75,000	0	BOOK		FINANCIAL ASSISTANCE
(6) CENTER FOR HOUSING & HEALTH 200 WEST MONROE STREET SUITE 1150 CHICAGO, IL 606065075	26-4287202	501(C)(3)	166,000	0	BOOK		FINANCIAL ASSISTANCE
(7) CLARETIAN ASSOCIATES INC 3039 E 91ST STREET CHICAGO, IL 60617	36-4087259	501(C)(3)	7,500	0	BOOK		FINANCIAL ASSISTANCE
(8) COLEMAN PROFESSIONAL SERVICES 5982 RHODES ROAD KENT, OH 44240	34-1240178	501(C)(3)	50,000	0	BOOK		FINANCIAL ASSISTANCE
(9) COMMUNITIES FIRST 1112 W BRISTOL ROAD FLINT, MI 48507	27-3600363	501(C)(3)	15,000	0	BOOK		FINANCIAL ASSISTANCE
(10) COMMUNITY FIRST INC 3940 W LISBON AVE MILWAUKEE, WI 53208	45-0635770	501(C)(3)	7,500	0	BOOK		FINANCIAL ASSISTANCE
(11) COMMUNITY SUPPORT SERVICES 150 CROSS ST AKRON, OH 44311	23-7029146	501(C)(3)	359,505	0	BOOK		FINANCIAL ASSISTANCE
(12) DOWNTOWN WOMEN'S CENTER 442 S SAN PEDRO STREET LOS ANGELES, CA 90013	31-1597223	501(C)(3)	100,000	0	BOOK		FINANCIAL ASSISTANCE
(13) EDEN INC 7812 MADISON AVENUE CLEVELAND, OH 44102	34-1667990	501(C)(3)	1,688,678	0	BOOK		FINANCIAL ASSISTANCE
(14) FAITH MISSION 245 N GRANT AVE COLUMBUS, OH 43215	31-0809759	501(C)(3)	490,000	0	BOOK		FINANCIAL ASSISTANCE
(15) FAMILY & COMMUNITY SERVICES INC 705 OAKWOOD ST SUITE	34-1902451	501(C)(3)	134,693	0	BOOK		FINANCIAL ASSISTANCE

