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Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: CORPORATION FOR SUPPORTIVE HOUSING

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 61 BROADWAY, SUITE 2300

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10006

D Employer identification number: 13-3600232

E Telephone number: (212) 986-2966

G Gross receipts $ 44,479,384.

F Name and address of principal officer: DEBORAH DE SANTIS
61 BROADWAY NEW YORK, NY 10006

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CSH.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1991 M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO ADVANCE HOUSING SOLUTIONS THAT DELIVER 3 POWERFUL OUTCOMES:1) IMPROVED LIVES FOR VULNERABLE PEOPLE 2)MAXIMIZED PUBLIC RESOURCES AND 3)STRONG, HEALTHY COMMUNITIES ACROSS THE COUNTRY.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	17.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16.
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	114.
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,310,657.	11,841,024.
9	Program service revenue (Part VIII, line 2g)	7,924,184.	10,569,641.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	916,340.	380,013.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,625,607.	0
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,776,788.	22,790,678.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,626,371.	4,071,200.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,861,840.	10,955,619.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,061,542.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,535,569.	7,781,210.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,023,780.	22,808,029.
19	Revenue less expenses. Subtract line 18 from line 12	-5,246,992.	-17,351.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	81,559,498.	94,123,166.
21	Total liabilities (Part X, line 26)	53,830,061.	66,925,934.
22	Net assets or fund balances. Subtract line 21 from line 20	27,729,437.	27,197,232.

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Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: ▶ OCT. 2, 2014

▶ DAVID PROVOST, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: DAMIEN NICKLE , CPA	Preparer's signature	Date: 9/26/14	Check ☐ if self-employed; PTIN: P00802786
Firm's name ▶ COHNREZNICK LLP			Firm's EIN ▶ 22-1478099
Firm's address ▶ 500 EAST PRATT STREET, SUITE 200 BALTIMORE, MD 21202-3100			Phone no 410-783-4900

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2013)

90-18

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

ATTACHMENT 1

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

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

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

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

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

4a (Code _____) (Expenses $ 17,988,613. including grants of $ 4,071,200) (Revenue $ 10,569,641)

ATTACHMENT 2

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)

(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶ 17,988,613.

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
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	X	
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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 and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV.*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV.*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	55		
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?	1c			X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a	114		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, 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			X
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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	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 as charitable contributions?	6a			X
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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
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			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter.				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA,CT,DC,IL,IN,MI,MN,NJ,NY,OH,RI,TX,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ DAVID PROVOST CFO 61 BROADWAY SUITE 2300 NEW YORK, NY 10006 212-986-2966

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENISE O'LEARY DIRECTOR	1.00	X						0	0	0
(2) JAMES L LOGUE III CHAIRPERSON	1.00	X						0	0	0
(3) DEBORAH DE SANTIS PRESIDENT & CEO	40.00	X		X				182,892.	0	25,068.
(4) KENNETH J BACON DIRECTOR	1.00	X						0	0	0
(5) GARY R EISENMAN DIRECTOR	1.00	X						0	0	0
(6) JEFFREY I BRODSKY DIRECTOR	1.00	X						0	0	0
(7) MARC R KADISH DIRECTOR	1.00	X						0	0	0
(8) MITCHEL R LEVITAS DIRECTOR	1.00	X						0	0	0
(9) DOUGLAS M WEILL DIRECTOR	1.00	X						0	0	0
(10) KAREN DIVER DIRECTOR	1.00	X						0	0	0
(11) STEPHEN NORMAN VICE CHAIRPERSON	1.00	X						0	0	0
(12) RACHEL DILLER SECRETARY	1.00	X						0	0	0
(13) LINDA ROSENBERG DIRECTOR	1.00	X						0	0	0
(14) SANDRA L. FORQUER, PHD. DIRECTOR	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) STEVE FRIEDMAN DIRECTOR	1.00	X						0	0	0
(16) CAROLYN POWELL DIRECTOR	1.00	X						0	0	0
(17) SHERRY SEIWERT DIRECTOR	1.00	X						0	0	0
(18) DAVID PROVOST CHIEF FINANCIAL OFFICER	40.00			X				173,213.	0	28,398.
(19) NANCY MCGRAW CHIEF DEVELOPMENT OFFICER	40.00			X				169,557.	0	28,232.
(20) CONNIE TEMPEL CHIEF OPERATING OFFICER	40.00			X				162,208.	0	11,040.
(21) STEPHANIE HARMS CHIEF OF STAFF	40.00			X				103,213.	0	40,355.
(22) BRIGITT JANDREAU-SMITH CHIEF LENDING OFFICER	40.00				X			161,836.	0	17,655.
(23) EDITH GIMM GENERAL COUNSEL	40.00				X			143,085.	0	12,964.
(24) JOY GRANADO CONTROLLER	40.00				X			134,722.	0	27,215.
(25) JONATHAN HUNTER MANAGING DIRECTOR	40.00					X		132,362.	0	16,180.
1b Sub-total ▶								182,892.	0	25,068.
c Total from continuation sheets to Part VII, Section A ▶								1,665,439.	0	264,858.
d Total (add lines 1b and 1c) ▶								1,848,331.	0	289,926.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 28

		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*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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 ▶ 4

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) KATRINA VAN VALKENBURGH MANAGING DIRECTOR	40.00					X		123,561.	0	24,735.
(27) RYAN MOSER MANAGING DIRECTOR	40.00					X		123,614.	0	26,585.
(28) ANDREW MCMAHON MANAGING DIRECTOR	40.00					X		124,650.	0	14,263.
(29) ELIZABETH DRAPA MANAGING DIRECTOR	40.00					X		113,418.	0	17,236.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 28

