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Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

2010

OMB No 1545-0047

Open to Public Inspection

IIICIIIai								Inspection
		C	ndar year, or tax year begi Name of organization	nning 01-01-2010 and ending 12-31-20	10	D Emple	oyer i	dentification number
_		аррисавіе	CORPORATION FOR SUPPORTIVI	HOUSING			-	
		hange	Doing Business As			13-3	6002	232
Nar —	ne cha	ange				E Telep	hone	number
Inıt	ıal retu	urn		ıf mail is not delivered to street address)	Room/suite	(212	986	5-2966
Ter	mınate	ed	50 BROADWAY					
- Am	ended		City or town, state or country, a	nd ZIP + 4		G Gross	receip	ts \$ 48,935,036
– App	licatio	n pending	NEW YORK, NY 10004					
			F Name and address of	principal officer	H(a) Is thus	aroun roturn	for affili	ates? Yes V No
			DEBORAH DE SANTIS	F	II(d) Istilis	a group return	ior aiiiii	ates (Tes (No
			50 BROADWAY NEW YORK, NY 10004		H(b) Are all	affiliates ind	cluded	?
			NEW TORK, NT 10004		If "N	o," attach	a list	t (see instructions)
Tax	x-exen	npt status	▼ 501(c)(3)	◀ (insert no)	H(c) Grou	ıp exemptı	ion n	umber 🟲
	- 1 12			, , , , , , , , , , , , , , , , , , , ,	-			
		e: ► cshor			<u> </u>			
(Forn	n of or	rganization 🔽	Corporation Trust Associ	ation Cther 🕨	L Year of fo	rmation 19	91	M State of legal domicile DE
Pa	rt I	Summ	ary					
		,		ssion or most significant activities				
υ		SEE ATTA	CHMENT 1					
sovemance								
Ě								
5	2	Check this	box দ ıf the organization	discontinued its operations or disposed	of more than 2	5% of its	net a	assets
	3	Number of	voting members of the gov	erning body (Part VI, line 1a)			3	15
ACUVIUES &	4	Number of	independent voting membe	rs of the governing body (Part VI, line 1	o) .	. [4	14
2	5	Total numb	er of individuals employed	ın calendar year 2010 (Part V, line 2a)			5	106
£	6	Total numb	er of volunteers (estimate	ıfnecessary)			6	0
₹	7a	Total unrela	ated business revenue fror	n Part VIII, column (C), line 12			7a	0
	ь	Net unrelat	ed business taxable incom	ne from Form 990-T, line 34			7b	
					Prio	r Year		Current Year
	8	Contribut	tions and grants (Part VIII	, line 1 h)		10,310,8	386	14,651,311
all l	9	Program	service revenue (Part VII)	8,519,4	150	8,597,511		
Revenu	10	Investme	ent income (Part VIII, colu		427,3	383	1,061,981	
Δ.	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		589,1	L49	307,048
	12			11 (must equal Part VIII, column (A), lı	ne	10 046 6		24 617 951
	42					19,846,8	-	24,617,851
	13			art IX, column (A), lines 1-3)		2,801,3	-	2,988,788
	14			rt IX, column (A), line 4)	_		0	0
8	15	Salaries,	other compensation, empi	oyee benefits (Part IX, column (A), lines	5-	10,003,5	37	9,507,504
Expenses	16a	Profession	onal fundraising fees (Part i	IX, column (A), line 11e)			0	0
¥	ь	Total fundr	aising expenses (Part IX, columr	(D) line 25) b -1,040,161				
ш	17			(a), lines 11a-11d, 11f-24f)		8,952,8	351	5,935,105
	18			must equal Part IX, column (A), line 25)		21,757,7		18,431,397
	19		•	ne 18 from line 12		-1,910,8		6,186,454
n or			,		Beginning	g of Currei	_	, ,
200						ear		End of Year
net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)			75,019,3	343	78,510,070
Z E	21					47,114,5	67	44,897,985
	22			act line 21 from line 20		27,904,7	776	33,612,085
	t II		ure Block					
mowl		and belief, it		mined this return, including accompanying ete. Declaration of preparer (other than offic				
		*****			20	11-09-26		
Sign		Signatur	e of officer			ate		
lere			ROVOST CHIEF FINANCIAL OFFI	CER				
		Type or	print name and title	_				
		Print/Type		Preparer's signature		Check if self employed		PTIN
Paid		preparer's na Firm's name	me ▶ EISNERAMPER LLP			стироуеа г	<u> </u>	E-maria ETAL A
Prepa	arer		ss • 750 THIRD AVENUE					Firm's EIN
Jse (r iiiii s addres						Phone no ► (212) 949- 8700
		l	NEW YORK, NY 100172703	3				1

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

┌Yes ┌No

Part	1111	Statement of Program S Check if Schedule O contains a	-			.
1	Brief	y describe the organization's mi	ssion			
addres offers create	ss ho devel and	s, CSH has led the national supposed in the second of the	s lives CSH develo tes on public policy ousing linked to ser	ps innovative program and systems reform A	models, provides research- and, CSH is a certified CDFI	backed tools and training, We make it easier to
	the p	ne organization undertake any si nor Form 990 or 990-EZ? s," describe these new services		ervices during the year		┌ Yes ┌ No
3	Did th	ne organization cease conducting	g, or make significar			┌ Yes ┌ No
4	Desc Secti	s," describe these changes on S ribe the exempt purpose achieve on 501(c)(3) and 501(c)(4) orga itions to others, the total expens	ments for each of th	on 4947(a)(1) trusts a	re required to report the am	
4a		e) (Expenses \$ IDES FINANCIAL AND TECHNICAL ASSIS ORT THE EXPANSION OF HOUSING FOR	TANCE TO NON-PROFIT	ORGANIZATIONS ENGAGED	2,988,788) (Revenue \$ IN THE DEVELOPMENT OF SERVIC	8,597,511) E ENRICHED HOUSING, AND
4b	(Cod	e) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Cod	e) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
	_					
	-					
4d	Oth	er program services (Describe i	n Schedule O)			
	(Exp	enses \$	ıncludıng grants o	f \$) (Revenue \$)
4e	Tota	l program service expenses►\$	14,760,01	.7		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	^{In} 21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,00 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines $24b-24d$ and complete Schedule K. If "No," go to line 25	0 24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	. 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction will a disqualified person during the year? If "Yes," complete Schedule L, Part I	th 25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? I "Yes," complete Schedule L, Part I	f 25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substant contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	1al 27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part I instructions for applicable filing thresholds, conditions, and exceptions)	:v		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	•	No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) wa an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2010)

