Form 8868

(Rev. January 2022)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

➤ Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

Autom	atic 6-Month Extension of Time. Only	submit origin	al (no copies needed).			
	rations required to file an income tax return other t Form 7004 to request an extension of time to file			ships, REMICs	s, and trusts	
Type or	Name of exempt organization or other filer, see	instructions.		Taxpayer	Identification	number (TIN)
print			777		E0 10F	0001
ile by the	COMMUNITY HOUSING SERVICE			_	58-185	00981
due date for illing your	Number, street, and room or suite no. If a P.O. 5515 ABERCORN STREET	box, see instruc	tions.			
eturn. See nstructions.	City, town or post office, state, and ZIP code. F SAVANNAH, GA 31405	or a foreign add	lress, see instructions.			
Enter the	Return Code for the return that this application is	for (file a separa	te application for each return)	التلافية المتناولية		0 1
Applicati	on	Return	Application			Return
s For		Code	is For			Code
a second will be	or Form 990-EZ	01	Form 1041-A	-6		08
	(individual)	03	Form 4720 (other than individu	iai)		10
Form 990	-PF -T (sec. 401(a) or 408(a) trust)	05	Form 5227 Form 6069			11
	-T (trust other than above)	06	Form 8870			12
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orm 990 The bo	ANITA SMITH- cooks are in the care of 5515 ABERCOI			31405		
The bo	-T (corporation) ANITA SMITH-	-DIXON RN STREET	Fax No. ►	irrogrammini		
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form 990

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury

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

B Cased Community Housings services Se	_	or the 2	2022 calendar year, or tax year beginning and ending			1 1076-2-040	
Congruentity and street for P-D. box is mail is not delivered to sheet address) Polymorphisms SAPE SA	В	Check if		D Employer iden	ntific	ation number	
Number and direct to P.D. box if mail is not distincted to street address) Power and street to P.D. box if mail is not distincted to street address) Power and street to P.D. box if mail is not distincted to street address) Power and address S11,944,758.	F	ichange Name		58-185	098	1	
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SAVANNAH, GA 314.05 Rayme and address of principal officer: DBBORAH WRIGHT Final Activities Final Act	1	termin- ated					
Fame and address of principal officer. DEBORAH WRIGHT SAME AS C ABOVE Tax-exempt status: X Sol(c)(3) 501(c) (insert no.) 4947(a)(1) or 522 (if No.) 4457(a)(1) or 522 (if No.) 6457(a)(1) or			SAVANNAH, GA 31405	H(a) Is this a grou	ip ret		
J Website: WWWCHSAINC.ORG Korm of organization: X Corporation Trust Association Other Lyear of tornation: 1989 M State of legal domicilie; GA Part Summary Briefly describe the organization's mission or most significant activities: THE PURPOSE OF THE AGENCY IS TO DEVELOP. IMPLEMENT AND OPERATE VARIOUS HOUSING PROGRAMS. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 1.3 Number of voting members of the governing body (Part VI, line 1b) 4 1.3 Number of voting members of the governing body (Part VI, line 1a) 4 1.3 Number of voting members of the governing body (Part VI, line 1b) 4 1.3 Number of voting members of the governing body (Part VI, line 1b) 4 1.3 Number of voting members of the governing body (Part VI, line 1a) 4 1.3 Number of voting members of the governing body (Part VI, line 1a) 4 1.3 Number of voting members of the governing body (Part VI, line 1b) 4 1.3 Number of voting members of the governing body (Part VI, line 1b) 4 1.3 Number of voting members of the governing body (Part VI, line 1b) 4 1.3 Number of voting members of the governing body (Part VI, line 1b) 4 1.3 Number of voting members of the governing body (Part VI, line 1a) 5 6 0 Total number of voting members (Part VI, line 1b) 4 1.3 Number of voting members of the governing body (Part VI, line 1a) 5 0 Each of the unit of the governing body (Part VI, line 1b) 4 1.3 Number of voting members of the governing body (Part VI, line 1b) 4 1.3 Number of voting members of the governing body (Part VI, line 1b) 4 1.3 Number of voting members of the governing body (Part VI, line 1b) 4 1.3 Number of voting members of the governing body (Part VI, line 1b) 6 0 0 Programs service ververne (Part VIII, line 1h) 7 0 0 0 Number of voting members of the governing body (P	Ε	Applica- lion pending	F Name and address of principal officer: DEBORAH WRIGHT SAME AS C ABOVE	for subordina H(b) Are all subordina	ates?	Yes X No	
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9 Program service revenue (Part VIII, line 2g) 76,652. 1,377,502. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 669. 153,1146. 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 115,613. 593,068. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,041,756. 11,944,758. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 124,895. 1666,872. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.							
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19 Revenue less expenses. Subtract line 18 from line 12 393,833. 9,291,630.	1			647,923	3.	2,653,128.	
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 5, 401, 354. 14,509,627. 21 Total liabilities (Part X, line 26) 615,963. 432,606. Net assets or fund balances. Subtract line 21 from line 20 4,785,391. 14,077,021. 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 thanyofficer) is based on all information of which preparer has any knowledge. Signature of officer DEBORAH WRIGHT, CHAIR Type or print name and title Print/Type preparer's name Preparer Paid ARON W. MARSHALL Preparer Use Only Firm's name MAULDIN & JENKINS, LLC Firm's name MAULDIN & JENKINS, LLC Firm's address P.O. BOX 1877		19 Re		393,833	3.	9,291,630.	
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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 Signature of officer DEBORAH WRIGHT, CHAIR Type or print name and title Print/Type preparer's name Paid ARON W. MARSHALL Preparer Firm's name MAULDIN & JENKINS, LLC Firm's name MAULDIN & JENKINS, LLC Firm's address P.O. BOX 1877	ets	20 To	ital assets (Part X, line 16)	5,401,354	4.	14,509,627.	
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 Signature of officer DEBORAH WRIGHT, CHAIR Type or print name and title Print/Type preparer's name Paid ARON W. MARSHALL Preparer Firm's name MAULDIN & JENKINS, LLC Firm's name MAULDIN & JENKINS, LLC Firm's address P.O. BOX 1877	ASS	21 To	ital liabilities (Part X, line 26)	615,963	3.	432,606.	
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 Signature of officer DEBORAH WRIGHT, CHAIR Type or print name and title Print/Type preparer's name Paid ARON W. MARSHALL Preparer Firm's name MAULDIN & JENKINS, LLC Firm's name MAULDIN & JENKINS, LLC Firm's address P.O. BOX 1877	Net	22 Ne	et assets or fund balances. Subtract line 21 from line 20	4,785,393	1.	14,077,021.	
Sign Here DEBORAH WRIGHT, CHAIR Type or print name and title Print/Type preparer's name Paid ARON W. MARSHALL Preparer Firm's name MAULDIN & JENKINS, LLC Firm's address P.O. BOX 1877 Paid Firm's address P.O. BOX 1877	Pa	rt II					
Sign Here DEBORAH WRIGHT, CHAIR Type or print name and title Print/Type preparer's name Paid AARON W. MARSHALL Preparer Firm's name MAULDIN & JENKINS, LLC Firm's address P.O. BOX 1877 Paid Firm's address P.O. BOX 1877	Unde	er penaltie	es of perjury. I declare that I have examined this return, including accompanying schedules and state	ments, and to the best o	f my k	nowledge and belief, it is	
Signature of officer DEBORAH WRIGHT, CHAIR Type or print name and title Print/Type preparer's name AARON W. MARSHALL Firm's name MAULDIN & JENKINS, LLC Firm's address P.O. BOX 1877 Date Check X PTIN PTIN 11/01/23 self-employed P01243394 Firm's EIN 58-0692043							
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DEBORAH WRIGHT, CHAIR Type or print name and title Print/Type preparer's name Paid AARON W. MARSHALL Preparer Firm's name MAULDIN & JENKINS, LLC Firm's address P.O. BOX 1877 Date 11/01/23 sell-employed P01243394 Firm's address P.O. BOX 1877	Sint	S	ignature of officer	Date		1000	
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Preparer Firm's name MAULDIN & JENKINS, LLC Firm's address P.O. BOX 1877	Paid			11/01/23 galle	1		
Use Only Firm's address P.O. BOX 1877							
12.7 U.B. 2. 1 17.7 U.B. 13.7 C. 2.7	0.00			I-MALL S ETIV			
THISTON TO THE COURT OF THE COU	Date	Sury F		Phone no	478	-464-8000	
May the IRS discuss this return with the preparer shown above? See instructions	Mar	the IRC		Tringing flox			

	art III Statement of Program Service Accomplishments
2436	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	AS A COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, THE AGENCY PROVIDES
	FINANCING AND TECHNICAL ASSITANCE TO INDIVIDUALS AND BUSINESSES. THE
	AGENCY IS FOCUSED ON CREATING, IMPROVING, AND RETAINING REAL ESTATE,
	WORKFORCE AND AFFORDABLE HOUSING, IN MINORITY, LOW INCOME, AND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,653,128 · including grants of \$) (Revenue \$ 2,123,716 ·
4a	(Code:) (Expenses \$ 2,653,128. including grants of \$) (Revenue \$
	THIRIBEN NEW HOANS WERE CHOSED IN 2022.
	·
-	\$64 \$170 T. S.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,653,128.

Form 990 (2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Na	
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	17		23.1
	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			42
	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	13.7		
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			**
-3	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,	107		77
	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	1.51		57
	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	1		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	12		17
00	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	53.		v
0.7	or in 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, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	4.5		v
3.	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	200		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	그렇게 뭐하면 하면 하면 하면 하면 하면 되면 이렇게 하면 하면 하면 하면 하면 하면 하면 하는데	33.7		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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	350		x
	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		
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	404		x
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Δ.
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
	Schedule D, Parts XI and XII	123	Δ	_
р	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		х
40	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 Did the organization maintain an office, employees, or agents outside of the United States?			X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
ь	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-10		
10	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,	-10	-	
1.6	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			
10		18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13		19		х
20a	complete Schedule G, Parl III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
-	government on the start, continue by the continue of the conti	~!	000	V7A73-1-1