		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*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,947,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,894,024			
	g	Noncash contributions included in lines 1a-1f: $					
	h	**Total.** Add lines 1a-1f			11,841,024		
Program Service Revenue			**Business Code**				
	2a	LOAN REVENUE	522291	2,696,844	2,696,844		
	b	CONTRACT SERVICE	900099	7,294,904	7,294,904		
	c	OTHER INCOME	900099	380,893	380,893		
	d	NEW MARKET TAX CREDIT FEES	900099	197,000.	197,000		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f			10,569,641.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		643,685.			643,685
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)			0		
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	21,425,034.				
	b	Less cost or other basis and sales expenses	21,688,706				
	c	Gain or (loss)	-263,672				
	d	Net gain or (loss)			-263,672		-263,672
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events			0		
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities			0		
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory			0		
		Miscellaneous Revenue		**Business Code**			
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d			0		
	12	**Total revenue.** See instructions			22,790,678	10,569,641	380,013

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,071,200.	4,071,200.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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	1,571,788.	1,109,913.	330,491.	131,384.
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	7,025,625.	4,961,125.	1,477,238.	587,262.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	2,358,206.	1,742,881.	412,989.	202,336.
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	66,727.	25,314.	41,060.	353.
c Accounting	70,049.	26,574.	43,105.	370.
d Lobbying	41,741.	41,741.		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	114,062.	17,365.	95,874.	823.
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	189,162.	21,014.	161,724.	6,424.
15 Royalties	0			
16 Occupancy	1,264,288.	629,326.	565,694.	69,268.
17 Travel	671,900.	585,791.	73,546.	12,563.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	458,419.	342,664.	106,732.	9,023.
20 Interest	821,576.	821,576.		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	103,752.	83,768.	14,544.	5,440.
23 Insurance	65,170.	52,627.	10,066.	2,477.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a CONSULTANT	3,150,653.	3,053,118.	85,558.	11,977.
b TELEPHONE	190,557.	150,495.	32,975.	7,087.
c SUPPLIES	77,131.	48,605.	27,085.	1,441.
d EQUIPMENT REPAIRS & MAINTENA	64,119.	45,178.	17,973.	968.
e All other expenses	431,904.	158,338.	261,220.	12,346.
25 Total functional expenses. Add lines 1 through 24e	22,808,029.	17,988,613.	3,757,874.	1,061,542.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	5,377,254.	1	5,309,543.
	2	Savings and temporary cash investments	1,943,270.	2	11,396,388.
	3	Pledges and grants receivable, net	6,270,390.	3	11,322,096.
	4	Accounts receivable, net	1,723,759.	4	1,283,296.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other 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) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	36,365,017.	7	34,968,817.
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges ATCH 4	149,178.	9	226,396.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,706,063.			
	b	Less accumulated depreciation — 10b: 1,258,243.	264,414.	10c	447,820.
	11	Investments - publicly traded securities ATCH 5	29,303,182.	11	29,168,810.
	12	Investments - other securities See Part IV, line 11	0	12	0
	13	Investments - program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	163,034.	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	81,559,498.	16	94,123,166.
Liabilities	17	Accounts payable and accrued expenses	1,938,541.	17	2,099,407.
	18	Grants payable	3,399,917.	18	4,274,751.
	19	Deferred revenue ATCH 6	808,688.	19	893,117.
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	4,859,735.	21	11,396,388.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties ATCH 7	42,823,180.	23	48,262,271.
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	0
	26	**Total liabilities.** Add lines 17 through 25	53,830,061.	26	66,925,934.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	16,643,075.	27	16,306,560.
	28	Temporarily restricted net assets	11,086,362.	28	10,890,672.
	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	27,729,437.	33	27,197,232.
	34	Total liabilities and net assets/fund balances	81,559,498.	34	94,123,166.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,790,678.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,808,029.
3	Revenue less expenses Subtract line 2 from line 1	3	-17,351.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,729,437.
5	Net unrealized gains (losses) on investments	5	-514,854.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,197,232.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
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	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III-Functionally integrated **d** ☐ Type III-Non-functionally integrated

e ☐ 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)

f 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 . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	10,310,886	14,651,311	10,323,592	6,310,657	11,841,024	53,437,470
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	10,310,886	14,651,311	10,323,592	6,310,657.	11,841,024.	53,437,470
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						13,246,251
6 **Public support.** Subtract line 5 from line 4						40,191,219

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	10,310,886.	14,651,311	10,323,592	6,310,657	11,841,024	53,437,470.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	427,383	840,841	611,815	666,564	643,685	3,190,288
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 **Total support.** Add lines 7 through 10						56,627,758

12	Gross receipts from related activities, etc (see instructions)	47,956,832

13 **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

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	70.97 %
15	Public support percentage from 2012 Schedule A, Part II, line 14	66.21 %

16a **33 1/3 % support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 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 in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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), then

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

If the organization answered "Yes," 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
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures . . . . . ▶ $
3 Volunteer hours . . . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No
4a Was a correction made? . . . . . ☐ Yes ☐ No
b If "Yes," describe in Part IV

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

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

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	38,643.	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	3,098.	
c	Total lobbying expenditures (add lines 1a and 1b)	41,741.	
d	Other exempt purpose expenditures	22,766,288.	
e	Total exempt purpose expenditures (add lines 1c and 1d)	22,808,029.	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000.	
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	0
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	0

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	12,825.	18,540.	17,882.	41,741.	90,988.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	6,137.	2,380.	15,045.	38,643.	62,205.