Part V	Statements Re	garding Other	IRS Filings an	d Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 74			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
ь	return		v	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
_	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
Ь	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
				K 1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		Νο
n		40		

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.

<u>Se</u>	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7-	V	
L	governing body?	7a 7b	Yes	N o
b		76		NO
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		103	
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
	,			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	List the States with which a convict this Form 200 is required to be filed to CT_DC_IL_IN_MI_MN_N1_NY		ר די	,
17		, он	, RI , Τ)	(
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

- (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization DAVID PROVOST
 50 BROADWAY 17TH FL

NEW YORK, NY 10004 (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 to any question 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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	Posit	(C tion (hat a	ched		I		(D) Reportable compensation from the	(F) Estimated amount of other compensation		
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations	
(1) DENISE O'LEARY EX OFFICIO CHAIRPERSON	1 0	х		х				0	0	0	
(2) DAVID P CROSBY VICE CHAIR/TREASURER	1 0	Х		х				0	0	0	
(3) ELLEN BAXTER SECRETARY	1 0	Х		Х				0	0	0	
(4) KENNETH J BACON DIRECTOR	1 0	х						0	0	0	
(5) DEBORAH DE SANTIS PRESIDENT AND CEO (EX OFFICIO)	40 0	х		х				160,968	0	27,385	
(6) PETE EARLEY DIRECTOR	1 0	х						0	0	0	
(7) GARY R EISENMAN DIRECTOR	1 0	х						0	0	0	
(8) ALICIA K GLEN DIRECTOR	1 0	х						0	0	0	
(9) JEFFREY I BRODSKY DIRECTOR	1 0	X						0	0	0	
(10) MARC R KADISH DIRECTOR	1 0	х						0	0	0	
(11) MITCHEL R LEVITAS DIRECTOR	1 0	Х						0	0	0	
(12) JAMES L LOGUE III DIRECTOR	1 0	х						0	0	0	
(13) ANTONIO L MANNING DIRECTOR	1 0	х						0	0	0	
(14) JUSTICE EVELYN STRATTON DIRECTOR	1 0	х						0	0	0	
(15) DOUGLAS M WEILL DIRECTOR	1 0	Х						0	0	0	
(16) KAREN DIVER DIRECTOR	1 0	Х						0	0	0	

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

(A) Name and Title	(B) A verage hours	1	tion that a	•		II		(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(17) STEPHEN NORMAN DIRECTOR	1 0	х						0	0	0
(18) BRIGITT JANDREAU-SMITH CHIEF LENDING OFFICER	40 0			х				147,788	0	27,120
(19) CONSTANCE TEMPEL CHIEF OPERATING OFFICER	40 0			Х				145,126	0	18,312
(20) NANCY MCGRAW CHIEF DEVELOPMENT OFFICER	40 0			х				155,576	0	33,885
(21) DAVID PROVOST CHIEF FINANCIAL OFFICER	40 0			х				161,339	0	31,884
(22) SERGEY DRUKMAN DIRECTOR OF FINANCE	40 0				х			137,126	0	36,564
(23) TERRY SCHIFF LEGAL COUNSEL	40 0				х			129,598	0	24,242
(24) GEORGE STONE MANAGING DIRECTOR	40 0					х		104,871	0	27,772
(25) KIMBERLY BLACK MANAGING DIRECTOR	40 0					х		109,600	0	34,003
(26) JONATHAN HUNTER MANAGING DIRECTOR	40 0					х		122,295	0	22,375
(27) KATRINA VAN VALKENBURGH MANAGING DIRECTOR	40 0					х		104,204	0	26,746
1b Sub-Total							<u> </u>			
c Total from continuation shee					<u> </u>	*				
d Total (add lines 1b and 1c) .							►	1,478,491	0	310,288
2 Total number of individuals (in	ncluding but not lin	nited to	thos	e list	ted a	above)) who	received more tha	n	

\$100,000 in reportable compensation from the organization 13

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than $$100,\!000$ of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
POLICY RESEARCH ASSOCIATES 345 DELAWARE AVE DELMAR, NY 12054	HUD PROJ CONSULTANT	318,272
SHELTER PARTNERSHIP 523 WEST 6TH STREET LOS ANGELES, CA 90014	STRATEGIC CONSULTANT	107,027
CENTER FOR URBAN COMMUNITY SERVICES 120 WALL STREET NEW YORK, NY 10005	DATA ANALYSIS	105,113
LESAR DEVLOPMENT COMPANY 2410 First Avenue SAN DIEGO, CA 92101	STRATEGIC CONSULTANT	114,588
THE TRUSTEES OF COLUMBIA UNIVERSITY PO BOX 27789 NEW YORK, NY 10087	DATA ANALYSIS	162,258
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

