

November 13, 2024

Transitional Housing Corporation 1322 Main Drive, NW Washington, DC 20012

Transitional Housing Corporation:

You have requested your tax returns via portal, included is your copy of the return. We will be mailing you the packet of forms that are required to be mailed as indicated in this letter. The packet will also include a copy of these instructions for your convenience.

Enclosed is the organization's 2023 Exempt Organization return.

A full copy of your return can be found in your secure portal at <u>https://onvio.us/clientcenter/</u>. We suggest that you download and retain this copy indefinitely.

Documents requiring further action have been sent to you and should be signed, dated, and mailed as necessary per the instructions below.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2024.

If you are required to mail a tax return or payment voucher, we recommend that you use certified mailing envelopes with postmarked receipts for timely filing. However, please note that you must add the appropriate postage before mailing.

We have prepared the returns from information you furnished to us without verification. Upon examination of the returns by taxing authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such an examination.

We have provided you tax advice in connection with the preparation of your U.S. federal tax return and associated tax planning services we have furnished. This advice is not intended or written to be used by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer by the Internal Revenue Service, and it cannot be used by any taxpayer for such purpose.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Very Truly Yours,

Travis Daniel

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

Transitional Housing Corporation 1322 Main Drive, NW Washington, DC 20012

Prepared By:

SC&H Group, Inc. 910 Ridgebrook Road Sparks, MD 21152

Amount Due or Refund:	
Not applicable	
Make Check Payable To:	
Not applicable	
Mail Tax Return and Check (if applicable	e) To:
Not applicable	
Return Must be Mailed On or Before:	
Not applicable	
Special Instructions:	

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2024.

g	879- T E	-		IRS E-file	Signature Aut Tax Exempt E	horization)	ON	IB No. 1545-0047
Form G	5075-11	-	For calendar year		ng, 2023, ar	-			
	ent of the Treasu	iry	For Calendar year	Do not se	nd to the IRS. Keep for yo	our records.			2023
Internal F	Revenue Service			Go to www.irs.g	gov/Form8879TE for the la	atest information.	EIN 0	- 001	
Name u		NCT		OUGTNO COD				-16759	EO
Nama a				OUSING COR			52	-10/59	50
Name a	Ind title of offic	cer or pe	rson subject to ta		T AND CEO				
Part	I Tv	ne of l	Return and F	Return Informat					
Form 5 or 10a whiche	5330 filers m below, and ever is applic ne line in Par Form 990	ay enter the amc able, bla rt I. check h	odollars and cer ount on that line ank (do not ente ere X	nts. For all other form for the return being er -0-). But, if you ent	8879-TE and enter the app ns, enter whole dollars only filed with this form was bla ered -0- on the return, then nue, if any (Form 990, Part	. If you check the b nk, then leave line enter -0- on the ap VIII, column (A), line	box on line 1a 1b, 2b, 3b, 4l oplicable line be e 12)	n, 2a, 3a, 4a, b, 5b, 6b, 7k elow. Do n 1bl <u>2</u>	, 5a, 6a, 7a, 8a, 9a, 5, 8b, 9b, or 10b, ot complete more , 228 , 222 .
2a	Form 990-	-EZ che	ck here		ue, if any (Form 990-EZ, lir				
3a	Form 1120				orm 1120-POL, line 22)				
4a	Form 990-	-PF che	ck here	b Tax based	on investment income (Fo	orm 990-PF, Part V	', line 5)	4b _	
5a	Form 8868	3 check	here		e (Form 8868, line 3c)				
6a	Form 990-	T check	k here	b Total tax (F	orm 990-T, Part III, line 4)			6b _	
7a	Form 4720) check	here		orm 4720, Part III, line 1)				
8a	Form 5227	7 check	here	b FMV of ass	ets at end of tax year (Fo	rm 5227, Item D)		8b _	
9a	Form 5330) check	here	b Tax due (Fo	orm 5330, Part II, line 19)				
10a	Form 8038			b Amount of	credit payment requested	d (Form 8038-CP, F	Part III, line 22)		
Part					ation of Officer or Pe				
Under	penalties of	perjury,	I declare that	X I am an officer of	of the above entity or	I am a person subj	ject to tax with	n respect to	(name
of entit	ty)				, (EIN)		and that I	have exami	ned a copy of the
later th payme	nan 2 busine Int of taxes t	ss days o receiv	prior to the pay e confidential in	ment (settlement) da formation necessary	e a payment, I must contact tte. I also authorize the fina to answer inquiries and re ectronic return and, if applie	ncial institutions in solve issues related	ivolved in the p d to the payme	processing o ent. I have s	of the electronic elected a
	heck one bo	-							01110
	X I authoriz	ze <u>SC</u>	&H GROUP				to enter	-	21117
				E	RO firm name				er five numbers, but not enter all zeros
	with a st	ate ager		ng charities as part o	iled return. If I have indicate f the IRS Fed/State progra				
	return. If	l have i	ndicated within rogram, I will en	this return that a cor ter my PIN on the re	the entity, I will enter my F by of the return is being file turn's disclosure consent s	d with a state ager			
	e of officer or per			o D. Hecht				Date 11/13/	2024
Part	III Ce	rtifica	tion and Au	thentication					
ERO's	EFIN/PIN.	Enter yo	ur six-digit elect	ronic filing identifica	tion	5004405	1110		
numbe	er (EFIN) follo	owed by	your five-digit s	elf-selected PIN.		5234437 Do not enter a			
submit				· · ·	gnature on the 2023 electro Pub. 4163, Modernized e-F	•			
ERO's s	signature _	SC&	H GROUP,	INC.		Date	11/13/	24	
					etain This Form - See				
			Do Not	Submit This Fo	orm to the IRS Unless	s Requested T	o Do So		
For Pr	ivacy Act ar	nd Pape	rwork Reduction	on Act Notice, see i	nstructions.			Form	8879-TE (2023)
LHA a	302521 01-05-24	4							