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

SEE PAGE 4

Part IV Supplemental Information *(continued)*

SCHEDULE C, PART II-A, LINE 2

CSH HAS RETAINED THE SERVICES OF A LOBBYING CONSULTANT TO ASSIST POLICY STAFF WITH INFORMING SUPPORTIVE HOUSING PROVIDERS AND OTHER ADVOCACY PARTNERS ACROSS THE COUNTRY ON CONGRESSIONAL ACTION. THE CONSULTANT ASSISTS THESE ADVOCATES IN SCHEDULING MEETINGS, DRAFTING SUPPORTING DOCUMENTS AND COMMUNICATING WITH MEMBERS OF CONGRESS. CSH'S INTENT IS TO ENSURE THAT THOSE INTERESTED IN SUPPORTIVE HOUSING POLICY ARE AWARE OF IMPORTANT ISSUES, REGULARLY SHARE SUCCESS WITH POLICY MAKERS AND THE INTERESTED PUBLIC, AND HAVE ASSISTANCE COUMMUNICATING THEIR NEEDS WITH CONGRESS.

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number

13-3600232

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	4,859,735.
d Additions during the year	1d	12,208,475.
e Distributions during the year	1e	5,671,821.
f Ending balance	1f	11,396,389.

2a Did the organization include an amount on Form 990, Part X, line 21? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☒

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		275,284.	107,818.	167,466.
d Equipment		1,430,779.	1,150,425.	280,354.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c)).* ▶				447,820.

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments - Program Related.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

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

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART X, #2

CSH IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE (THE "IRC") AND FROM STATE AND LOCAL TAXES UNDER COMPARABLE LAWS. CSH FOLLOWS THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD'S ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740-10-05 RELATING TO ACCOUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES. BECAUSE OF CSH'S GENERAL TAX-EXEMPT STATUS, ASC TOPIC 740-10-05 HAS NOT HAD, AND IS NOT ANTICIPATED TO HAVE, A MATERIAL IMPACT ON CSH'S CONSOLIDATED FINANCIAL STATEMENTS.

CSH IS REQUIRED TO FILE AND DOES FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. INCOME TAX RETURNS FILED BY CSH AND THE HC ARE SUBJECT TO EXAMINATION BY THE IRS FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE IRS, TAX YEARS SINCE 2010 REMAIN OPEN.

SCHEDULE D, PART IV, #1B & #23

DURING 2013, IN CONNECTION WITH ITS WORKING RELATIONSHIP WITH THE CONNECTICUT HOUSING FINANCE AUTHORITY (THE CHFA"),CSH WAS APPOINTED AS AN AGENT FOR THE ADMINISTRATION OF OPERATING RESERVE ACCOUNTS FOR SEVERAL PROJECTS INTO WHICH CHFA AND VARIOUS LIMITED-LIABILITY COMPANIES (THE "COMPANIES") HAD ENTERED AS A RESULT, CSH MAINTAINS CONTROL OF THE FUNDS DEPOSITED BY THE CHFA TO EACH OF THE COMPANIES OPERATING RESERVE ACCOUNTS TO ASSIST IN THE OPERATION OF THESE PROJECTS UNDER THE TERMS OF ITS AGREEMENT WITH THE CHFA, CSH WILL PROCESS THE CORRESPONDING DRAW-DOWN REQUESTS AND PAYMENTS.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number

13-3600232

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JWCH INSITUTE INC. 1910 SUNSET BLVD LOS ANGELES, CA 90026	95-2289916	501(C)(3)	35,400		BOOK		FINANCIAL ASSISTANCE
(2) INTEGRATED RECOVERY NETWORK 1200 WILSHIRE BOULEVARD, SUITE 650	27-3493736	501(C)(3)	20,000		BOOK		FINANCIAL ASSISTANCE
(3) MENTAL HEALTH SERVICES FOR HOMELESS PERSON 1744 PAYNE AVE CLEVELAND, OH 44114	34-1607734	501(C)(3)	38,910		BOOK		FINANCIAL ASSISTANCE
(4) COLEMAN PROFESSIONAL SERVICES 5982 RHODES RD KENT, OH 44240	34-1240178	501(C)(3)	6,800		BOOK		FINANCIAL ASSISTANCE
(5) L A FAMILY HOUSING 7843 LANKERSHIM BOULEVARD	95-3920560	501(C)(3)	7,000.		BOOK		FINANCIAL ASSISTANCE
(6) ECONOMIC ROUNDTABLE 315 W 9TH ST LOS ANGELES, CA 90015	95-4313202	501(C)(3)	463,000		BOOK		FINANCIAL ASSISTANCE
(7) RUSHFORD CENTER 883 PADDOCK AVE MERIDEN, CT 06450	06-0932875	501(C)(3)	7,500		BOOK		FINANCIAL ASSISTANCE
(8) WATTS LABOR COMMUNITY ACTION 800 E 111TH PL LOS ANGELES, CA 90059	95-2412869	501(C)(3)	35,000		BOOK		FINANCIAL ASSISTANCE
(9) SOUTHERN CA ASSOCIATION OF NON-PROFIT HOUSI 501 SHATTO PL LOS ANGELES, CA 90020	95-4019655	501(C)(3)	20,000		BOOK		FINANCIAL ASSISTANCE
(10) SKID ROW HOUSING TRUST 1317 E 7TH ST LOS ANGELES, CA 90021	95-4205316	501(C)(3)	80,000		BOOK		FINANCIAL ASSISTANCE
(11) LAMP INC 460 N GROVE AVE ELGIN, IL 60120	95-3993742	501(C)(3)	145,000		BOOK		FINANCIAL ASSISTANCE
(12) DOWNTOWN WOMEN'S CENTER 442 S. SAN PEDRO ST LOS ANGELES, CA 90013	31-1597223	501(C)(3)	17,500		BOOK		FINANCIAL ASSISTANCE