\$100,000 in compensation from the organization 🕒 6

Form 99	90 (2010) <mark>/III Statement of R</mark> e	avanua				Pa	age 9
	THE Statement of Ki	evenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections
Contributions, gifts, grants and other similar amounts	1a Federated campaigns b Membership dues . c Fundraising events . d Related organizations e Government grants (contrib f All other contributions, gifts similar amounts not include g Noncash contributions include h Total. Add lines 1a-1f	1b 1c 1d butions) 1e , grants, and 1f d above ded in lines 1a-1f \$	750,000 13,901,311 Business Code	14,651,311			513, or 514
Program Service Revenue	2a LOAN REVENUE b CONTRACT SERVICES c d E F All other program services g Total. Add lines 2a-2		522291 900099		3,162,835 5,434,676		
	and other similar amounts Income from investment of some similar amounts Royalties Ga Gross Rents b Less rental expenses c Rental income or (loss)	(i) Real	(II) Personal	840,841			840,841
9	7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss).	(i) Securities 24,538,325 24,317,185 221,140	(II) O ther	221,140			221,140
Other Revenue	 9a Gross income from ga b Less direct expenses c Net income or (loss) for 10a Gross sales of inventor 	a b com fundraising events	b	0			
	b Less cost of goods so c Net income or (loss) fo Miscellaneous Rev 11a OTHER REVENUE b c d All other revenue .	a old b rom sales of inventory enue	Business Code 900099	307,048			307,048
	e Total. Add lines 11a-	11d		307,048 24,617,851	8,597,511	orm 990 (2	1,369,029

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

A	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c	-		(D).	
	ot include amounts reported on lines 6b, b, 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 governments and organizations in the U S See Part IV, line 21	2,988,788	2,988,788		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,130,113	829,740	194,413	105,960
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	6,399,825	4,698,814	1,100,957	600,054
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	365,267	265,921	65,411	33,935
9	Other employee benefits	1,065,383	775,619	190,786	98,978
10	Payroll taxes	546,916	398,165	97,940	50,811
а	Fees for services (non-employees) Management	0			
b	Legal	1,662	622	1,040	
c	Accounting	74,894	28,007	46,824	63
d	Lobbying	12,825	4,796	8,019	10
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			_
g	Other	72,681	27,180	45,442	59
12	Advertising and promotion	0			
13	Office expenses	352,615	267,664	76,587	8,364
14	Information technology	135,910	27,656	108,148	106
15	Royalties	0			_
16	Occupancy	1,170,704	610,389	478,145	82,170
17	Travel	625,648	541,121	65,964	18,563
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	,	,	,
19	Conferences, conventions, and meetings	279,867	262,527	14,551	2,789
20	Interest	1,044,447	1,044,447		
21	Payments to affiliates	0			_
22	Depreciation, depletion, and amortization	77,435	63,498	9,989	3,948
23	Insurance	42,598	31,744	9,046	1,808
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	CONSULTANTS	1,839,200	1,782,840	36,177	20,183
b	RECOVERY OF BAD DEBT EXPENSE	-113,188	-113,188		
С	EQUIP REPAIRS AND MAINTENANCE	77,590	56,565	18,831	2,194
d	ADMINISTRATIVE EXPENSES	240,217	167,102	62,949	10,166
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	18,431,397	14,760,017	2,631,219	1,040,161
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				, , , , , , , , , , , , , , , , , , , ,
	combined educational campaign and fundraising solicitation				rm 990 (2010)

Part X Balance Sheet (A) (B) Beginning of year End of year 1 2.565 1 3,057 17.536.475 2 4.807.559 2 8,275,250 13,345,305 3 2,932,650 2,246,838 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 35,035,286 30,727,202 8 8 153,796 9 147,444 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 1,453,697 10a Part VI of Schedule D 1.248.722 ь Less accumulated depreciation 10b 209,150 **10c** 204.975 10,721,548 26.874,214 11 11 ol 0 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 152.623 15 153,476 15 16 75,019,343 16 78,510,070 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 3,531,028 17 5,928,796 17 Accounts payable and accrued expenses . 18 1,933,539 18 2.319.189 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 41.650.000 23 36.650.000 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 47,114,567 26 44,897,985 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 15.083.407 27 15,781,877 Unrestricted net assets Temporarily restricted net assets 12,821,369 17,830,208 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 27,904,776 33 33,612,085 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 75.019.343 78.510.070

Pal	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		24.6	517,85	
2	Total expenses (must equal Part IX, column (A), line 25)	2			131,39	
3	Revenue less expenses Subtract line 2 from line 1	3		6,1	186,45	
4						
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 4	179,14	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		33,6	512,08	
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮		
1	Accounting method used to prepare the Form 990			Yes	No	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes		
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued				
_	Separate basis Consolidated basis Both consolidated and separated basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes		
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b	Yes		

DLN: 93493269007131

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Name of the organization CORPORATION FOR SUPPORTIVE HOUSING

13-3600232 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I ┌ Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizat col (i) org in the U	e ion in anized	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

and (III) below, the governing body of the the supported organization?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(ii) a family member of a person described in (i) above?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)

following persons?

h

Total

No

11g(i)

11g(ii)

11g(iii)