Pa	rt IV Checklist of Required Schedules (continued)			-
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1.5		327
	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	et at		
	Schedule J	23		X
24a		-		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			124
	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	에서 중심하는 이루터 마닷가 아이지의 하면 이번 시간으로 하면 되었습니까? 보면 1일 전에 보면 1일 전에 가게 되었습니다. 이루터 1일 전에 보면 1일 전에 되었습니다. 전에 되었습니다. 그렇게 하는 사람들이 되었습니다.	10.5		100
	any tax-exempt bonds?	24c	-	
d		24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		4.
	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	-13		42
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	10.00		1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		h 1	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			22
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			125
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	1,75		1201
	"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	16.		100
	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	155		100
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1155		7.35
	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			1
	Part V, line 1	34		X
35a	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			(1)
	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?	700		W
	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	172		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	1		
Ċ.	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t 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	*****		
			20.00	

Par	t 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			**********		
				-	Y	Yes	No
1a	Enter	the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter	the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
C	Did th	e organization comply with backup withholding rules for reportable payments to vendors and re	eportable gami	ng	AN.		
	(gamb	oling) winnings to prize winners?			1c		

Page 5

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1 110	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country		-	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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		Х
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	2	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		-	1.
7	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	7.5		
C		7c		x
d		70		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
e		7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	-	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring 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	9		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
1 (1) 1 (2) (1)	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	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			
C	Enter the amount of reserves on hand		_	**
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	133		-
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	14		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17.		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	1	1.77	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI 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 13 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? X 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 86 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 on Schedule O 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
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	7.71	1.77
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	100
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
6	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	15.5	63
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b		12b	- 1
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	73.¥	
	on Schedule O how this was done	12c	1.00
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?		1000
a	The organization's CEO, Executive Director, or top management official	15a	X
b		15b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		N. Carl
	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	40	
	exempt status with respect to such arrangements?	16b	
Sec	tion C. Disclosure		

List the states with which a copy of this Form 990 is required to be filed __GA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain on Schedule O) Own website Another's website

Describe on 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.

State the name, address, and telephone number of the person who possesses the organization's books and records 20 ANITA SMITH-DIXON - 912-651-2169

5515 ABERCORN STREET, SAVANNAH, GA 31405

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	Position Rep (do not check more than one box, unless person is both an comp					nan	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BERNIE BEIER	1,00	N)				100	1	8		
DIRECTOR		X						0.	0.	0.
(2) DEBORAH WRIGHT	1.00	7.4		100				1,1		
CHAIR		X		Х			_	0.	0.	0.
(3) RICHARD (DICK) EVANS	1.00			22				2	2	12
TREASURER	1.00	X		X				0.	0.	0.
(4) MARSHA BUFORD	1.00	-		1					0	0
DIRECTOR (5) CHAD JACOBS	1.00	X	-		Н	-		0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(6) NAOMI BROWN	1.00	^	_		Н	-	-	0.	0.	
DIRECTOR	1.00	x						0.	0.	0.
(7) STEPHANIE PENDLETON	1.00	22				+				
DIRECTOR		x			111			0.	0.	0.
(8) EARLINE DAVIS	1.00								1	- 0
DIRECTOR		X						0.	0.	0.
(9) SHERI BUTLER	1.00								- 451	- 147
DIRECTOR		X						0.	0.	0.
(10) FRED MADSEN	1.00			to l						
SECRETARY		Х		X				0.	0.	0.
(11) MICHAEL STEPHENS	1.00			7					20	7
DIRECTOR		X				_	_	0.	0.	0.
(12) ISRAEL SMALL	1.00									
DIRECTOR	1 00	X	_					0.	0.	0.
(13) ALICIA GAFFNEY	1.00	32						0	0	0
DIRECTOR		X	-		-	-		0.	0.	0.
	-									
		1								
						1				
				19				47		
							-4			
			_							