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number

13-3600232

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SOCIETY OF ST VINCENT DE PAUL OF LOS ANGEL 210 NORTH AVENUE 21 LOS ANGELES, CA 90031	95-1644622	501(C)(3)	50,000.		BOOK		FINANCIAL ASSISTANCE
(2) TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORP 215 TAYLOR STREET	94-2761808	501(C)(3)	425,000		BOOK		FINANCIAL ASSISTANCE
(3) CATHOLIC SOCIAL SERVICES OF WASHTENAW COUNT 4925 PACKARD RD ANN ARBOR, MI 48108	38-1654500	501(C)(3)	200,000		BOOK		FINANCIAL ASSISTANCE
(4) AIDS CONNECTICUT 110 BARTHOLOMEW AVE HARTFORD, CT 06106	34-0726064	501(C)(3)	400,000		BOOK		FINANCIAL ASSISTANCE
(5) CHRYSALIS CENTER LOS ANGELES 522 S MAIN ST LOS ANGELES, CA 90013	95-3972624	501(C)(3)	52,595		BOOK		FINANCIAL ASSISTANCE
(6) COALITION FOR RESPONSIBLE COMMUNITY DEVELOP 3101 SOUTH GRAND AVENUE	20-2445113	501(C)(3)	50,000		BOOK		FINANCIAL ASSISTANCE
(7) HOMELESS HEALTH CARE LOS ANGEL 2330 BEVERLY BLVD LOS ANGELES, CA 90057	95-4074970	501(C)(3)	50,000.		BOOK		FINANCIAL ASSISTANCE
(8) A COMMUNITY OF FRIENDS 3701 WILSHIRE BLVD LOS ANGELES, CA 90010	95-4203106	501(C)(3)	15,000		BOOK		FINANCIAL ASSISTANCE
(9) HOUSING WORKS (CALIFORNIA) 1277 NORTH WILCOX AVENUE	03-0522656	501(C)(3)	15,000		BOOK		FINANCIAL ASSISTANCE
(10) FAITH MISSION INC 245 NORTH GRANT AVENUE COLUMBUS, OH 43215	31-0809759	501(C)(3)	150,627		BOOK		FINANCIAL ASSISTANCE
(11) COMMUNITY SUPPORT SERVICES INC 9075 COMPRINT CT GAITHERSBURG, MD 20877	23-7029146	501(C)(3)	145,432		BOOK		FINANCIAL ASSISTANCE
(12) VOLUNTEERS OF AMERICA LOS ANGELES 3600 WILSHIRE BLVD, SUITE 1500	95-1691330	501(C)(3)	375,000		BOOK		FINANCIAL ASSISTANCE

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number

13-3600232

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LTSC COMMUNITY DEVELOPMENT CORPORATION 231 E THIRD ST , SUITE G106	95-3451280	501(C)(3)	50,000		BOOK		FINANCIAL ASSISTANCE
(2) WOMEN ORGANIZING RESOURCES KNOWLEDGE AND SE 795 N AVENUE 50 LOS ANGELES, CA 90042	95-4680440	501(C)(3)	40,000		BOOK		FINANCIAL ASSISTANCE
(3) EPIDAURUS (DBA AMITY FOUNDATION) 2202 S FIGUEROA STREET, STE 717	77-0418201	501(C)(3)	371,886		BOOK		FINANCIAL ASSISTANCE
(4) YMCA CENTRAL OHIO 40 WEST LONG STREET COLUMBUS, OH 43215	31-4379594	501(C)(3)	158,749		BOOK		FINANCIAL ASSISTANCE
(5) EDEN INC 7812 MADISON AVE CLEVELAND, OH 44102	34-1667990	501(C)(3)	288,581		BOOK		FINANCIAL ASSISTANCE
(6) VOLUNTEERS OF AMERICA GREATER OHIO 1776 E BROAD STREET COLUMBUS, OH 43203	31-1774762	501(C)(3)	186,235		BOOK		FINANCIAL ASSISTANCE
(7) MIAMI VALLEY HOUSING OPPORTUNITIES 4100 W 3RD ST # 412 DAYTON, OH 45428	31-1321426	501(C)(3)	161,061		BOOK		FINANCIAL ASSISTANCE
(8) COMMUNITY CONNECTIONS 801 PENNSYLVANIA AVENUE, S E , SUITE 201	53-0208258	501(C)(3)	40,000		BOOK		FINANCIAL ASSISTANCE
(9) JOVENES 1208 PLEASANT AVE LOS ANGELES, CA 90033	95-4342434	501(C)(3)	40,000		BOOK		FINANCIAL ASSISTANCE
(10) SHELTER PARTNERSHIP 523 W 6TH ST #616 LOS ANGELES, CA 90014	95-3976214	501(C)(3)	40,000		BOOK		FINANCIAL ASSISTANCE
(11) AIDS CONNECTICUT (FORMERLY CAR) 110 BERTHOLOMEW AVE HARTFORD, CT 06106	34-0726064	501(C)(3)	10,000		BOOK		FINANCIAL ASSISTANCE
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 35.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2013)**

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Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