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	entification		15.			
Type or	Name of exempt organization, employer, or other filer	soo instri	ictions	Taxpavo	r identification nur	mbor (TINI)
Print	Name of exempt organization, employer, or other mer	Тахрауе	nuentincation nui			
FIIII	TRANSITIONAL HOUSING CORPOR		52-16759	958		
File by the	Number, street, and room or suite no. If a P.O. box, s			52 10/55		
due date for filing your	1322 MAIN DRIVE, NW		10113.			
return. See instructions.	City, town or post office, state, and ZIP code. For a fo	oreian addr	ress see instructions			
	WASHINGTON, DC 20012	addi				
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			01
Applicatio		Return				Return
		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
	0 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	-T (trust other than above)	06	Form 5330 (individual)			13
	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104	1-A	08				
 After yo 	u enter your Return Code, complete either Part II or Par	t III. Part II	l, including signature, is applicable o	only for an	extension of	
time to file	e Form 5330.					
 If this a 	oplication is for an extension of time to file Form 5330, y	ou must ei	nter the following information.			
Plar	n Name					
Plar	n Number					
Plar	n Year Ending (MM/DD/YYYY)					
	itomatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)			
The bo	oks are in the care of PHILIP HECHT					
	1322 MAIN DRIVE -	WASH	IINGTON, DC 20012			
	one No. <u>202-291-5535</u>		Fax No			
• If the o	rganization does not have an office or place of business	s in the Uni	ted States, check this box			
• If this i	s for a Group Return, enter the organization's four-digit (Group Exe	mption Number (GEN)	lf this is fo	r the whole group	, check this
box	If it is for part of the group, check this box			all memb	ers the extension	is for.
	quest an automatic 6-month extension of time until $\underline{\mathbf{N}}$			e the exen	npt organization re	eturn for
the	organization named above. The extension is for the orga	anization's	return for:			
X	calendar year 20 23 or					
	tax year beginning	, 20	, and ending		,	20
2 If th	e tax year entered in line 1 is for less than 12 months, cl	heck reasc	on: Initial return	Final retur	'n	
	Change in accounting period					
3a If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			•
	nonrefundable credits. See instructions.			<u>3a</u>	\$	0.
	is application is for Forms 990-PF, 990-T, 4720, or 6069					•
	mated tax payments made. Include any prior year overp			<u>3b</u>	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa					•
usir	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 990)
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Т