221 RAVENNA,OH 44266							
(16) FULL CIRCLE COMMUNITIES INC 310 SOUTH PEORIA SUITE 500 CHICAGO,IL 60607	36-4382850	501(C)(3)	15,000	0	BOOK		FINANCIAL ASSISTANCE
(17) GREATER CINCINNATI BEHAVIORAL HEALTH SERVICES 1501 MADISON ROAD CINCINNATI,OH 45206	31-0802647	501(C)(3)	155,000	0	BOOK		FINANCIAL ASSISTANCE
(18) HELPING HANDS PROJECT ORGANIZATION 1314 26TH STREET EVERETT,WA 98201	84-3913395	501(C)(3)	8,385	0	BOOK		FINANCIAL ASSISTANCE
(19) HOMEFULL 829 GETTYSBURG AVENUE DAYTON,OH 45417	31-1236989	501(C)(3)	183,000	0	BOOK		FINANCIAL ASSISTANCE
(20) HOUSING WORKS 121 N AVENUE 59 LOS ANGELES,CA 90042	03-0522656	501(C)(3)	25,000	0	BOOK		FINANCIAL ASSISTANCE
(21) INTEGRATED SERVICES FOR BEHAVIORAL HEALTH PO BOX 1595 COLUMBUS,OH 43126	31-1472366	501(C)(3)	1,644,035	0	BOOK		FINANCIAL ASSISTANCE
(22) JUDEO CHRISTIAN OUTREACH CENTER 762 INDEPENDENCE BOULEVARD SUITE 100 C VIRGINIA BEACH,VA 23455	54-1417126	501(C)(3)	300,000	0	BOOK		FINANCIAL ASSISTANCE
(23) LICKING COUNTY COALITION FOR HOUSING INC 23 SOUTH PARK PLACE SUITE 200 NEWARK,OH 43058	31-1369756	501(C)(3)	353,000	0	BOOK		FINANCIAL ASSISTANCE
(24) LUTHERAN SOCIAL SERVICE OF MINNESOTA 2400 PARK AVENUE MINNEAPOLIS,MN 55404	41-0872993	501(C)(3)	30,000	0	BOOK		FINANCIAL ASSISTANCE
(25) MIAMI VALLEY HOUSING OPPORTUNITIES (MVHO) 907 W FIFTH STREET SUITE 300 DAYTON,OH 45402	31-1321426	501(C)(3)	805,888	0	BOOK		FINANCIAL ASSISTANCE
(26) MORE 800 MAINE AVENUE SW SUITE 200 WASHINGTON,DC 20024	87-3659464	501(C)(3)	300,000	0	BOOK		FINANCIAL ASSISTANCE
(27) MUTUAL HOUSING ASSOCIATION OF GREATER HARTFORD INC 95 NILES STREET HARTFORD,CT 06105	22-2925052	501(C)(3)	50,000	0	BOOK		FINANCIAL ASSISTANCE
(28) NEIGHBORHOOD HOUSING SERVICES OF NEW BRITAIN 223 BROAD STREET NEW BRITAIN,CT 06053	06-1006312	501(C)(3)	50,000	0	BOOK		FINANCIAL ASSISTANCE
(29) NEW HOUSING OHIO INC 1160 E MAIN STREET LEBANON,OH 45036	31-1435217	501(C)(3)	295,000	0	BOOK		FINANCIAL ASSISTANCE
(30) NEWCAP INC 1540 CAPITOL DRIVE GREEN BAY,WI 54303	39-1050492	501(C)(3)	100,000	0	BOOK		FINANCIAL ASSISTANCE
(31) ONE STOP AFRICAN MARKET INC 1823 NICOLLET AVENUE MINNEAPOLIS,MN 55403	46-3204859	501(C)(3)	15,000	0	BOOK		FINANCIAL ASSISTANCE
(32) RADIANT DEVELOPMENT PARTNERS LLC 1345 SEABOARD INDUSTRIAL BOULEVARD NW SUITE E-1 ATLANTA,GA 30318	88-3144300	501(C)(3)	15,000	0	BOOK		FINANCIAL ASSISTANCE
(33) SPATIAL EQUITY CO LLC 2 COPPERFIELD LANE OLD WESTBURY,NY 11568	46-0887618	501(C)(3)	75,000	0	BOOK		FINANCIAL ASSISTANCE

(34) TALBERT HOUSE 2600 VICTORIA PARKWAY CINCINNATI, OH 45206	31-0713350	501(C)(3)	1,201,071	0	BOOK	FINANCIAL ASSISTANCE
(35) TASC OF NORTHWEST OHIO 3330 GLENDALE AVE TOLEDO, OH 43614	34-1844894	501(C)(3)	259,600	0	BOOK	FINANCIAL ASSISTANCE
(36) UNIVERSITY OF ALASKA PO BOX 756540 BUTROVICH BUILDING 209B FAIRBANKS, AK 997756540	92-6000147	501(C)(3)	100,000	0	BOOK	FINANCIAL ASSISTANCE
(37) VIRGINIA BEACH COMMUNITY DEVELOPMENT CORPORATION 2400 POTTERS ROAD VIRGINIA BEACH, VA 23454	54-1378797	501(C)(3)	300,000	0	BOOK	FINANCIAL ASSISTANCE
(38) VIRGINIA SUPPORTIVE HOUSING 5008 MOUNTAIN AVENUE 2ND FLOOR RICHMOND, VA 23226	54-1444564	501(C)(3)	300,000	0	BOOK	FINANCIAL ASSISTANCE
(39) WESTERN TIDEWATER COMMUNITY SERVICES BOARD 7025 HARBOUR VIEW BOULEVARD SUITE 119 SUFFOLK, VA 23435	54-0990270	501(C)(3)	300,000	0	BOOK	FINANCIAL ASSISTANCE
(40) WODA COOPER DEVELOPMENT INC 500 S FRONT STREET FLOOR 10 COLUMBUS, OH 43215	36-4877901	501(C)(3)	300,000	0	BOOK	FINANCIAL ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 47
.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PROCESS FOR MONITORING USE OF GRANT FUNDS	WHEN CSH ADMINISTERS A GRANT, IT REQUIRES THE FOLLOWING ITEMS FROM THE GRANTEE 1) IRS DETERMINATION LETTER PROVING THEY ARE A NOT-FOR-PROFIT ENTITY 2) A CERTIFICATE FROM THE GRANTEE'S FORMATION STATE, STATING THEY ARE IN GOOD STANDING FOR GRANTS UTILIZING FUNDS RECEIVED FROM FEDERAL SOURCES, CSH ALSO VERIFIES THAT THE ORGANIZATION IS ALLOWED TO RECEIVE FEDERAL FUNDS VIA THE ONLINE EXCLUDED PARTIES LIST SYSTEM (EPLS). CSH ALSO MONITORS THE USE OF GRANT FUNDS BY OBTAINING QUARTERLY WRITTEN REPORTS OF EXPECTED OUTCOMES OF THE GRANT AS STATED BY THE GRANT 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 GRANTEE'S 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.