SCHEDULE I, PART II, LINE 2

WHEN CSH ADMINISTERS A GRANT, IT REQUIRES THE FOLLOWING ITEMS FROM THE GRANTEE 1 IRS DETERMINATION LETTER PROVING THEY ARE A NOT-FOR-PROFIT ENTITY 2 A CERTIFICATE FROM THE GRANTEES 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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

THE EXPENDITURES BY COST LINE. CSH STRUCTURES MOST OF THE GRANTS SO THAT

THERE ARE MULTIPLE DISBURSEMENTS OF GRANT FUNDS WITH SUBSEQUENT

DISBURSEMENTS CONTINGENT ON COMPLIANCE WITH REPORTING GUIDELINES,

INCLUDING FINANCIAL REPORTS. FINALLY, THE MAJORITY OF GRANTEES ARE IN

LOCATIONS WHERE CSH HAS A LOCAL OFFICE THAT DIRECTLY MONITORS GRANT

COMPLIANCE THROUGH LOCAL SITE VISITS AND ONE-ON-ONE REVIEW OF GRANT GOALS

AND EXPENDITURES.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number
13-3600232

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	DEBORAH DE SANTIS PRESIDENT & CEO	(i)	182,590.	0	302.	9,097.	15,971.	207,960.	
		(ii)	0	0	0				
2	DAVID PROVOST CHIEF FINANCIAL OFFICER	(i)	172,345.	0	868.	8,562.	19,836.	201,611.	
		(ii)	0	0	0				
3	NANCY MCGRAW CHIEF DEVELOPMENT OFFICER	(i)	169,426.	0	131.	8,295.	19,937.	197,789.	
		(ii)	0	0	0				
4	CONNIE TEMPEL CHIEF OPERATING OFFICER	(i)	160,538.	0	1,670.	7,785.	3,255.	173,248.	
		(ii)	0	0	0				
5	BRIGITT JANDREAU-SMITH CHIEF LENDING OFFICER	(i)	161,534.	0	302.	7,760.	9,895.	179,491.	
		(ii)	0	0	0				
6	EDITH GIMM GENERAL COUNSEL	(i)	142,954.	0	131.		12,964.	156,049.	
		(ii)	0	0	0				
7	JOY GRANADO CONTROLLER	(i)	134,420.	0	302.	6,774.	20,441.	161,937.	
		(ii)	0	0	0				
8	RYAN MOSER MANAGING DIRECTOR	(i)	123,495.	0	119.	6,075.	20,510.	150,199.	
		(ii)	0	0	0				
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Schedule J (Form 990) 2013

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Part III Supplemental Information

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

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 990-EZ or to provide any additional information.
▶Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2013

Open to Public Inspection

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

SECTION B, LINE 11A

MANAGEMENT OF CSH PROVIDES COPIES OF THE FORM 990 TO BOTH IS AUDIT COMMITTEE AND BOARD OF DIRECTORS TO REVIEW. THE AUDIT COMMITTEE BASED ON ITS REVIEW, RECOMMENDS TO THE BOARD OF DIRECTORS ACTION TO BE TAKEN ON THE RETURN, BASED ON THIS RECOMMENDATION AND ITS OWN REVIEW, THE BOARD OF DIRECTORS MOVES FOR APPROVAL OF THE RETURN.

SECTION B, LINE 12C

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

SECTION B, LINE 15A & 15B

CSH BOARD OF DIRECTORS REVIEW THE RECOMMENDED COMPENSATION OF ITS PRESIDENT, CFO AND OTHER TOP MANAGEMENT EMPLOYEES BASED ON ANALYZING CURRENT MARKET TRENDS AND REVIEW OF SIMILAR ORGANIZATIONS' FORM 990, SURVEYS OF COMPARABLE LEVEL COMPENSATION AND BOARD REVIEW OF EMPLOYEES PERFORMANCE.

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 INITERNALLY AND NOT MADE AVAILABLE TO THE PUBLIC.

Name of the organization: CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number: 13-3600232

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CSH TRANSFORMS HOW COMMUNITIES USE HOUSING SOLUTIONS TO IMPROVE THE LIVES OF THE MOST VULNERABLE PEOPLE. WE OFFER CAPITAL, EXPERTISE, INFORMATION AND INNOVATION THAT ALLOW OUR PARTNERS TO USE SUPPORTIVE HOUSING TO ACHIEVE STABILITY, STRENGTH AND SUCCESS FOR THE PEOPLE IN MOST NEED. CSH BLENDS OVER 20 YEARS OF EXPERIENCE AND DEDICATION WITH A PRACTICAL AND ENTREPRENEURIAL SPIRIT, MAKING US THE SOURCE FOR HOUSING SOLUTIONS. CSH IS AN INDUSTRY LEADER WITH NATIONAL INFLUENCE AND DEEP CONNECTIONS IN A GROWING NUMBER OF LOCAL COMMUNITIES. WE ARE HEADQUARTERED IN NEW YORK CITY WITH STAFF STATIONED IN MORE THAN 20 LOCATIONS AROUND THE COUNTRY.

OUR 2013-2015 STRATEGIC PLAN LAYS OUT FIVE PRIORITIES: 1) LEAD INNOVATION IN THE SUPPORTIVE HOUSING INDUSTRY, 2) EXPAND ACCESS TO SUPPORTIVE HOUSING FOR MORE VULNERABLE INDIVIDUALS AND FAMILIES, 3) DEPLOY AND LEVERAGE CAPITAL FOR SUPPORTIVE HOUSING CREATION, 4) IMPROVE AND SUSTAIN SUPPORTIVE HOUSING QUALITY, AND 5) IMPROVE OUR PERFORMANCE AND ACCOUNTABILITY.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CSH WORKS ACROSS 4 LINES OF BUSINESS:

TRAINING AND EDUCATION: CSH ENRICHES THE INDUSTRY WITH RESEARCH-BACKED TOOLS, TRAININGS AND KNOWLEDGE SHARING. IN 2013, CSH TRAINED OVER 13,000 INDIVIDUALS FROM 7,314 ORGANIZATIONS

Name of the organization: CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number: 13-3600232

ATTACHMENT 2 (CONT'D)

NATIONALLY.