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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. 2023 Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest informatio					-	Open to Public Inspection			
-			ar year, or tax year beginning and	l ending					
	Check if applicat	C Name or	Name of organization D Employer identification number						
	Addr		SITIONAL HOUSING CORPORATION						
	Name	e <u> </u>	usiness as HOUSING UP		52-167595	8			
	Initia		and street (or P.O. box if mail is not delivered to street address)	E Telephone number	•				
	Final Final	1322	MAIN DRIVE, NW	202-291-5	535				
L	termi ated	in-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,570,268.			
	Amer	nded TATA CLI	INGTON, DC 20012		H(a) Is this a group retu				
	Appli		nd address of principal officer: PHILIP HECHT		for subordinates?				
	pend		AS C ABOVE		H(b) Are all subordinates inclu				
1	Tax-e>	kempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527					
	Webs		HOUSINGUP.ORG		H(c) Group exemption				
ĸ	orm o	of organization:	X Corporation Trust Association Other	L Year	of formation: 1990 M	State of legal domicile: DC			
Pa	art I	Summary							
	1	Briefly describ	e the organization's mission or most significant activities: PROV	IDING	TRANSITIONAL	AND			
nce		SUPPORT	IVE HOUSING WITH SERVICES TO HOMEI	LESS AN	ID LOW-INCOME				
Governance	2	Check this bo	x if the organization discontinued its operations or dispo	sed of more	than 25% of its net asset	S.			
ove	3	Number of vot	ing members of the governing body (Part VI, line 1a)			8			
Ğ	4	Number of inc	ependent voting members of the governing body (Part VI, line 1b)			8			
ŝ	5	Total number	of individuals employed in calendar year 2023 (Part V, line 2a)		5	129			
Viti	6	Total number	of volunteers (estimate if necessary)		6	62			
Activities &	7 a		d business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.			
					Prior Year	Current Year			
Ð	8	Contributions	and grants (Part VIII, line 1h)		10,984,739.	11,596,528.			
nue	9	Program servi	ce revenue (Part VIII, line 2g)		671,739.	541,701.			
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		45,952.	100,516.			
Œ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-21,250.	-10,523.			
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,681,180.	12,228,222.			
	13	Grants and sir	nilar 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.			
ŝ	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		6,629,070.	7,465,521.			
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		23,833.	37,281.			
Expenses	. b		ng expenses (Part IX, column (D), line 25) 365, 3	57.					
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		5,003,702.	5,536,698.			
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,656,605.	13,039,500.			
	19	Revenue less	expenses. Subtract line 18 from line 12		24,575.	-811,278.			
0L				Be	ginning of Current Year	End of Year			
Net Assets or	20	Total assets (F	Part X, line 16)		10,571,831.	10,268,746.			
tAs	21	Total liabilities	(Part X, line 26)		3,444,690.	3,535,604.			
			fund balances. Subtract line 21 from line 20		7,127,141.	6,733,142.			
	art II	-							
Und	nder 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			Date					
Here	PHILIP HECHT, PRESIDENT A								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	TRAVIS DANIEL		11/13	/24 self-employed	P01289276				
Preparer	Firm's name SC&H GROUP, INC.			Firm's EIN 20-	5991824				
Use Only	Firm's address 910 RIDGEBROOK RO.	AD							
	SPARKS, MD 21152 Phone no. (410) 403-1								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								
a .									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm		TIONAL HOUSING C		52-1675958	Page
Par	t III Statement of Program Se	ervice Accomplishments	\$		
	Check if Schedule O contains a r	response or note to any line in th	nis Part III		. X
1	Briefly describe the organization's miss				
	HOUSING UP BUILDS TH		•		1G
	AFFORDABLE HOUSING A	AND OFFERING COM	PREHENSIVE SUPPORT	SERVICES TO	
	HOMELESS AND LOW-INC	COME FAMILIES. W	E BELIEVE THAT PEO	PLE WHO HAVE	
	SAFE, AFFORDABLE HOU	JSING AND GENUIN	E OPPORTUNITIES AR	E EMPOWERED TO	
2	Did the organization undertake any sign	nificant program services during	the year which were not listed on the	าย	
	prior Form 990 or 990-EZ?			Yes	XN
	If "Yes," describe these new services o				
3	Did the organization cease conducting		how it conducts any program servi	ces? Yes	XN
-	If "Yes," describe these changes on So				
4	Describe the organization's program se		h of its three largest program service	s as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organization				Ч
	revenue, if any, for each program service		amount of grants and anocations to		u
40		,661,527. including grants		(Revenue \$ 72,3	392.
4a	(Code:) (Expenses \$ RESIDENT SERVICES -				
	THE INDEPENDENCE, ST				
	IN 2023, HOUSING UP				
	SERVICES, PERMANENT	SUPPORTIVE HOUS.	ING, TRANSITIONAL I	HOUSING AND RAPI	LD
	RE-HOUSING.				
	HOUSING UP'S PERMANE				
	AFFORDABLE HOUSING V				
	FAMILIES THAT ARE EX			OF HOUSEHOLDS E	PAY
	30% OF THEIR TOTAL H	HOUSEHOLD INCOME	TOWARDS MONTHLY R	ENT AND THE	
	REMAINING RENTAL AMO	<u>DUNT IS SUBSIDIZ</u>	ED THROUGH VARIOUS	SOURCES INCLUD	ING
	DISTRICT OF COLUMBIA	A HOUSING AUTHOR	ITY, DC DEPARTMENT	OF HUMAN SERVIC	CES
4b	(Code:) (Expenses \$1	, 396, 473. including grants	s of \$)	(Revenue \$ 400,1	L73.
	BUILDING OPERATIONS	- HOUSING UP OW	NS OR OPERATES 542	UNITS OF	
	AFFORDABLE HOUSING H	FOR FAMILIES IN (OUR PROGRAMS WHICH	CONSIST OF UNIT	rs
	FOR PERMANENT SUPPOR	RTIVE HOUSING, T	RANSITIONAL HOUSIN	G AND BELOW	
	MARKET-RENT HOUSING	WITH RESIDENT S	ERVICES.		
	HOUSING UP'S RAPID H	RE-HOUSING PROGR	AM QUICKLY MOVES F	AMILIES WHO ARE	
	EXPERIENCING HOMELES	SSNESS INTO PERM	ANENT HOUSING WITH	LEASES IN THEIF	٤
	OWN NAMES. ONCE FAMI	ILIES ARE STABLY	HOUSED, WE PROVID	E SHORT-TERM (UI	2
	TO 12 MONTHS) RENTAL				
	FAMILIES IN GETTING				
	SELF-SUFFICIENCY.				
4c	(Code:) (Expenses \$	95,950. including grants		(Revenue \$ 70, 7	743.
	THROUGH ITS AFFILIA				13.
	AFFORDABLE HOUSING H		•		.g
	AND FAMILIES IN WASH				
	RENOVATION, NEW CONS	-			
	PROVIDED AT THESE DE				
	INDEPENDENCE, HEALTH			5 FINANCIAL	
	INDEPENDENCE, HEALIF	AND HOUSING SEC	CORTII.		
4d	Other program services (Describe on S	chedule O.)			
	(Expenses \$	including grants of \$) (Revenue \$)	
	Total program service expenses	10,153,950.			
<u>4e</u>				0	~~
<u>4e</u>				Form 9	90 (202
	: 12-21-23	SEE SCHEDULE	O FOR CONTINUATIO		90 (202