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

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

-	under Part III. II di	e organización	rails to quality	under the tests	iistea below, pi	ease com	piete	Part III.)
	ection A. Public Support endar year (or fiscal year beginning	() 2226	42200	() 2 2 2 2	(1) 2000		<u>.</u> T	
	ın) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 201	0	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do	18,505,310	16,454,092	13,481,403	16,412,736	20,0	85,987	84,939,528
	not include any "unusual grants ")							
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							
4	charge	18,505,310	16,454,092	13,481,403	16,412,736	20.0	85,987	84,939,528
4 5	Total. Add lines 1 through 3 The portion of total contributions	10,505,510	10,131,032	15,101,105	10,412,730	20,00	33,307	04,555,520
3	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							19,747,807
	on line 1 that exceeds 2% of the amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5							65,191,721
	from line 4							
	ection B. Total Support							
Car	endar year (or fiscal year beginning in) 📂	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 201	0	(f) Total
7	A mounts from line 4	18,505,310	16,454,092	13,481,403	16,412,736	20,08	5,987	84,939,528
8	Gross income from interest,							
	dividends, payments received							
	on securities loans, rents,	2,450,290	3,094,012	3,288,591	2,844,983	4,00	3,676	15,681,552
	royalties and income from similar sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
10	carried on Other income Do not include							
10	gain or loss from the sale of	756,683	762,762	1,114,496	589,149	20	7,048	3,530,138
	capital assets (Explain in Part	730,083	702,702	1,114,490	309,149	30	7,040	3,330,130
	IV)							
11	Total support (Add lines 7 through 10)							104,151,218
12	Gross receipts from related activit	ies, etc (See ins	tructions)	•	<u>'</u>	12	-	23,738,804
13	First Five Years If the Form 990 is	for the organizat	ion's first, second	d, thırd, fourth, or f	ifth tax year as a	501(c)(3)	organiz	zation,
	check this box and stop here							▶ □
	action C. Computation of Du	blic Cupport	Dorgontogo					
<u> </u>	ection C. Computation of Pu Public Support Percentage for 201			11 column (f))		14		62 593 %
- · 15	Public Support Percentage for 200	•		11 cold (1))		 		
	•	•	•	12 1	l.m 1.4 2.2 1/20/	15	المالية	64 548 %
IUa	33 1/3% support test—2010. If the and stop here. The organization qu				iiile 14 is 33 1/37	o or more, c	.neck t	₩ ~
b	33 1/3% support test - 2009. If th	•	• • • •		a, and line 15 is	33 1/3% or	more,	check this
	box and stop here. The organization	•		-				► □
17a	10%-facts-and-circumstances test is 10% or more, and if the organize							
	in Part IV how the organization me							ted
	organization							▶ ┌
b	10%-facts-and-circumstances test							
	15 is 10% or more, and if the organization					-		
	Explain in Part IV how the organize supported organization	ation meets the "	iacis and circums	cances test ine	organization qua	nnes as a p	ирпсту	▶□
18	Private Foundation If the organiza	tion did not chec	k a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and se	e	- 1
	instructions			. ,	•			▶ ┌

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493269007131

OMB No 1545-0047

Political Campaign and Lobbying Activities

Department of the Treasury

SCHEDULE C (Form 990 or 990-EZ)

Internal Revenue Service

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. ► See separate instructions.

Open to Public Inspection

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

- ◆ 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," to 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

	me of the organization RPORATION FOR SUPPORTIVE HOUSIN	G		Employer ide	ntıficatıon number		
_		 		13-3600232			
ar	t I-A Complete if the o	ganization is exempt und	er section 501(c) or is a section 52.	/ organization.		
1	Provide a description of the o	ganization's direct and indirect p	olitical campaign ac	tivities in Part IV			
2	Political expenditures			▶	\$		
3	Volunteer hours						
ar	t I-B Complete if the o	ganization is exempt und	er section 501((c)(3).			
1	Enter the amount of any excis	e tax incurred by the organization	under section 495!	5 ►	\$		
2	Enter the amount of any excis	e tax incurred by organization ma	nagers under sectio	n 4955 ►	\$		
3	If the organization incurred a	section 4955 tax, did it file Form	4720 for this year?		┌ Yes ┌ No		
4a	Was a correction made?				┌ Yes ┌ No		
ь	If "Yes," describe in Part IV						
ar	t I-C Complete if the or	ganization is exempt und	er section 501(c) except section 50	1(c)(3).		
1	Enter the amount directly exp	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$		
2	Enter the amount of the filing exempt funtion activities	organization's funds contributed t	o other organization	s for section 527	\$		
3	Total exempt function expend	itures Add lines 1 and 2 Enter h	ere and on Form 112	20-POL, line 17b	.		
\$							
	organization made payments	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente	r (EIN) of all section r the amount paid fr	n 527 political organization om the filing organization's	funds Also enter the		
	Enter the names, addresses a organization made payments amount of political contribution	Form 1120-POL for this year?	r (EIN) of all section r the amount paid fr nd directly delivered	n 527 political organizatior om the filing organization's I to a separate political org	(e) A mount of political contributions received and promptly and directly delivered to a separate political		
	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC)	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,		
	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC)	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,		
	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC)	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,		
	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC)	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,		
	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC)	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,		
	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC)	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,		
	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC)	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,		
	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC)	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,		
	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC)	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,		
4 5 -	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC)	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,		
	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC)	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.		

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	nd filed Form 5768	(election
	Check If the filing organization belongs to a			
В	Check If the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a		(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1 a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	6,137	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	6,688	
c	Total lobbying expenditures (add lines 1a and 1	b)	12,825	
d	Other exempt purpose expenditures		18,418,572	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	18,431,397	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	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 lir	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		

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 instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total				
2a	Lobbying non-taxable 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	93,636	80,320	53,434	12,825	240,215				
_d	Grassroots non-taxable 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	93,636	80,320	35,766	6,137	215,859				

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

		(;	(b)			
		Yes	No		\ moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?			_		
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?					
е	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? If "Yes," describe in Part IV					
j	Total 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					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	** THE A. Commisse if the every instinction is every medical exception FA4/s\/4\ exception [n
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	501(c)(5), (or se		
	501(c)(6).	501(c)(5), « 		Yes	No
1	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	501(c)(5), (1		
1 2	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c)(5), (1 2		
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?			1 2 3	Yes	No
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c)(5), (1 2 3	Yes	No
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I	501(c)(5), (1 2 3	Yes	No
1 2 3 Par	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	501(c II-A, 1 2a 2b)(5), (1 2 3	Yes	No
1 2 3 Par 1 2 a b	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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	501(c II-A, 1 2a 2b 2c)(5), (1 2 3	Yes	No
1 2 3 Par 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2a 2b 2c 3)(5), (1 2 3	Yes	No