LENDING: CSH GALVANIZES SUPPORTIVE HOUSING SOLUTIONS WITH POWERFUL CAPITAL FUNDS, SPECIALTY LOAN PRODUCTS AND DEVELOPMENT EXPERTISE. IN 2013, CSH PROVIDED 80 LOANS AND GRANTS TOTALING OVER $51 MILLION TO SUPPORTIVE HOUSING PROJECT SPONSORS.

CONSULTING AND ASSISTANCE: CSH COLLABORATES ON CUSTOM COMMUNITY PLANNING AND CUTTING-EDGE INNOVATIONS. CSH PROVIDED TECHNICAL ASSISTANCE TO 113 ORGANIZATIONS IN 2013. ALONG WITH OUR LENDING, THIS WORK HELPED TO SPUR THE DEVELOPMENT OF 4,388 SUPPORTIVE HOUSING UNITS AND 1,745 AFFORDABLE (NON SH) UNITS IN 2013 ALONE.

POLICY REFORM: CSH ENGAGES GOVERNMENT LEADERS AND PUBLIC AGENCIES THROUGH SYSTEMS REFORM, POLICY COLLABORATION AND ADVOCACY. CSH ALSO FACILITATES LARGE-SCALE COLLABORATIONS TO SERVE VULNERABLE POPULATIONS. OF NOTE IN 2013 IS THE SOCIAL INNOVATION FUND INITIATIVE WHICH IS SERVING HOMELESS INDIVIDUALS WITH COMPLEX HEALTH NEEDS WHO ARE HIGH-COST FREQUENT UTILIZERS OF HEALTHCARE SERVICES.

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION

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

ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
POLICY RESEARCH ASSOCIATES 354 DELAWARE AVE DELMAR, NY 12054	HUD PROJ CONSULTANT	124,424.
LAURA KADWELL 1111 SHERIDAN AVENUE N MINNEAPOLIS, MN 55411-3618	TECHNICAL ASSISTANCE	123,878.
CENTER FOR URBAN COMMUNITY SERVICES 198 EAST 121ST STREET, 6TH FLOOR NEW YORK, NY 10035	TECHNICAL ASSISTANCE	177,757.
CENTER FOR THE STUDY OF SOCIAL POLICY 1575 EYE STREETM NW, SUITE 500 WASHINGTON, DC 20005	TECHNICAL ASSISTANCE	251,148.

ATTACHMENT 4

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSE	226,396.
TOTALS	226,396.

ATTACHMENT 5

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE
FIXED INCOME SECURITIES	22,334,553.
MONEY MARKET FUNDS	266,498.
MUTUAL GOVERNMENT BOND FUNDS	6,542,759.

Name of the organization: CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number: 13-3600232

ATTACHMENT 5 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE
LIMITED LIABILITY COMPANY	25,000.
TOTALS	29,168,810.

ATTACHMENT 6

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION	ENDING BOOK VALUE
DEFERRED REVENUE	893,117.
TOTALS	893,117.

ATTACHMENT 7

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: JOHN D & CATHERINE T MACARTHUR FND
ORIGINAL AMOUNT: 600,000.
INTEREST RATE: 3.000000
MATURITY DATE: 01/01/2015
REPAYMENT TERMS: 3 ANNUAL INSTALLMENTS JANUARY 1, 2013 - MATURITY
SECURITY PROVIDED: PAID IN FULL IN 2013

BEGINNING BALANCE DUE ..... 400,000.

LENDER: JOHN D & CATHERINE T MACARTHUR FND
ORIGINAL AMOUNT: 1,000,000.
INTEREST RATE: 3.000000
MATURITY DATE: 01/01/2015
REPAYMENT TERMS: 3 ANNUAL INSTALLMENTS JANUARY 1, 2013 - MATURITY
SECURITY PROVIDED: PAID IN FULL IN 2013

BEGINNING BALANCE DUE ..... 670,000.

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

ATTACHMENT 7 (CONT'D)

LENDER: WELLS FARGO BANK NATIONAL ASSOCIATION
ORIGINAL AMOUNT: 2,000,000.
INTEREST RATE: 3.000000
DATE OF NOTE: 09/01/2007
MATURITY DATE: 08/31/2017
REPAYMENT TERMS: INTEREST IS PAYABLE QUARTERLY
SECURITY PROVIDED: PAID IN FULL IN 2013

BEGINNING BALANCE DUE	2,000,000.

LENDER: CONRAD N. HILTON FOUNDATION
ORIGINAL AMOUNT: 1,000,000.
INTEREST RATE: 2.000000
DATE OF NOTE: 12/02/2009
MATURITY DATE: 12/01/2014
REPAYMENT TERMS: PRINCIPAL DUE DECEMBER 1, 2014

BEGINNING BALANCE DUE	1,000,000.
ENDING BALANCE DUE	1,000,000.

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

ATTACHMENT 7 (CONT'D)

LENDER: WELLS FARGO BANK NATIONAL ASSOCIATION
ORIGINAL AMOUNT: 1,000,000.
INTEREST RATE: 2.000000
DATE OF NOTE: 07/01/2008
MATURITY DATE: 06/30/2018
REPAYMENT TERMS: PRINCIPAL DUE JUNE 30, 2018

BEGINNING BALANCE DUE	1,000,000.
ENDING BALANCE DUE	1,000,000.