Additional Data

[Return to Form](#)

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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.**

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number

13-3600232

Part I Questions Regarding Compensation

1a 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.

<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Compensation committee
<input checked="" type="checkbox"/> Independent compensation consultant
<input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Approval by the board or compensation committee |
|--|--|

4 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 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:

- a** The organization?
- b** Any related organization?
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** The organization?
- b** Any related organization?
If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DEBORAH DE SANTIS PRESIDENT & CEO	(i)	421,782	77,741	0	55,887	14,080	569,490	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
2 BRIGITT JANDREAU CHIEF LOAN OFFICER	(i)	351,189	31,958	0	49,963	27,257	460,367	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 EILEEN HAWES CHIEF FINANCIAL OFFICER	(i)	305,965	14,622	0	53,158	1,904	375,649	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
4 EDITH GIMM GENERAL COUNSEL	(i)	294,203	11,371	0	50,148	13,070	368,792	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
5 NANCY MCGRAW CHIEF DEVELOPMENT OFFICER	(i)	293,421	14,233	0	29,749	14,880	352,283	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
6 ELIZABETH DRAPA VICE PRESIDENT OF CONSULTING AND FIE	(i)	265,171	13,585	0	37,207	17,104	333,067	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
7 RYAN MOSER VICE PRESIDENT OF STRATEGY AND IMPAC	(i)	209,787	10,137	0	44,015	49,784	313,723	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
8 ROBIN ROBIN CHIEF PEOPLE AND ADMINISTRATIVE OFFI	(i)	261,335	5,313	0	34,981	9,346	310,975	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 7	BONUSES ARE AWARDED BASED UPON THE ACHIEVEMENT OF INDIVIDUAL PERFORMANCE.

Additional Data

Return to Form

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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 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**Name of the organization
CORPORATION FOR SUPPORTIVE HOUSING**Employer identification number**

13-3600232

Return Reference	Explanation
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, 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 IX, LINE 11G	CONSULTANTS: PROGRAM SERVICE EXPENSES 7,238,771. MANAGEMENT AND GENERAL EXPENSES 139,156. FUNDRAISING EXPENSES 43,100. TOTAL EXPENSES 7,421,027. OTHER FEES: PROGRAM SERVICE EXPENSES 103,997. MANAGEMENT AND GENERAL EXPENSES 33,012. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 137,009.

Additional Data

Return to Form

Software ID:

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**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization
CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number

13-3600232

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HOUSING SOLUTIONS FUND LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 46-2797064	LENDING	DE	6,828,854	112,822,934	CORPORATION
(2) DENVER SIPPRA LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006	LENDING	DE			CORPORATION