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1 Also, complete this part for any additional information

Ident if ier Return Reference | Explanation DLN: 93493269007131

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

		13-3600232	
Part I Organizations Maintaining Do	onor Advised Funds or Other Simila		s. Complete if the
organization answered "Yes" to F			
	(a) Donor advised funds	(b) Funds and	other accounts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and dofunds are the organization's property, subject			┌ Yes
Did the organization inform all grantees, don used only for charitable purposes and not foi conferring impermissible private benefit	,	•	┌ Yes
art II Conservation Easements. Co	mplete if the organization answered "Y	es" to Form 990, Part I	V, line 7.
Purpose(s) of conservation easements held Preservation of land for public use (e g , Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization hel	recreation or pleasure)	of an historically importai of a certified historic stru form of a conservation	•
easement on the last day of the tax year			
		<u> </u>	e End of the Year
a Total number of conservation easements		2a	
b Total acreage restricted by conservation ea		2b	
c Number of conservation easements on a cer	• •	2c	
d Number of conservation easements included	ın (c) acquired after 8/17/06	2d	
Number of conservation easements modified the taxable year -	, transferred, released, extinguished, or term	ninated by the organization	n during
Number of states where property subject to	conservation easement is located ►		
Does the organization have a written policy in enforcement of the conservation easements		, handling of violations, an	d
Staff and volunteer hours devoted to monitor	ring, inspecting and enforcing conservation e	easements during the year	-
A mount of expenses incurred in monitoring,	inspecting, and enforcing conservation ease	ments during the year ► \$	
Does each conservation easement reported 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements of	ofsection	┌ Yes
In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the the organization's accounting for conservation	text of the footnote to the organization's fina		
	ellections of Art, Historical Treasur wered "Yes" to Form 990, Part IV, line		Assets.
a If the organization elected, as permitted und art, historical treasures, or other similar ass provide, in Part XIV, the text of the footnote	ets held for public exhibition, education or re	esearch in furtherance of p	
b If the organization elected, as permitted und historical treasures, or other similar assets provide the following amounts relating to the	held for public exhibition, education, or resea		•
(i) Revenues included in Form 990, Part VII	I, line 1	► \$	
(ii) Assets included in Form 990, Part X		► \$	
If the organization received or held works of following amounts required to be reported un			
a Revenues included in Form 990, Part VIII, I	ine 1	► \$	

b Assets included in Form 990, Part X

rait	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	easu	res, or O	the	<u>r Similaı</u>	· Asse	ts (co	ontinued)
	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne fol	owing t	hat are	e a significa	ant us	se of its co	llection	ı	
а	Public exhibition		d	Γ	Loan	orexch	hange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
	Provide a description of the organization's co Part XIV	ollections and expla	aın hov	w the	y furthe	rthe o	organization	's ex	empt purp	ose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г	Yes	∏ No
Part	Part IV, line 9, or reported an an						n answere	d "Y	es" to For	m 990	,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	tions o	or other ass	ets r	iot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ing t	able		Г	1		A mou	nt	
c	Beginning balance						F	1c				
d	Additions during the year						r	1d				
e	Distributions during the year						T I	1e				
f	Ending balance						F	1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	ie 21?				L			Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									,		,
Par			n ans	were	ed "Ye	s" to f	Form 990.	Par	t IV. line	10.		
		(a)Current Year		Prior			o Years Back		hree Years E		Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or 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 yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment											
С	Term endowment ►											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and a	dministere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations							•		3a(i)		<u> </u>
	(ii) related organizations									3a(ii)	 	<u> </u>
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th	·						•		3b		<u> </u>
4 Part						00 D=	art V line	10				
r a i i	Till Vestillents—Land, Buildings	s, and Equipme	iii. 3			•			(=) (==================================	اممعماني		
	Description of investment) Cost or is (inves		(b)Cost or obasis (other		(c) Accum deprecia		(d) Bo	ook value
1 a L	and											
	uildings		•									
c L	easehold improvements		•				35	3,235		314,049		39,186
	quipment		•				1,10	0,462		934,673		165,789
_	thor								1		1	
	ther	· · · · ·	-						▶			204,975

Part VIII Investments—Other Securities. See	form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(B)Book value	Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		1.2	
Part VIII Investments—Program Related. See	: Form 990, Part X, line .		
(a) Description of investment type	(b) Book value		d of valuation
	(-,	Cost or end-of	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, In	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	e 15. tion 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount	, , , , , , ,	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	e 15. tion 5.) , line 25. (b) A mount		(b) Book value

otal revenue (Form 990, Part VIII, column (A), line 12)	1	24,617,851
etal superage (Farm 000 Bart IV column (A) line 3F)		
otal expenses (Form 990, Part IX, column (A), line 25)	2	18,431,397
xcess or (deficit) for the year Subtract line 2 from line 1	3	6,186,454
et unrealized gains (losses) on investments	4	-479,145
onated services and use of facilities	5	
nvestment expenses	6	
rior period adjustments	7	
ther (Describe in Part XIV)	8	
·	9	-479,145
	10	5,707,309
	er Ret	urn
	1	26,114,098
Amounts included on line 1 but not on Form 990, Part VIII, line 12		
Net unrealized gains on investments		
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIV)		
Add lines 2a through 2d	2e	1,496,247
Subtract line 2e from line 1	3	24,617,851
A mounts included on Form 990, Part VIII, line 12, but not on line 1		
Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Other (Describe in Part XIV)		
Add lines 4a and 4b	4c	
	5	24,617,851
	per R	
·	1	20,406,789
1 1		
Prior year adjustments		
Other losses		
Other (Describe in Part XIV)		
Add lines 2a through 2d	2e	1,975,392
Subtract line 2e from line 1	3	18,431,397
Amounts included on Form 990, Part IX, line 25, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Other (Describe in Part XIV)		
Add lines 4a and 4b	4c	
	5	18,431,397
	Total revenue, gains, and other support per audited financial statements A mounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments Donated services and use of facilities Conter (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Cotal Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Cother (Describe in Part XIV) Add lines 4a and 4b Cotal expenses and losses per audited financial Statements With Expenses Total expenses and losses per audited financial statements A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Cother (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 A mounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Ada lines 2a through 2d Expenses and lines 2a through 2d Expenses and lines 2a through 2d Expenses and line 2b, but not on line 1: Envestment expenses not included on Form 990, Part VIII, line 7b Ada lines 2a through 2d Expenses and line 2b, but not on line 1: Envestment expenses not included on Form 990, Part VIII, line 7b Ada lines 2a through 2d Expenses and 2a through 2d Expenses and 2a through 2d Expens	Sometiment expenses Sometiment expenses