LENDER: CITY OF LOS ANGELES
ORIGINAL AMOUNT: 5,000,000.
INTEREST RATE:
DATE OF NOTE: 12/27/2007
MATURITY DATE: 12/26/2014
REPAYMENT TERMS: PRINCIPAL DUE DECEMBER 26, 2014

BEGINNING BALANCE DUE	5,000,000.
ENDING BALANCE DUE	5,000,000.

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

ATTACHMENT 7 (CONT'D)

LENDER: INDIANA HSNG & COMM DEVELOP AUTHORITY
ORIGINAL AMOUNT: 500,000.
INTEREST RATE:
MATURITY DATE: 09/30/2015
REPAYMENT TERMS: PRINCIPAL DUE SEPTEMBER 30, 2015

BEGINNING BALANCE DUE	435,000.
ENDING BALANCE DUE	435,000.

LENDER: BANK OF AMERICA
ORIGINAL AMOUNT: 8,000,000.
INTEREST RATE: 3.000000
MATURITY DATE: 02/25/2018
REPAYMENT TERMS: PAID IN FULL IN 2013

BEGINNING BALANCE DUE	8,000,000.

Name of the organization: CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number: 13-3600232

ATTACHMENT 7 (CONT'D)

LENDER: CONRAD N. HILTON FOUNDATION
ORIGINAL AMOUNT: 5,000,000.
INTEREST RATE: 2.000000
DATE OF NOTE: 12/12/2009
MATURITY DATE: 12/11/2014
REPAYMENT TERMS: PRINCIPAL DUE DECEMBER 11, 2014

BEGINNING BALANCE DUE	5,000,000.
ENDING BALANCE DUE	5,000,000.

LENDER: HSBC
ORIGINAL AMOUNT: 4,000,000.
DATE OF NOTE: 01/01/2011
MATURITY DATE: 12/31/2015
REPAYMENT TERMS: PAID IN FULL IN 2013

BEGINNING BALANCE DUE	4,000,000.

Name of the organization: CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number: 13-3600232

ATTACHMENT 7 (CONT'D)

LENDER: MERCY INVESTMENT SERVICES
ORIGINAL AMOUNT: 1,000,000.
INTEREST RATE: 2.500000
DATE OF NOTE: 05/26/2011
MATURITY DATE: 05/25/2016
REPAYMENT TERMS: PRINCIPAL DUE MAY 25,2016

BEGINNING BALANCE DUE	1,000,000.
ENDING BALANCE DUE	1,000,000.

LENDER: CATHOLIC HEALTHCARE WEST
ORIGINAL AMOUNT: 2,000,000.
INTEREST RATE: 2.500000
DATE OF NOTE: 06/02/2011
MATURITY DATE: 06/01/2016
REPAYMENT TERMS: PRINCIPAL DUE JUNE 1, 2016

BEGINNING BALANCE DUE	2,000,000.
ENDING BALANCE DUE	2,000,000.

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

ATTACHMENT 7 (CONT'D)

LENDER: THE ANNIE E. CASEY FOUNDATION
ORIGINAL AMOUNT: 1,000,000.
INTEREST RATE: 3.000000
DATE OF NOTE: 10/12/2011
MATURITY DATE: 10/11/2020
REPAYMENT TERMS: PRINCIPAL DUE 2 INSTALLMENTS 10/11/20 & 10/20/21

BEGINNING BALANCE DUE	2,000,000.
ENDING BALANCE DUE	2,000,000.

LENDER: TRINITY HEALTH
ORIGINAL AMOUNT: 1,000,000.
INTEREST RATE: 3.000000
DATE OF NOTE: 10/12/2011
MATURITY DATE: 10/11/2020
REPAYMENT TERMS: PRINCIPAL DUE JUNE 30, 2016

BEGINNING BALANCE DUE	1,000,000.
ENDING BALANCE DUE	1,000,000.

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

ATTACHMENT 7 (CONT'D)

LENDER: CALIFORINA ENDOWMENT
ORIGINAL AMOUNT: 2,000,000.
INTEREST RATE: 2.000000
DATE OF NOTE: 04/01/2012
MATURITY DATE: 03/31/2022
REPAYMENT TERMS: PRINCIPAL DUE MARCH 31, 2022

BEGINNING BALANCE DUE	2,000,000.
ENDING BALANCE DUE	2,000,000.

LENDER: CATHOLIC HEALTH INITIATIVE
ORIGINAL AMOUNT: 500,000.
INTEREST RATE: 2.000000
DATE OF NOTE: 06/02/2012
MATURITY DATE: 06/01/2017
REPAYMENT TERMS: PRINCIPAL DUE JUNE 1, 2017

BEGINNING BALANCE DUE	500,000.
ENDING BALANCE DUE	500,000.

Name of the organization: CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number: 13-3600232

ATTACHMENT 7 (CONT'D)

LENDER: MORGAN STANLEY
ORIGINAL AMOUNT: 5,000,000.
INTEREST RATE: 3.000000
DATE OF NOTE: 10/02/2012
MATURITY DATE: 10/01/2015
REPAYMENT TERMS: PAID IN FULL IN 2013

BEGINNING BALANCE DUE ..... 5,000,000.