Form 990 (2			 CORPORATION
Part IV	Ch	ecklist of Required Schedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9	x	
10	If "Yes, " complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
10		10		x
11	or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		.,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21 Голт	900	X (2023)
332003	12-21-23	⊢orm	JJU (2023)

332003 12-21-23

Form	990	(2023)
	330	

	·			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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,	<u> </u>		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	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,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
U	"Yes," complete Schedule L, Part IV	28c		x
29		29		x
30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	25		
50		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "yes," complete</i>	31		- 23
32		20		x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
05-	Part V, line 1	34	X X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	A	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05	v	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	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			v
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	0	v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 138		res	INO
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a138Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
332004	12-21-23		990	(2023)
552004	5	1 0111		(_020)

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Form 990		TRANSITIONAL			
Part V	Statements F	Regarding Other IRS	Filings and 1	Fax Compliance	(continued)

20 Entor the number of employees reported on Form W-S, Transmittal of Wage and Tax Statements, the form for called any end regular of weather than the required foderal employment tax returns? 20 X 10 It best one is reported on line 2a, did the organization file all required foderal employment tax returns? 20 X Xa				Yes	No
b II least one is reported to time 2a, did the organization file all required federal employment tax returns? 26 X 30 Did the organization have unroled business gross income of \$1,000 or more during the year? 36 X 41 A try time during the calandar year, did the organization have an interest in, or a signature or other authority over, a transmit account, security exercise account, or other financial accounts? 4a 4a X b IF "Yes," that the name of the foreign country (such as a barnet account, securits or other financial accounts? 5a X 50 Did my tasked party notify the organization that was or is a party to a prohibited tax sheller transaction? 5a X 10 Tirves to line 5a or 5b, did the organization that that are orinal grost receipts that are normal grost receipts that areceipt areceipt areceipt are	2a				
3a Diff the organization have unrelated basiness process income of \$1,000 or more during the year? 3a X b If "Yes," has if life a Form 990-T for this year? If "No" to fine 3b, provides an explanation on Schedule O 3b X a At any time during the calendary year, did the organization have an in threest in, or a signifule or other authority over, a financial account? 4a X b If "Yes," relate the name of the organization in Year S and threest in, or a signifule or other authority over, a financial Accounts in Strong to the organization in Parto to apholibit dax shells threasen in a party to a problement as hell threasen in a party to a problement as hell threasen in the say end? 5a X b Ut any taxable party northly the organization for Peresting BBT? 5a X c Ut any taxable party northly the organization for Peresting BBT? 5a X c Ut any taxable party northly the organization in Peresting BBT? 5a X d Ut as yout and the organization in Cale were value of the good or services provided to the organization solicit any contribution that were nort as deductible? 5a X d Ut was, "did the organization for Peresting BBT? 5a X Y d Ut was, "did the organization for Peresting BBT? 5a X Y d Ut was, "d		filed for the calendar year ending with or within the year covered by this return 2a 129			
I ''ves, 'I was i field a Form 390.7 for this year? /f 'Wo's to ins 80, provide an explanation on Schedule 0 90 A Harry time during the calendar year, did the organization have an interest in, or a signature or other submity over, a financial account, fourth as a bank account, securities account, or other financial account? 4a X I' ves, 'enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR), 5a See instructions for thing requiration that it was or is a part to a prohibited tax sheler transaction at any time during the tax year? 5a X B U' Ves, 'enter the name of the foreign contrib, (such as a tark an ormally greater than \$100,000, and did the organization solid any contributions that are normally greater than \$100,000, and did the organization solid any contributions of start and contributions? 5a X B U' Ves, 'i did the organization have annual gross receipts accontributions or services provided to the payer? 7a X D U' Ves, 'i did the organization nate way solicitation an express statement that such contributions or gifts were not tax deductible? 7a X D U' Ves, 'i dive organization have any dispose of tangbite presonal provide to water the groater at a normally greater than \$100,000, and did the organization services provided to the payer? 7a X D U' Ves, 'i dive organization have set \$15 made party as a contribution and party to prove and services provided to the payer? 7a X X D U'	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