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

Ident if ier	Return Reference	Explanation
IN-KIND CONTRIBUTION	OF REVENUE & EXPENSES- OTHER REVENUE	IN-KIND CONTRIBUTION REPRESENTING THE DIFFERENCE BETWEEN INTEREST ON LOANS PAYABLE COMPUTED AT A FAIR-MARKET RATE VERSES THE STATED INTEREST RATES (NO INTEREST OR INTEREST AT BELOW-MARKET RATE) INCLUDED IN REVENUE AND EXPENSES PER AUDITED FINANCIAL STATEMENTS
FIN 48 FOOTNOTE		CSH adopted the provisions of Accounting Standards Codification ("ASC") 740-10-05 relating to accounting and reporting for uncertainty in income taxes. Because of CSH's general tax-exempt status, the adoption of ASC 740-10-05 has not had, and is not expected to have, a material impact on CSH's financial statements

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

CORPORATION FOR SUPPORTIVE HOUSING

DLN: 93493269007131

OMB No 1545-0047

Employer identification number

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

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

Inspect ion

CORPORATION FOR SUPPORTIVE	HOUSING					13-3600232	
Part I General Information	on on Grants and	d Assistance				'	
Does the organization maintain the selection criteria used to a Describe in Part IV the organiz	iward the grants or as zation's procedures fo	sistance? or monitoring the use o		d States			✓ Yes 🗀
	ne 21 for any recip	ient that received r	rganizations in the nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	
1 (a) Name and address of organization or government	(Þ) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 5		_					46
3 Enter total number of other org							0
For Privacy Act and Paperwork Reduction	on Act Notice, see the I	nstructions for Form 99	vo.	Cat No 50055P		Schedu	le I (Form 990) 2010

	(; ······
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCESS FOR	SCHEDULE I, PART II, LINE 2	WHEN CSH ADMINISTERS A GRANT, IT REQUIRES THE FOLLOWING ITEMS FROM THE GRANTEE 1 IRS
MONITORING USE OF		DETERMINATION LETTER PROVING THEY ARE A NOT-FOR-PROFIT ENTITY 2 A CERTIFICATE FROM THE
GRANT FUNDS		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 IN ADDITION, CSH STRUCTURES MOST OF THE GRANTS SO THAT THERE ARE
		MULTIPLE DISBURSEMENTS OF GRANTS FUNDS, WITH SUBSEQUENT DISBURSEMENTS CONTINGENT ON
		COMPLIANCE WITH REPORTING GUIDELINES, INCLUDING FINANCIAL REPORTS FINALLY, THE MAJORITY OF
		GRANTEES ARE IN LOCATIONS WHERE CSH HAS A LOCAL OFFICE THAT DIRECTLY MONITORS GRANT
		COMPLIANCE THROUGH LOCAL SITE VISITS AND ONE-ON-ONE REVIEW OF GRANT GOALS AND EXPENDITURES

Compensation Information

DLN: 93493269007131

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name (of the	org.	anizat ion	
CORPOR	RATION	FOR	SUPPORTIVE	HOUSING

Employer identification number

13-3600232

Pa	rt I Questions Regarding Compensation	on				
					Yes	Νο
1a	Check the appropriate box(es) if the organization possible of the section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des	_		1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all	that apply	y			
	Compensation committee		Written employment contract			
	Independent compensation consultant	고	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	nt from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplem	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only n	nust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section a payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described					
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	he rebutta	able presumption procedure described in Regulations	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 in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation			other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) DEBORAH DE SANTIS	(I) (II)	160,968 0		0 0	0 0	1	188,353 0 0	رر
(2) BRIGITT JANDREAU-SMITH	(ı) (ıı)	147,788 0	- 1	0 0	0 0		174,908	ر ر
(3) CONSTANCE TEMPEL	(ı) (ıı)	145,126 0		0 0	-	,	163,438	٬
(4) SERGEY DRUKMAN	(ı) (ıı)	137,126 0	- 1	0 0			173,690	، ر
(5) NANCY MCGRAW	(ı) (ıı)	155,576 0	- 1	0 0	0 0	,	5 189,461 0 0	،
(6) DAVID PROVOST	(ı) (ıı)	161,339 0	- 1	0 0	·	1	4 193,223 0 0)
(7) TERRY SCHIFF	(ı) (ıı)	129,598 0	o c	0 0	0 0	1	2 153,840 0 0	ر ر
(8)			1		,			
(9)	\top		1		,			
(10)			<u>'</u>		,			
(11)		†			†			
(12)		†	[† · · · · · · · · · · · · · · · · · · ·			
(13)		†			† · · · · · · · · · · · · · · · · · · ·			
(14)		†	[† · · · · · · · · · · · · · · · · · · ·			
(15)		†	ĺ		†			
(16)		+			+			