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

		Check if Schedule O contains a			(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
ran	b	Membership dues	1b					
E G	c	Fundraising events						
ar /	d		1d					
S, E	е	Government grants (contributions)	1e	49,749.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1 1f	9,771,293.				
털	g	Noncash contributions included in lines 1a-1f	1g \$	z				
38	h	Total. Add lines 1a-1f			9,821,042.			L
				Business Code				
9	2 a	PROGRAM INCOME		812900	1,109,138.	1,109,138.		
2	b	SAHF- MEMORIAL HEALTH		812900	96,050.	96,050.		
Sei	c	INTEREST ON LOANS & FEES		531390	93,610.	93,610.		
eve	d	SAHF- ST JOSEPHS		812900	78,704.	78,704.		
Program Service Revenue	e		5-00-13					
5	f	All other program service revenue		- 1				
	g	Total. Add lines 2a-2f	andronomonomi		1,377,502.			
	3	Investment income (including divide	nds, interes		153,146.	153,146.		
	4	Income from investment of tax-exen						
	5	Royalties	April 12 St. Carlotte					
	-		i) Real	(ii) Personal			100000000000000000000000000000000000000	
	6 a	NO. OF THE PROPERTY OF THE PRO		**			/ /	
	h	Less: rental expenses 6b					1	
		Rental income or (loss) 6c					1000	
	6	Not rental income or (leas)						
			Securities	(ii) Other				
	/ a	47	Jecumina	(ii) Other				
		assets other than inventory 7a	_		7 - 14			
	a	Less: cost or other basis	7.7					
ě		and sales expenses 7b Gain or (loss) 7c						
eve		The state of the s						
Other Revenue		Net gain or (loss) Gross income from fundraising events (i			1 ********			****
ō		including \$ contributions reported on line 1c). S	_ of					
		Part IV, line 18					1	(1
	h	Less: direct expenses						Carrier Committee
		Net income or (loss) from fundraisin		A. F. M. S. S. S. A. M.				
	0.0	Gross income from gaming activities					VIII	Y
	<i>3</i> a	Part IV, line 19						1
		Less: direct expenses						
		Net income or (loss) from gaming ac						
	10 a	Gross sales of inventory, less return						
		and allowances					1	
		Less: cost of goods sold						
-	С	Net income or (loss) from sales of in		Business Code				,
2	11.	MD ANGERD C			502 269	E02 260		
e eo	11 a			531390	592,268. 800.	592,268. 800.		
en	b	MISCELLANEOUS		812900	800.	800.		
Sev.	c							
Miscellaneous Revenue		All other revenue			500.045			-
		Total. Add lines 11a-11d			593,068.	2 122 214		
	12	Total revenue. See instructions			11,944,758.	2,123,716.	0.	0.

Special Spec		Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and skey employees Compensation not incleded above to disqualified persons (as folder and session) 4658(f)(1) and persons described in section 4585(f)(3) and persons described in section 4585(f)(3) and persons described in section 4585(f)(3)(8) Pension plan accruals and contributions (include section 401(s) and 403(s) employer contributions Other employee benefits Pension plan accruals and contributions (include section 401(s) and 403(s) employer contributions Other employee benefits Pension plan accruals and contributions (include section 401(s) and 403(s) employer contributions Other employee benefits Pension plan accruals and contributions (include section 401(s) and 403(s) employer contributions Other employee benefits Pension plan accruals and contributions (include section 401(s) and 403(s) employer contributions Other employee benefits Pension plan accruals and contributions (include section 401(s) and 403(s) employer contributions Other environe finance finance finance finance finance Pension plan accruals and contributions (include section 401(s) and 403(s) employer contributions Other environe finance finance finance Pension plan accruals and contributions Other environe finance finance Other environe finance finance Other environe finance Othe	7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	
2 Grants and other assistance to domestic individuals. See Pert IV, line 22 3 Grants and other assistance to foreign organizations, foreign jovernments, and foreign individuals. See Pert IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation or individed above to disqualified persons (est defined under section 4958(c)(3)(8) 7 Other salaries and wages 9 Pension plan accruals and domirbuitors (include section 4908(c)) and 4930) employer contributions (section 4908(c)) and 4930) employer contributions) 9 Other employee benefits 1 Pears for services (nonemployees) 1 Logal 2 Accounting 1 Lobying 1 Lobying 2 Investment management fees 3 University in 1 pageness of the 25 column (A), amount, list limit 11 expenses on School, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	1	그리고 어떻게 하지 않아 지난 일 아이들이 모든 모든 점점에서 하면 하는 사람들이 모든 사람들이 되었다. 그 그렇지 않는 아니를 모든 것이다.				
Individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign in dividuals. See Part IV, line 15 and 16 Benefits paid to rife members Compensation of current officers, directors, trustees, and key employees Lustees, and key employees Compensation not included above to disqualified persons (as defined under section 4988(r)(1) and persons described in section 4988(r)(3) and persons (as defined under section 4988(r)(3) and persons described in section 4988(r)(3) and persons (as described in section 4988(r)(3) and 4989(r) and 498	14					
3 Grants and other assistance to foreign regularization, fromign organizations, foreign governments, and foreign reductivates, care and the second se	2					
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for membrars Compensation of current officers, directors, trustees, and key employees Tustees, and key employees Compensation not incided above to disqualified persons (as officed under section 4565(f)) and persons described in section 4565(f)) and an operation 40 (f) and 405(f) employe contributions) Pension plan accruads and contributions (include section 40 (f)) and 405(f) employe contributions) Chieve reprojeve benefits Person of services (nonemployees): Management Legal Accounting Logal Accounting Logal Professional fundralsing services. See Part IV, line 17 fin vestment management feee Professional fundralsing services. See Part IV, line 17 fin vestment management texas of the contribution of the con		보다는 사람들에게 하다면 가는 사람들이 되는 것이 없는 것이 없는 것이 없는 것이 없는 것이다. 그렇게 하는 것이 없는 것이다.				
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20 Interest	19					
Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) SAHF COSTS TRANSFER OTHER CONTRACTUAL SERVI OTHER COSTS All other expenses Ald lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		아들은 그렇게 살아왔다. 그렇게 아무리를 가는 것 같아요? 그렇게 하는 사람들이 되었다. 그리고 하셔요? 그렇다	34,442.	34,442.		
Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) SAHF COSTS BYANSFER COTHER CONTRACTUAL SERVI DOTHER COSTS All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	21					
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a SAHF COSTS b TRANSFER c OTHER CONTRACTUAL SERVI d OTHER COSTS All other expenses All other expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	22	Depreciation, depletion, and amortization				
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a SAHF COSTS b TRANSFER c OTHER CONTRACTUAL SERVI d OTHER COSTS e All other expenses All other expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	23					
Iline 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) A	24	Other expenses, Itemize expenses not covered				
amount, list line 24e expenses on Schedule 0.) a SAHF COSTS b TRANSFER c OTHER CONTRACTUAL SERVI d OTHER COSTS e All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		above. (List miscellaneous expenses on line 24e. If				
TRANSFER		amount, list line 24e expenses on Schedule 0.)				
COTHER CONTRACTUAL SERVI 483,335. 483,335. 483,335.	a					
d OTHER COSTS e All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	b					
All other expenses 194,267 • 194,267 • 25 Total functional expenses. Add lines 1 through 24e 2,653,128 • 2,653,128 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	C					
25 Total functional expenses. Add lines 1 through 24e 2,653,128. 2,653,128. 0. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	100		365,020.			
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	200					
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	25		2,653,128.	2,055,128.	0.	0.
educational campaign and fundraising solicitation.	26					
		- 1981 TO BE TO SEE THE STORE AND A SECOND S	1.40			