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CATALYST CDE 8 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 47-4888993	DEVELOPMENT	DE	CSH	RELATED	518	898		No		Yes		0.010 %
(2) CATALYST CDE 10 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 47-4913878	DEVELOPMENT	DE	CSH	RELATED	52	1,213		No		Yes		0.010 %
(3) CATALYST CDE 11 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 35-2584246	DEVELOPMENT	DE	CSH	RELATED	26	1,442		No		Yes		0.010 %
(4) CATALYST CDE 12 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 30-0966554	DEVELOPMENT	DE	CSH	RELATED	55	1,252		No		Yes		0.010 %
(5) CATALYST CDE 13 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 61-1815643	DEVELOPMENT	DE	CSH	RELATED	-5	959		No		Yes		0.010 %
(6) CATALYST CDE 15 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 32-0517614	DEVELOPMENT	DE	CSH	RELATED	5	776		No		Yes		0.010 %
(7) JIR PFS LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 82-1917036	DEVELOPMENT	DE	CSH	RELATED				No		Yes		50.000 %
(8) DENVER PFS 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 81-0784340	DEVELOPMENT	DE	CSH	RELATED				No		Yes		50.000 %
(9) CATALYST CDE 17 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 82-5274251	DEVELOPMENT	DE	CSH	RELATED	5	1,069		No		Yes		0.010 %
(10) CATALYST CDE 18 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 82-5292467	DEVELOPMENT	DE	CSH	RELATED	7	1,562		No		Yes		0.010 %
(11) CATALYST CDE 19 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 82-5321172	DEVELOPMENT	DE	CSH	RELATED	4	806		No		Yes		0.010 %
(12) CATALYST CDE 20 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 82-5328145	DEVELOPMENT	DE	CSH	RELATED	6	1,176		No		Yes		0.010 %
(13) CATALYST CDE 22 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 84-3099349	DEVELOPMENT	DE	CSH	RELATED	5	1,151		No		Yes		0.010 %
(14) CATALYST CDE 23 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 84-3119066	DEVELOPMENT	DE	CSH	RELATED	7	1,571		No		Yes		0.010 %
(15) CATALYST CDE 24 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 84-3164259	DEVELOPMENT	DE	CSH	RELATED	4	934		No		Yes		0.010 %
(16) CATALYST CDE 25 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 84-3180831	DEVELOPMENT	DE	CSH	RELATED	4	886		No		Yes		0.010 %
(17) CATALYST CDE 26 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 85-3332533	DEVELOPMENT	DE	CSH	RELATED	7	1,481		No		Yes		0.010 %
(18) CATALYST CDE 27 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 85-3347757	DEVELOPMENT	DE	CSH	RELATED	7	1,483		No		Yes		0.010 %
(19) CATALYST CDE 28 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 85-3366522	DEVELOPMENT	DE	CSH	RELATED	22	1,488		No		Yes		0.010 %
(20) CATALYST CDE 29 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 85-3429576	DEVELOPMENT	DE	CSH	RELATED	6	1,288		No		Yes		0.010 %
(21) CATALYST CDE 30 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 85-3455638	DEVELOPMENT	DE	CSH	RELATED	6	1,293		No		Yes		0.010 %
(22) CATALYST CDE 31 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 92-0753318	DEVELOPMENT	DE	CSH	RELATED	7	1,491		No		Yes		0.010 %
(23) CATALYST CDE 32 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006	DEVELOPMENT	DE	CSH	RELATED	3	1,497		No		Yes		0.010 %
(24) CATALYST CDE 33 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006	DEVELOPMENT	DE	CSH	RELATED	2	1,494		No		Yes		0.010 %
(25) CATALYST CDE 34 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006	DEVELOPMENT	DE	CSH	RELATED	4	1,433		No		Yes		0.010 %
(26) CATALYST CDE 35 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006	DEVELOPMENT	DE	CSH	RELATED		1,499		No		Yes		0.010 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) CATALYST CDE 4 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 45-3629305	DEVELOPMENT	DE	CSH	C			0.010 %		No
(2) CATALYST CDE 9 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 47-4904233	DEVELOPMENT	DE	CSH	C	2	1,011	0.010 %		No
(3) CATALYST CDE 14 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 38-4026054	DEVELOPMENT	DE	CSH	C	1	1,601	0.010 %		No
(4) CATALYST CDE 16 LLC 55 BROADWAY 10TH FLOOR NEW YORK, NY 10006 82-5263571	DEVELOPMENT	DE	CSH	C	2	700	0.010 %		No

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No
1s		No

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

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

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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) (Rev. 1-2025)

Additional Data[Return to Form](#)

Software ID:
Software Version: