

Return of Organization Exempt From Income Tax

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRANSITIONAL HOUSING CORPORATION		D Employer identification number 52-1675958
	Doing business as HOUSING UP		E Telephone number 202-291-5535
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 12,421,644.
	1322 MAIN DRIVE, NW		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20012		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: PHILIP HECHT SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.HOUSINGUP.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1990 M State of legal domicile: DC

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDING TRANSITIONAL AND SUPPORTIVE HOUSING WITH SERVICES TO HOMELESS AND LOW-INCOME		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	115
	6 Total number of volunteers (estimate if necessary)	6	76
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	10,786,786.	10,984,739.
	9 Program service revenue (Part VIII, line 2g)	755,082.	671,739.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	131,182.	45,952.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-21,250.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,673,050.	11,681,180.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,438,276.	6,629,070.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	23,833.
	b Total fundraising expenses (Part IX, column (D), line 25)	330,975.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,814,731.	5,003,702.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,253,007.	11,656,605.
19 Revenue less expenses. Subtract line 18 from line 12	420,043.	24,575.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 11,247,775.	End of Year 10,571,831.
	21 Total liabilities (Part X, line 26)	3,442,345.	3,444,690.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,805,430.	7,127,141.

Part II Signature Block

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

Sign Here	Signature of officer <i>Philip H. Hecht</i>	Date Nov. 15, 2023			
	PHILIP HECHT, PRESIDENT AND CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name TRAVIS DANIEL	Preparer's signature	Date 11/15/23	Check if self-employed <input type="checkbox"/>	PTIN P01289276
	Firm's name SC&H GROUP, INC.	Firm's address 910 RIDGEBROOK ROAD SPARKS, MD 21152	Firm's EIN 20-5991824	Phone no. (410) 403-1500	

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