4a A any time during the calendary year, did the organization have an interest in, or a signature or other submity over, a 4a X b if "yes," inter the name of the foreign country (such as a bank account, accurities account, or other financial accounts (FBAR). 5a X b Was the organization is party to a prohibited tax of the organization is a party to a prohibited tax of the organization solid is a party to a prohibited tax of the organization solid is a chartable contributions? 5a X b Did any taxable party notify the organization is from 888-77. 5a X 5a X c If "ves," is the a organization include with every solicitation an express statement that such contributions or gifts were not tax doubtibles a contribution and express provided 6a X d If "ves," indid the organization include with every solicitation an express statement that such contributions or gifts were not tax doubtibles as a contribution and partly for goads and services provided 7a X d If "ves," indicate the number of Forms B282 filed during the year 7d 7a X d If the organization notify the donor of the value of the goads can berefit contract? 7a X d If "ves," indicate the number of Forms B282 filed during the year 7d 7a X d If the organization notify the donor of thine value of the goads cand services provided 7a <td< td=""><td>3a</td><td>Did the organization have unrelated business gross income of \$1,000 or more during the year?</td><td>3a</td><td></td><td>Х</td></td<>	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
Intracial account in a foreign country (seuth as a bank account, securities account, or other financial account)? 4a X b If Yes, ' enter the name of the foreign country 5a 5b X 5a Was the organization aparty to a prohibited tax sheet ransaction at any three during the tax year? 5a X 61 Urs 's' to line 5a of 5b, did the organization that was or is a party to a prohibited tax sheet ransaction? 5c X 61 Urs 's' to line 5a of 5b, did the organization that was or is a party to a prohibited tax sheet ransaction? 5c Sc 61 Urs 's' to line 5a of 5b, did the organization that was or is a party to a prohibited tax sheet ransaction? 5c Sc 61 Urs 's' to line coansization nucleaw the very solitation an express statement that such contributions or gifts Sc X 7 Organization selve as gramet in access of 575 made party is a contribution and party for yoors and services provided to the payor? 7a X 7 Urs 's' did the organization nuclew sheet yoo indirectly, to pay premume on a personal benefit contract? 7c X 7 Urs 's' did the organization nuclew sheet yoo indirectly, to pay premume on a personal benefit contract? 7c X 7 Urs 's' did the organization nuclew sheet year. Oy remumes discove of tangibite personal property for which it was required to file access tangibite personal property for which it was required? 7a X 9 Urs 's' diducta the number of Forms B282 filed during the yaa? 7d 7d	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		
b 1 **s, "enter the name of the foreign country See instructions for filing requirements for FinCEN Fronc 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X b Was the organization a party to a prohibited tax shufer transaction at any time during the tax year? 5a X c1 **so the organization have annual gross modepits that are normally greater than \$100,000, and did the organization is the organization is charable contributions or gifts were not tax deductible as charable contributions? 6a X 0 0 organization have annual gross modepits that are normally greater than \$100,000, and did the organization is the organization is charable contributions? 6a X 0 0 rest, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charable contributions and party for gods and services provided to the party of the organization state were not tax deductible as charable contributions and party for gods and services provided to the party of the organization individe the value of the godi or sorvices provided to the party of the organization matery than a contribution of a called using the year 7a X 0 0 with erganization receive a contribution of qualified intelectual property for which it was endue to the sorvice? 7a X 0 1 **s, "indicate the number of forms S282? field during the year? 7a X 0 1 we organization necevide a contribution of qual	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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Sa Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? Sa X b Did any taxable party notify the organization that was or is a party to a prohibited tax shefter transaction? Sb X c Dids any taxable party notify the organization file form 888671 Sc X c Dids any taxable party notify the organization file form 888671 Sc X d Did show tax deductible organization neitix exercites a parte tax organization and party to a post attement that such contributions or gifts were not tax deductible orbitization receive a partent in excess of \$75 made party is a contribution and party to goats and services provided to the party of the organization neitify the donor of the value of the goat or services provided? 7a X d If 'Yes,' ridid the organization neitify the donor of the value of the goat or services provided? 7a X d If 'Yes,' indicate the number of forms 8282? Ilied during the year 7d 7a X d If the organization receive de acontribution of qualified intellectual properby, during the year? 7d X d If the organization received a contribution of qualified intellectual properby, during the year? 7d X g If the organization meany excess business, or other vich	b	If "Yes," enter the name of the foreign country			
b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 55 X c If "Yes" to line 5a or 5b, did the organization file form B886-17. 56 X 6 Does the organization was annual gross receipts that are normaly greater than \$100,000, and did the organization solution include with every solicitation an express statement that such contributions or gifts 6a X b If "Yes," id the organization neucled exit werey solicitation an express statement that such contributions or gifts 7a X b If "Yes," id if the organization neity the donor of the value of the goods or services provided 1 7a X b If "Yes," id if the organization setting or goods and services provided 1 7a X b If "Yes," idid the organization neity the donor of the value of the goods or services provided 1 7a X b If the organization neity the organization file form 8282? 7a X 7a b If the organization neity control or of organization file form 8282? 7a X 7a X f If the organization neity control or of organization file form 8282? 7a X 7a X f If the organization neity control organization file form 1000000 7a 7a X 7a X f If the organization neixed a contribution of cars, boats,		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T7 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 or that deductible or that deductible organization include with every solicitation an express statement that such contributions or gifts were not tax deductible organization network and evidence provided to the organization receive previde deductible contributions under section 170(c). d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a d If "Yes," indicate the number of forms 8822 filed during the year 7d d If "Yes," indicate the number of forms 8828 filed during the year 7d d If the organization receive a contribution of qualified intellectual property, did the organization file of Borns 8039 as required? 7a f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7a f If the organization make a qualified intellectual property, did the organization file a Form 1098-C? 7a f If the organization make a qualified intellectual property, did the organization file a Form 1098-C? 7a f If the organization netwe and excelled during the year 9a go costin corg organization make a qua	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductible as charabale contributions? 6a X b If "Ves," (did the organization include with every solicitation are express statement that such contributions or gits were not tax deductible? 6b 6c 7 Organizations that may receive deductible contributions under section 170(c). 6b 7a X b If "Ves," (did the organization notify the donor of the value of the goods or services provided? 7a X c Did the organization receive any function increases of \$75 made parity as a contribution and parity for which it was required to file Form 8282? 7d 7c X d If "Ves," (did the organization receive any functs, directly or indirectly, on a personal benefit contract? 7f. X g If the organization received a contribution of qualified intellectual property, fid the organization file Form 8899 as required? 7g X g If the organization neceived a contribution of acts, bata any time during the yea? 8 8 9 g Sponsoring organization make any taxable distribution to a onor, doror advised fund maintained by the sponsoring organization make any taxable distribution solid user or related person? 9a 9b 9b 9b 9b 9b 9c 9c 9c 9c 9c	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
any contributions that were not tax deductible as charitable contributions? 6a X b If 'Yes, ' did the organization include with every solicitation an express statement that such contributions or gifts 6b 7 Organizations that may receive deductible contributions under section 170(c). 7b b If the organization nexite symmet in excess of \$57\$ and parity as contribution and parity for goes and services provided to the payor? 7c X b If 'Yes,' did the organization nexite y solicitation and y as contribution and parity for goes and services provided to the payor? 7c X c Did the organization nexite y solicitation of the value of the goods or services provided? 7c X d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d 7d X g If the organization receives any hunds, directly or indirectly, to pay persumms on a personal benefit contract? 7c X g If the organization neceives a contribution of qualified intellectual property, did the organization file a Form 1086C? 7h X g If the organization neceives a contribution of ack, boats, aiplanes, or other vehicles, did the organization file a Form 1086C? 7h X g If the organization receives a contribution of acknost funds. Uid along angle acknost has the organization file a Form 1086C? 7h g Did the sopanisation receives and calification to a doror, doror advised, fund maintained by the sponsoring organization make any taxsbid distributions under section 4966? 9e	С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a X b If "Yes," did the organization solity the donor of the value of the goods or services provided? 7b 7c X b If "Yes," indicate the number of Forms 8282 filed during the year 7d X X d If the organization receive any funds, directly or indirectly, on a personal benefit contract? 7f X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f X f If the organization meanizating donor advised funds. Did the sponsoring organization make at stable distributions under section 4966? 9a 9b 9 Sponsoring organizations. Enter 10a 10b 11a 10a 10b 18 Section 501(c)(21) organizations. Enter 10a 10b 10b 10a 10a 10a 10a 10a 10a 10a 10a	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7n X g Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 10 did the sponsoring organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 909. Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 11b 12a 12 Section 4947(a)(11) non-exempt charitable trusts. Is the organization filing Form 900 in lieu of Form 1041? 12a 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a 13a 13a 13a 13a 13a 14 b organization licensed to issue qualified health plans in more tha	А		70		- 21
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TRANSITIONAL HOUSING CORPORATION

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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.

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section A. Governing Body and Management	

					Yes	No
4.0	Enter the number of vetting members of the governing body of the and of the tay year	40		8	res	
Ia	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		4		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
h		1		8		
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					x
~	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2		
3						x
			a filad0	3	x	
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4	<u></u>	x
5	Did the organization become aware during the year of a significant diversion of the organization's ass			6		X
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap					
7a				7-		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, si			<u>7a</u>		
D	reasons other then the neuronaire had 0			76		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
a	The governing body?			8a	x	
a b				8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					<u> </u>
9				9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u></u>	<u>O</u>	9		- 23
	This Section B requests information about policies not required by the internal Re	evenue	Code.)		Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			102		<u> </u>
U				10		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body		re filing the form?	11a		<u> </u>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y beloi				
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			124		<u> </u>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y					<u> </u>
v		,		120	x	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13		
14	Did the organization have a written document retention and destruction policy?			14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approva					
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a 69 m	acpendent			
а				15a	x	
	Other officers or key employees of the organization			15k		
~	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 arranger	nent w	rith a			
	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16k		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedDC					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s only) availa	ble
-	for public inspection. Indicate how you made these available. Check all that apply.		,	, j	,	
	X Own website Another's website X Upon request Other (explain)	n on Sr	chedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			nd fina	ncial	
	statements available to the public during the tax year.	-	, ,,,,			
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records			
	PHILIP HECHT - 202-291-5535					
_	1322 MAIN DRIVE, WASHINGTON, DC 20012					
332006	12-21-23			For	m 990	(2023)
	7					. /