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 10,861,187. 2,043,206. Cash - non-interest-bearing 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 8,242. 635,736. Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 3,349,906. 3,012,704. Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 5,401,354. 14,509,627. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 5,760. 10,691. Accounts payable and accrued expenses 17 17 18 18 Grants payable Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, iabilities. trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 610,203. 421,915. Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 615,963. 432,606. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 0. 0. Paid-in or capital surplus, or land, building, or equipment fund 30 30 4,785,391. 4,785,391. 14,077,021. Retained earnings, endowment, accumulated income, or other funds 31 14,077,021. Total net assets or fund balances 32 14,509,627. 5,401,354. Total liabilities and net assets/fund balances 33

Uniform Guldance, 2 C.F.R. Part 200, Subpart F?

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 on Schedule O and describe any steps taken to undergo such audits

X

Form 990 (2022)

3a

SCHEDULE A

(Form 990)

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

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

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

COMMUNITY HOUSING SERVICES AGENCY. INC. 58-1850981

P	art I	Reason for Public ((All organizations must				00 1030301
-	1000							
	organi	zation is not a private found						
1		A church, convention of ch				on 170(b)(1)(A)(i).	
2		A school described in secti			and the second second			
3	\Box	A hospital or a cooperative	hospital service org	ganization described in s	ection 17	0(b)(1)(A)(i	ii).	
4		A medical research organization	ation operated in co	onjunction with a hospita	I described	in section	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:					-1 - 186 P. A.	
5		An organization operated for	or the benefit of a c	ollege or university owner	d or operat	ted by a go	overnmental unit describ	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or govern	mental unit described in	section 1	70(b)(1)(A)(v).	
7	X	An organization that norma				Contract of the second		public described in
2		section 170(b)(1)(A)(vi). (C		artinal barra at the dabbarra			and at their the Serverer	Manager assessment of
8		A community trust describe	and the state of t	VAVAVAL (Complete Par	+ 11 \			
	-					ad in appli	motion with a land about	college
9	_	An agricultural research org		기타 중시 하나 없는 사람들이 되었다. 그런 사람들은 사람들이 없는 것이 없다.				
		or university or a non-land-g	rant college of agri	culture (see instructions).	Enter the	name, city	, and state of the college	e or
. 4		university:	4				Annual	
10		An organization that normal						
		activities related to its exem	ipt functions, subje	ct to certain exceptions;	and (2) no	more than	i 33 1/3% of its support t	from gross investment
		income and unrelated busin	iess taxable income	e (less section 511 tax) fro	om busine:	sses acqui	ired by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	nplete Part III.)					
11		An organization organized a	and operated exclus	sively to test for public sa	fety. See	section 5	09(a)(4).	
12		An organization organized a	and operated exclus	sively for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describ	ed in section 509(a)(1)	or section	509(a)(2).	See section 509(a)(3).	Check the box on
		lines 12a through 12d that of						
a		Type I. A supporting orga	(M)					giving
		the supported organizatio				7		State Files
		organization. You must c			a majorney c	, ,,,,,	State of Madiode of Mile of	abbarring
14		# - ' 전시' ^ 보통하게 되었습니다. (이 트레이탈스트로)			tion with it	a cumpart	ad avannization(s), bu ha	dina
ь	-	Type II. A supporting orga						
		control or management of			ame perso	ns that co	ntrol or manage the sup	ported
		organization(s). You must				Contraction of the Contraction o	and the day and the last	354
C		Type III functionally inter	7일시() 마리지네 내 시간시작되었다.	- 77 H WIT HER WILLIAM HOUSE HOUSE HOUSE				ed with,
	144	its supported organization	n(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	integrated. A sup	porting organization oper	rated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally into	egrated. The organi	zation generally must sat	tisfy a distr	ibution red	quirement and an attenti	veness
		requirement (see instruction	ons). You must co	mplete Part IV, Section:	s A and D,	and Part	V.	
e		Check this box if the orga	nization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	onally integrated supporti	ing organiz	ation.	133-14 10-14-14	
f	Enter	r the number of supported o	rganizations		Eveluation of		NACALANIA SINA NINA KINACETATA ALIAN SINA	1
a	Provi	ide the following information	about the support	ed organization(s).				
		Name of supported	(II) EIN	(iii) Type of organization	(iv) is the org	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructional)				
						-		-
_								
				10.000		/		Carrier and
Tota	.1							

(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.)