LENDER: OPPORTUNITY FINANCE NETWORK
ORIGINAL AMOUNT: 1,818,180.
INTEREST RATE: 3.000000
REPAYMENT TERMS: ANNUAL INSTALLMENTS STARTING 10/31/2019 - MATURITY

BEGINNING BALANCE DUE ..... 1,818,180.
ENDING BALANCE DUE ..... 1,818,180.

Name of the organization: CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number: 13-3600232

ATTACHMENT 7 (CONT'D)

LENDER: METROPOLITAN LIFE INSURANCE
ORIGINAL AMOUNT: 6,000,000.
DATE OF NOTE: 03/29/2013
MATURITY DATE: 03/28/2018
REPAYMENT TERMS: PRINCIPAL DUE MARCH 28, 2018
ENDING BALANCE DUE ..... 6,000,000.

LENDER: CONRAD N. HILTON FOUNDATION
ORIGINAL AMOUNT: 2,000,000.
INTEREST RATE: 2.000000
DATE OF NOTE: 06/27/2013
MATURITY DATE: 06/26/2023
REPAYMENT TERMS: PRINCIPAL DUE JUNE 26, 2023
ENDING BALANCE DUE ..... 2,000,000.

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

ATTACHMENT 7 (CONT'D)

LENDER: DEUTSCHE BANK TRUST COMPANY AMERICA
ORIGINAL AMOUNT: 2,727,273.
INTEREST RATE: 2.500000
DATE OF NOTE: 06/27/2013
MATURITY DATE: 06/26/2018
REPAYMENT TERMS: PRINCIPAL DUE JUNE 26, 2018
ENDING BALANCE DUE ..... 2,727,273.

LENDER: ROBERT WOOD JOHNSON FOUNDATION
ORIGINAL AMOUNT: 681,818.
INTEREST RATE: 2.500000
DATE OF NOTE: 06/29/2013
MATURITY DATE: 06/28/2023
REPAYMENT TERMS: PRINCIPAL DUE JUNE 28, 2023
ENDING BALANCE DUE ..... 681,818.

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

ATTACHMENT 7 (CONT'D)

LENDER: BANK OF AMERICA
ORIGINAL AMOUNT: 2,272,727.
DATE OF NOTE: 06/27/2013
MATURITY DATE: 06/26/2018
REPAYMENT TERMS: PRINCIPAL DUE JUNE 26, 2018
ENDING BALANCE DUE ..... 2,272,727.

LENDER: ROBERT WOOD JOHNSON
ORIGINAL AMOUNT: 3,863,636.
INTEREST RATE: 2.000000
DATE OF NOTE: 06/29/2013
MATURITY DATE: 06/28/2023
REPAYMENT TERMS: PRINCIPAL DUE JUNE 28, 2023
ENDING BALANCE DUE ..... 3,863,636.

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

ATTACHMENT 7 (CONT'D)

LENDER: MORGAN STANLEY	
ORIGINAL AMOUNT: 3,977,273.	
DATE OF NOTE: 06/29/2013	
MATURITY DATE: 06/28/2018	
REPAYMENT TERMS: PRINCIPAL DUE JUNE 28, 2018	
ENDING BALANCE DUE	3,977,273.
LENDER: HSBC	
ORIGINAL AMOUNT: 3,986,364.	
DATE OF NOTE: 06/27/2013	
MATURITY DATE: 06/26/2018	
REPAYMENT TERMS: PRINCIPAL DUE JUNE 26, 2018	
ENDING BALANCE DUE	3,986,364.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	42,823,180.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	48,262,271.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

CORPORATION FOR SUPPORTIVE HOUSING

Employer identification number

13-3600232

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HOUSING SOLUTIONS FUND LLC 46-2797064 61 BROADWAY NEW YORK, NY 10006	LENDING	DE	637,263.	24,943,448.	CORPORATION
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CATALYST CDE-1 LLC 45-1620420 C/O CSH 61 BROADWAY	DEVELOPMENT	DE	CSH	RELATED	10	703		X		X		0100
(2) CATALYST CDE-2 LLC 45-3629223 C/O CSH 61 BROADWAY	DEVELOPMENT	DE	CSH	RELATED	5	1,095		X		X		0100
(3) CATALYST CDE-3 LLC 45-3629270 C/O CSH 61 BROADWAY	DEVELOPMENT	DE	CSH	RELATED	14	699.		X		X		.0100
(4) CATALYST CDE-4 LLC 45-3629305 C/O CSH 61 BROADWAY	DEVELOPMENT	DE	CATALYST CDE HC	RELATED		330		X		X		100 0000
(5) CHASE NMTC NSO BELL INVESTMENT C/O CSH 61 BROADWAY	DEVELOPMENT	DE	CSH	RELATED	-3	131		X		X		0100
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) CATALYST CDE HOLDING CORPORATION 45-3629010 C/O CORP SVC CO 2711 CENTERVILLE R WILMINGTON, DE 19808	DEVELOPMENT	DE	CSH	C CORP		1,000	100.0000		X
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d	X	
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g	X	
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	HOUSING SOLUTIONS FUND	G	16,391,231.	BOOK
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	CORPORATION FOR SUPPORTIVE HOUSING	13-3600232
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 61 BROADWAY, SUITE 2300	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions NEW YORK, NY 10006	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ DAVID PROVOST CFO
  Telephone No ▶ 212 986-2966 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . . . ▶ [ ] . If it is for part of the group, check this box . . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15, 20 14.

5 For calendar year 2013, or other tax year beginning _____, 20 ____, and ending _____, 20 ____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension INFORMATION FROM A THIRD PARTY HAS NOT BEEN RECEIVED. THIS INFORMATION IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	8a	$ 0
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	$ 0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ CFA Date ▶ 8/12/14