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

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As Filed Data -

DLN: 93493269007131

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. 2010

Open to Public Inspection

Name of the organization CORPORATION FOR SUPPORTIVE HOUSING	j.									tion numbe	er
Part I Excess Benefit Trai							organi		only).		
Complete if the organizat				m 990, l I	Part IV, line 25a o	or 25b, c	or Form	990-EZ,	Part V , I		
1 (a) Name of disq	ualıfıed	person		(b) Description of transaction					Yes	orrected?	
										165	140
2 Enter the amount of tax impos	ed on t	he orga	nızatıon man	agers or	r disqualified pers	ons duri	ing the y	ear unde	r		
section 4958	• •								* \$ —		
3 Enter the amount of tax, If any	, on line	e 2, abo	ve, reimburs	ed by th	ie organization .			•	*		
Part II Loans to and/or l											
Complete if the organi	<u>zation a</u> T	ans we re	d "Yes" on F T	orm 990	D, Part IV, line 26 T	, or Forr	m 990-l		, line 38	а	
		oan to				(e) I	[n	(f) Approv	/ed	(g)Writt	en
(a) Name of interested person and purpose		om the zation?	(c)Orig		(d)Balance due	defau		by boar	d or	agreeme	
parpose	<u> </u>	1	- Principal c	amount		V		commit	1	V	l N-
	То	From				Yes	No	Yes	No	Yes	No
	 										
	<u> </u>										
	—										
				▶ s							
Total					Persons.						
Complete if the orga	nızatı	on ans	wered "Yes	" on Fo	rm 990, Part IV		27.				
(a) Name of interested pers	on	(een interested per ganization	rson	(c) A n	nount of g	rant or ty	pe of assis	stance
			a i	id the or	gamzation						

Part IV	Business	Transactions	Involvina	Interested	Persons
	D45111055		±111 0 1 0 1 111 19	Tiller Coleca	

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing o organization' revenues?	
	organization			Yes	No
(1) KENNETH J BACON-EXECUTIVE VP FANNI	1 ' 1		INTEREST PAID ON LOANS PAYABLE		Νο

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2010

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As Filed Data -

DLN: 93493269007131

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization CORPORATION FOR SUPPORTIVE HOUSING Employer identification number

13-3600232

ldentifier	Return Reference	Explanation
FORM 8868		FORM 8868 - APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN WAS PAPER FILED

Identifier Return Reference	Explanation
FORM 990, PART VI	SECTION A, LINE 6 CSH IS INCORPORATED AS A NONPROFIT ORGANIZATION WITH DIRECTORS, WHO AS PER THE BY LAWS OF THE ORGANIZATION, HAVE THE RIGHT TO PARTICIPATE IN ITS GOVERNANCE SECTION A, LINE 7A & 7B THE BOARD OF DIRECTORS SHALL CONSIST OF NOT LESS THAN THREE MEMBERS OF THE CORPORATION THE BOARD AND ITS MEMBERS RESERVE THE RIGHT TO ADOPT BY-LAWS OF THE CORPORATION AT REGULAR AND SPECIAL MEETINGS SO AS LONG AS THEY ARE NOT INCONSISTENT WITH THE PROVISIONS OF THE ARTICLES OF INCORPORATION SECTION B, LINE 11A MANAGEMENT OF CSH PROVIDES COPIES OF THE FORM 990 TO BOTH ITS AUDIT COMMITTEE AND BOARD OF DIRECTORS TO REVIEW THE AUDIT COMMITTE 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 SECTION B, LINE 12C CSH REQUIRES EACH OF ITS DIRECTORS TO SIGN A CONFLICTS OF INTEREST POLICY ANNUALLY SECTION B, LINE 15B CSH'S BOARD OF DIRECTOR'S REVIEWS THE RECOMMENDED COMPENSATION SUBMITTED BY MANAGEMENT OF ITS PRESIDENT, CFO AND OTHER TOP MANAGEMENT EMPLOYEES BASED ON ANALYZING CURRENT MARKET TRENDS AND REVIEW OF SIMILAR ORGANIZATIONS'S FORM 990, SURVEY'S OF COMPARABLE LEVEL COMPENSATION AND BOARD LEVEL REVIEW OF EMPLOYEE'S PERFORMANCE 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

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 5		THE \$(479,145) OF OTHER CHANGES IN NET ASSET BALANCE REPRESENT NET UNREALIZED LOSSES ON INVESTMENTS

Software ID: Software Version:

EIN: 13-3600232

Name: CORPORATION FOR SUPPORTIVE HOUSING

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Eden Inc7812 Madison Avenue Cleveland, OH 44102	34-1667990	501c3	317,400			N/A	FINANCIAL AID
Volunteers of America - Ohio River Valley 1063 Central Avenue Cincinnati, OH 45202	13-1692595	501c3	207,500			N/A	FINANCIAL AID
YMCA of Central O hio40 West Long Street Columbus, OH 43215	31-4379594	501c3	203,450			N/A	FINANCIAL AID
Women Organizing Resources Knowledge and Services795 N Avenue 50 Los Angeles,CA 90042	95-4680440	501c3	150,000			N/A	FINANCIAL AID
Pathways to Housing DC101 Q Street NE Suite G Washington, DC 20002	13-3686794	501c3	125,000			N/A	FINANCIAL AID
Miami Valley Housing Opportunities IncBldg 412 Iowa Ave Dayton,OH 45482	31-1321426	501c3	122,650			N/A	FINANCIAL AID
ABT Associates55 Wheeler Street Cambridge,MA 02138	04-2347643	501c3	115,000			N/A	FINANCIAL AID
Public Counsel610 Ardmore Avenue Los Angeles, CA 90005	23-7105149	501c3	100,000			N/A	FINANCIAL AID
New Directions Inc11303 Wilshire Blvd Los Angeles, CA 90073	95-4242745	501c3	100,000			N/A	FINANCIAL AID
Housing Works (California) 925 S Citrus Ave Los Angeles, CA 90036	03-0522656	501c3	100,000			N/A	FINANCIAL AID
A Community of Friends 3345 Wilshire Blvd Los Angeles, CA 90010	95-4203106	501c3	100,000			N/A	FINANCIAL AID
Homes for Life Foundation 8939 S Sepulveda Blvd Los Angeles, CA 90045	33-0248725	501c3	85,000			N/A	FINANCIAL AID

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Homeless Health Care Los Angeles2330 Beverley Blvd Los Angeles, CA 90057	95-4074970	501c3	75,000		other)	N/A	FINANCIAL AID
Common Ground Community HDFC - Los Angeles801 S Grant Avenue Los Angeles, CA 90017	11-3048002	501c3	75,000			N/A	FINANCIAL AID
Volunteers of America - Northwest Ohio1843 Superior Street Sandusky, OH 44870	34-0733197	501c3	63,500			N/A	staffing costs of a housing advocate
Neighborhood Properties Inc 4217 Talmadge Road Toledo,OH 43623	34-1577103	501c3	63,500			N/A	FINANCIAL AID
A methyst Inc455 East Mound Street Columbus, OH 43215	31-1092242	501c3	50,800			N/A	FINANCIAL AID
Southern California Association of Non-Profit 3345 Wilshire Boulevard Los Angeles, CA 90010	95-4029655	501c3	50,000			N/A	FINANCIAL AID
People Assisting the Homeless340 N Madison Ave Los Angeles, CA 90004	95-3950196	501c3	50,000			N/A	FINANCIAL AID
PATH Ventures 2346 Coptner Ave Los Angeles, CA 90064	20-1892523	501c3	50,000			N/A	FINANCIAL AID
Jovenes Inc1208 Pleasant Ave Los Angeles, CA 90033	95-4342434	501c3	50,000			N/A	FINANCIAL AID
Taproot Foundation1000 N Alameda St Los Angeles, CA 90012	91-2162645	501c3	48,000			N/A	FINANCIAL AID
Central Dallas Community Development Corporation 3902 Elm Street Dallas Dallas,TX 75226	75-2948028	501c3	30,000			N/A	FINANCIAL AID
Red Lake Homeless Shelter Highway 1 East PO Box 280 Red Lake, MN 56671	84-1661929	501c3	25,000			N/A	FINANCIAL AID

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Epidaurus (dba Amity Foundation)3302 South Grand Avenue Los Angeles, CA 90007	77-0418201	501c3	25,000			N/A	FINANCIAL AID
Brick City Development Corporation744 Broad Street Newark, NJ 07102	26-0829057	501c3	25,000			N/A	FINANCIAL AID
The Fortune Society53 west 23rd Street New York, NY 10010	13-2645436	501c3	20,000			N/A	FINANCIAL AID
Mystic Area Shelter & Hospitality Inc119 High Street Mystic,CT 06355	06-1536185	501c3	20,000			N/A	FINANCIAL AID
AIDS Services of DallasPO Box 4338 Dallas,TX 75208	75-2144518	501c3	17,000			N/A	FINANCIAL AID
Women s Institute for Housing and Economic14 Beacon St Boston, MA 02108	04-2733078	501c3	15,000			N/A	FINANCIAL AID
Transitional Housing Corporation5101 16th Street Washington, DC 20011	52-1675958	501c3	15,000			N/A	FINANCIAL AID
Temenos Community Development Corporation 2019 Crawford Houston,TX 77002	20-4594987	501c3	15,000			N/A	FINANCIAL AID
Supportive Housing Coalition of New MexicoPO Box 27459 Albuquerque, NM 87125	85-0439315	501c3	15,000			N/A	FINANCIAL AID
Massachusetts Housing and Shelter AlliancePO Box 120070 Boston, MA 02112	22-3068653	501c3	15,000			N/A	FINANCIAL AID
Jamboree Housing Corporation17701 Cowan Avenue Irvine,CA 92614	33-0413518	501c3	15,000			N/A	FINANCIAL AID
Human Solutions Inc12350 SE Powell Portland, OR 97236	93-0977166	501c3	15,000			N/A	FINANCIAL AID

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Coalition on Temporary Shelter (COTS)26 Peterboro Street Detroit, MI 48201	38-2420565	501c3	15,000			N/A	FINANCIAL AID
CaringWorks Inc321 W Hill Street Decatur, GA 30030	56-2370081	501c3	15,000			N/A	FINANCIAL AID
Marion Area Counseling Center320 Executive Drive Marion, OH 43302	31-0937618	501c3	10,500			N/A	FINANCIAL AID
Geauga County Board of Mental Health and Recovery 13244 Ravenna Road Chardon, OH 44024	99-999999	501c3	9,808			N/A	FINANCIAL AID
Lower East Side Service Center80 Maiden Lane New York, NY 10038	13-1972876	501c3	9,000			N/A	FINANCIAL AID
Center City Housing Corporation105 1/2 West 1st Street Duluth, MN 55802	36-3485584	501c3	8,580			N/A	FINANCIAL AID
A NEW WAY OF LIFE REENTRY PROJECT852 E 91st Street Los Angeles, CA 90002	95-4782503	501c3	7,500			N/A	FINANCIAL AID
Interfaith Hospitality Network of Springfield501 West High Street Springfield, OH 45506	31-1315795	501c3	7,000			N/A	FINANCIAL AID
Mental Health Recovery Board of Wayne & Holmes Cty2345 Gateway Drive Wooster, OH 44691	99-999999	501c3	6,000			N/A	FINANCIAL AID
Portage Metropolitan Housing Authority2832 State Route 59 Ravenna,OH 44266	99-999999	501c3	5,395			N/A	FINANCIAL AID