Se	ction A. Public Support		7		1 -4-1-		
Cal	endar year (or fiscal year beginning in)	(a) 2018	(ь) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	90,749.	131,749.	637,621.	848,822.	9821042.	11529983.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	90,749.	131,749.	637,621.	848,822.	9821042.	11529983.
	The portion of total contributions by each person (other than a						7 1 11
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						11529983.
_	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4 Gross income from interest, dividends, payments received on	90,749.	131,749.	637,621.	848,822.	9821042.	11529983.
	securities loans, rents, royalties, and income from similar sources	24,729.	29,947.	8,135.	669.	153,146.	216,626.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			10.07			The same
10	Other income. Do not include gain or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						11746609.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	HI/40005.
	First 5 years. If the Form 990 is for the organization, check this box and stop	e organization's fir	st, second, third, f	Control of the Contro	ear as a section 5	01(c)(3)	
_	ction C. Computation of Public	Support Per	centage				
	Public support percentage for 2022 (lin				princessopposessor	14	98.16 %
	Public support percentage from 2021						96.17 %
	33 1/3% support test - 2022. If the o stop here. The organization qualifies a 33 1/3% support test - 2021. If the o	as a publicly suppo	orted organization				X
Ŋ	and stop here. The organization quali	Section of the sectio		TO RECORD AND THE PROPERTY OF PROPERTY AND ADMINISTRATION OF THE PARTY		NAC THE COLUMN SERVICES AND SECUL	5115 5111
17a	10% -facts-and-circumstances test and if the organization meets the facts	- 2022. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
b	meets the facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	The second of the second of the second	
	more, and if the organization meets the						
10	organization meets the facts-and-circu					211111111111111111111111111111111111111	(1)100000100000
18	Private foundation. If the organization	i did not check a t	Jox on line 13, 168	, 10D, 1/8, OF 1/D	, check this box ar		(Form 990) 2022

Schedule A (Form 990) 2022 COMMUNITY HOUSING SERVICES AGE: Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not			17.00			
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
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			- 171 1/1 1/1			
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12,)						
14 First 5 years. If the Form 990 is for the	a organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						
Section C. Computation of Public	: Support Per	centage			T - T	
15 Public support percentage for 2022 (lir			column (f))		15	%
16 Public support percentage from 2021				***********	16	%
Section D. Computation of Invest					13.1	
17 Investment income percentage for 202					17	%
18 Investment income percentage from 2	021 Schedule A,	Part III, line 17	n contradire de reconste		18	%
19a 33 1/3% support tests - 2022. If the						
more than 33 1/3%, check this box and b 33 1/3% support tests - 2021. If the	organization did r	not check a box on	line 14 or line 19a	, and line 16 is m	ore than 33 1/3%, a	
line 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	s a publicly supp	orted organization	
20 Private foundation. If the organization	i did not check a	box on line 14, 19	a, or 19b, check th	is box and see in	structions	

Schedule A (Form 990) 2022 COMM Part IV Supporting Organizations

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

Sec	tion A. All Supporting Organizations		125.20	1
4	And the Control of th	·	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	4		
2	class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status			
4	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
За	그렇게 가게 하면 하면 가장 가장 하면 하면 가게 하면 하면 하면 하면 하면 하면 하는데 얼마나 되었다. 그는데 그렇는데 그렇는데 그렇게 되었다. 그는데 그렇다 그는데 그렇다.			0000
oa	lines 3b and 3c below.	3a		
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
· ·	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			7
1	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	#44.4 (Proc. 1977)			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b	-	
c	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;		0	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a	-	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	-	_
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	- 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	7		
0	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?		1	
8	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Ju	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	The first of the f			
14	the supporting organization had an interest? If "Yes." provide detail in Part VI.	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
, "	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	24.7		
	supporting organizations)? If "Yes," answer line 10b below.	10a		
14	Did the organization have any excess business holdings in the tax year? Also Schedule C. Form 4720 to			

determine whether the organization had excess business holdings.)

Sche	edule A (Form 990) 2022 COMMUNITY HOUSING SERVICES AGENCY, INC. 58-1	85098	1 P	age 5
Pa	rt IV Supporting Organizations (continued)	The street	Tax .	
aa	The and the second colors and the second col		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b	_	
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		-
~	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported	1100		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2	_	
000	tion of Type it supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
7	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	-		
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	s).		
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	12.		
	that these activities constituted substantially all of its activities.	2a	-	
ь	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	200		
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	За		
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	Sa		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying All other Type III non-functionally integrated supporting organizations must			Part VI). See instruction
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
90	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Section D - Distributions

1 Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity

3 Administrative expenses paid to accomplish exempt purposes of supported organizations

3

COMMUNITY HOUSING SERVICES AGENCY, INC. 58-1850981 Page 7

4

5

6

7

8

9

10

Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)
 Other distributions (describe in Part VI). See instructions.

7 Total annual distributions. Add lines 1 through 6.
 8 Distributions to attentive supported organizations to which the organization is responsive

Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.
 Distributable amount for 2022 from Section C, line 6

10 Line 8 amount divided by line 9 amount

Amounts paid to acquire exempt-use assets

Schedule A (Form 990) 2022

4

10	Line 8 amount divided by line 9 amount		10	
Sec	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Part VI Supplemental Information Provide the explanations required by Part II, line 10, Part II, line 17 ard 17b; Part IV, Section Inc. 12, 30, 5d, 48, 50, 5d, 58, 58, 50, 5d, 5d, 5d, 5d, 5d, 5d, 5d, 5d, 5d, 5d	Schedule A	(Form 990	0) 2022		COMMU	NITY	HOUSI	NG SER	VICE	S AGEN	CY, I	NC.	58-1850981	Page 8
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	Part VI	Supple	emental	Inforr										
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		Part IV.	Section A	lines 1.	2. 3b. 3c. 4	4h. 4c. 5	ia 6. 9a. 9b.	9c. 11a. 11	b. and 1	1c: Part IV.	Section B.	lines 1	and 2: Part IV. Sectio	n C.
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		line 1; Pa	art IV. Sect	tion D. I	ines 2 and	3: Part I	V. Section E	lines 1c, 2	a, 2b, 3a,	and 3b; Pa	rt V, line 1:	; Part V	, Section B, line 1e; P	art V,
(See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		Section	D, lines 5,	6, and 8	3; and Part	V, Section	on E, lines 2	, 5, and 6. A	Also com	olete this pa	art for any a	addition	nal information.	named the second
		(See inst	tructions.)			• • • • • • • • • • • • • • • • • • • •				•				
	SCHEDU	LE A.	PART	TT.	LINE	10.	EXPLAI	MOTTON	FOR	OTHER	INCOM	Æ:		
OTHER										·				
OTHER	OMITED													
	OTHER													
													Name of the last o	
	-													
													3.00	
	wes													

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Name of the organization

COMMUNITY HOUSING SERVICES AGENCY, INC. 58-1850981

Organization type (check one):

Organization type (che							
Filers of:	Section:						
Form 990 or 990-EZ	▼ 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
기존 기존기에서 그래요 그리고 있는 경상 기업이 되는	ion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under n)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one uring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; D-EZ, line 1. Complete Parts I and II.						
contributor, du literary, or edu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contribut is checked, en purpose. Don'	tation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ster here the total contributions that were received during the year for an exclusively religious, charitable, etc., the complete any of the parts unless the General Rule applies to this organization because it received nonexclusively itable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization answer "No" on Part IV	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify						

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

Schedule B (Form 990) (2022)

Employer identification number

COMMUNITY HOUSING SERVICES AGENCY, INC.

58-1850981

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF SAVANNAH, GEORGIA P.O. BOX 1027 SAVANNAH, GA 31202	sssssss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupation (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

COMMUNITY HOUSING SERVICES AGENCY, INC.

58-1850981

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$. ———
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

duplicate copies of Part III if additional		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	Contract Con	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a		Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	10 March 4 20	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a		Relationship of transferor to transferee
	(b) Purpose of gift Transferee's name, address, a (b) Purpose of gift Transferee's name, address, a	(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4

SCHEDULE D

(Form 990)

Department of the Treasury Internal Rovenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization 58-1850981 COMMUNITY HOUSING SERVICES AGENCY,

_	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds		(b) Funds and other accounts
4	Total number at end of year	(a) bollor dovised lands		(b) I alias alia sulei assesine
1 2	Total number at end of year			
3	Aggregate value of grants from (during year)		_	
	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in dono	r advised fun	nde .
6	are the organization's property, subject to the organization's ex Did the organization inform all grantees, donors, and donor adv	clusive legal control?		Yes
ь	for charitable purposes and not for the benefit of the donor or o	lonor advisor, or for any other pu	rpose confer	ring
Pai	impermissible private benefit? rt II Conservation Easements. Complete if the orga	nization answered "Ves" on Form		
1	Purpose(s) of conservation easements held by the organization		1000, 10111	, mo / .
١	Preservation of land for public use (for example, recreation Protection of natural habitat Preservation of open space	n or education) Preserva		torically important land area tified historic structure
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the	of a co	nservation easement on the last Held at the End of the Tax Year
	day of the tax year.			
a	Total number of conservation easements			2a
b				2b
C	Number of conservation easements on a certified historic struc			2c
d	Number of conservation easements included in (c) acquired after historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated	by the organ	nization during the tax
4	Number of states where property subject to conservation easer	ment is located		
5	Does the organization have a written policy regarding the perior violations, and enforcement of the conservation easements it has been expected in the conservation easements.	dic monitoring, inspection, handl		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, he			
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing co	nservation ea	asements during the year
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			MANAGEMENT CO.
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's financial s	statements tr	nat describes the
Pai	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of A		or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958, of art, historical treasures, or other similar assets held for public			
	service, provide in Part XIII the text of the footnote to its financial			Section Control of
ь	- (10 March 1988) - 12 March 1988 (1988)			e sheet works of
	art, historical treasures, or other similar assets held for public e			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(iii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treas		nancial gain,	provide
	the following amounts required to be reported under FASB ASC			¢
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			

	edule D (Form 990) 2022 COMMUN 3	TY HOUSING	SERVICES t, Historical To	AGENCY, IN easures, or Oth	IC . 58-1 er Similar Ass	850981 Page 2
3	Using the organization's acquisition, access collection items (check all that apply):		s, check any of the	following that make		
a	Public exhibition	C		change program		
b	Scholarly research		Other			
c	Preservation for future generations					
4	Provide a description of the organization's of	collections and explain	n how they further	the organization's ex	cempt purpose in Pa	art XIII.
5	During the year, did the organization solicit					
-	to be sold to raise funds rather than to be m					Yes No
Pa	rt IV Escrow and Custodial Arrar reported an amount on Form 990, Pa		ete if the organizat	ion answered "Yes"	on Form 990, Part I	V, line 9, or
1a	Is the organization an agent, trustee, custoo		Control of the Contro			-3
6	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:	4-4-6-1511-4-4-5-4-4-0-11-0-11-0-1	augusti ti totototi toti tipo	Yes No
	in res, explain the arrangement in rare xiii	and complete the lo	nowing table.			Amount
c	Beginning balance	al nil nilai a sanna na	to a ta salo arta Luxi al ofocolo	naccadadadadada	1c	
d	#					
e	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amount on f					Yes No
b	If "Yes," explain the arrangement in Part XIII					
Pai	rt V Endowment Funds. Complete	if the organization an	swered "Yes" on F			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (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					All the second
	and programs					
f	Administrative expenses	1				1
9	End of year balance					
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a)) held as:		
а	Board designated or quasi-endowment		_%			
b	Permanent endowment	%				
C	Term endowment	%				
	The percentages on lines 2a, 2b, and 2c sho					
За	Are there endowment funds not in the posse	ession of the organiza	ition that are held	and administered for	the	Sc. Lat.
	organization by:					Yes No
	(i) Unrelated organizations					
	(ii) Related organizations	***********				3a(ii)
b	If "Yes" on line 3a(ii), are the related organiz			? samianainania	dhabaranoreen	3b
4	Describe in Part XIII the intended uses of the		wment funds.			
Pai	rt VI Land, Buildings, and Equipm		Death Condida	D F 000 D	V 8 10	
_	Complete if the organization answere					
	Description of property	(a) Cost or o basis (investr	W. 185 (Style - 1984) - 18 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Accumulated depreciation	(d) Book value
12	Land					
b	Buildings					
6	Leasehold improvements	2.11				
d	TO BE THE BOOK OF THE PARTY OF					
	Other			7		
_	I. Add lines 1a through 1e. (Column (d) must		X column (B), line	10c)	T	0.

Schedule D (Form 990) 2022

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 11,944, 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a 2b 2b 2c Recoveries of prior year grants 2c 3c 3c 4d Unter Clescribe in Part XIII.) b Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 11,944, 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 11,944,	758.
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 11,944, 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) 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 11,944, 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4a c Add lines 4a and 4b 4c	
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c	0
b Donated services and use of facilities 2b 2c 2c 2d	0
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 11,944, 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c	0
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 2e 3 11,944, 4a 4a 4c	0
e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 11,944, 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c	0
3 Subtract line 2e from line 1 3 11,944, 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c	
Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c	/58.
b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c	
c Add lines 4a and 4b	
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 11.944.	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	0.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	758.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements 1 2,653,	128.
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.)	
e Add lines 2a through 2d	0.
3 Subtract line 2e from line 1 3 2,653,	
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	
b Other (Describe in Part XIII.)	
	0.
0 (62	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	120.
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2:	
THERE ARE NO UNCERTAIN TAX POSITIONS TO REPORT.	
	_

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

COMMUNITY HOUSING SERVICES AGENCY, INC.

Employer identification number 58-1850981

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DISINVESTED COMMUNITIES IN CHATHAM COUNTY.
FORM 990, PART VI, SECTION B, LINE 11B:
LINE 11B EXPLANATION - THE RETURN PREPARER E-MAILS A COPY OF THE RETURN TO
THE EXECUTIVE DIRECTOR AND CONTRACT ACCOUNTANT TO REVIEW FOR ACCURACY OF
AMOUNTS AND QUESTIONS ANSWERED PRIOR TO THE FILING OF THE RETURN.
FORM 990, PART VI, SECTION C, LINE 19:
NO OTHER INFORMATION IS AVAILABLE TO THE PUBLIC.
PART XII, LINE 2C NO CHANGE IN OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE YEAR.