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.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week			uau	reciu	i/irus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1099-NEO)	and related
	below	dual t	nstitutional trustee	_	m ploy	st cor	5	1000 MEO)		organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) PHILIP HECHT	30.00									
PRESIDENT AND CEO	10.00		-	X				235,938.	0.	15,604.
(2) HARIBO KAMARA-TAYLOR	30.00									
CHIEF OPERATING OFFICER	10.00				X			207,571.	0.	12,141.
(3) LUIS VASQUEZ	30.00									
CHIEF PROGRAM OFFICER	10.00				X			184,722.	0.	18,621.
(4) CHRISTINA PEAY	30.00									
CHIEF DEVELOPMENT OFFICER	10.00				х			162,188.	0.	10,113.
(5) COREY MENDEZ	30.00									
DEPUTY CHIEF OPERATING OFFICER	10.00					X		149,915.	0.	18,633.
(6) KIMBERLY DAVIS	30.00									
DIRECTOR OF HUMAN RESOURCES	10.00					X		100,439.	0.	9,811.
(7) DEBORAH JONES	30.00									
PSH CLINICAL MANAGER	10.00					X		100,269.	0.	464.
(8) PHYLLIS JORDAN	1.00									
CHAIR	1.00	Х		Х				0.	0.	0.
(9) PAULA SINGLETON	1.00									_
VICE CHAIR	1.00	х		Х				0.	0.	0.
(10) WAYNE TYLER	1.00									
TREASURER	1.00	Х		Х				0.	0.	0.
(11) EARLE O'DONNELL	1.00									
SECRETARY	1.00	Х		Х				0.	0.	0.
(12) JOE HOWELL	1.00									_
BOARD MEMBER	1.00	Х						0.	0.	0.
(13) W. KIMBALL GRIFFITH	1.00									_
CHAIR EMERITUS	1.00	Х						0.	0.	0.
(14) MATT JACOBS	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(15) WILLIAM FERRELL	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.

332007 12-21-23

Form 990 (2023)

10131113 769024 11263.89B

	IONAL HOU								52-10	<u>5759</u>	958	Pa	age 8
Part VII Section A. Officers, Directors, Tr		oloye	ees,			ghes	t C		, ,				
(A) Name and title	(B) Average hours per week	box, offic	not cł , unles cer an	s per	ition more son is	than o s both	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	Esti amo	(F) imate ount o other	
	(list any hours for related organizations below	ndividual trustee or director	nstitutional trustee	Officer	ƙey em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	orga	m the nizati relate	e ion ed
	line)	Ind	Ins	Offi	Key	em em	For						
		-											
		-											
										$ \rightarrow$			
		-											
		-											
		-											
 1b Subtotal						K		1,141,042.		0.	85	. 38	87.
c Total from continuation sheets to Part						·····		0. 1,141,042.		0.			0. 87.
2 Total number of individuals (including bu compensation from the organization	t not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100	000 of reportable	;		Yes	7
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J fo								hest compensated emp			3	Tes	No X
4 For any individual listed on line 1a, is the and related organizations greater than \$	sum of reportabl 50,000? <i> f</i> "Yes,	e co " <i>co</i> i	mpe mple	ensat ete S	tion Sche	and dule	oth 9 J f	ner compensation from t	he organization		4	x	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," c											5		Х
Section B. Independent Contractors 1 Complete this table for your five highest	compensated inc		ndor		ntra		re th	at received more than	100 000 of com		ion fror	<u>n</u>	
the organization. Report compensation f										insat			
(A) Name and busine	ss address							(B) Description of s	services	C	(C) ompen		n
WINSTON GONZALEZ <u>745 SHARPSBURG DR, DAVII</u> JOBY SOLUTIONS LLC	SONVILLE	, 1	MD	2	10	35		ACCOUNTING S	ERVICES		181	,26	60.
940 SLY FOX RUN, FAIRBUN WAYNE PLACE THREE PARTNI							_	ACCOUNTING S PROPERTY MAN			121	,68	80.
PENNSYLVANIA AVE SE, WAS POLICE GUARD SERVICES, I	INC., 590	0	PR					AND SECURITY SECURITY FOR			105		
GARDEN PARKWAY 410, LANI	<u>iam, MD 2</u>	07	06					PROPERTIES			103	,05	59.
2 Total number of independent contractors \$100,000 of compensation from the orga		ot lin	nited	l to t	thos 4		ted	above) who received m	ore than		~		

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Form **990** (2023)

					\mathbf{L}	HOUSING (CORPORATION	NN	52-1675	958 Page 9
	't VI									
		Check if Schedule O	conta	ains a respo	nse	or note to any lin				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ເບັ	1 a	Federated campaigns		1a						
contributions, Girts, Grants and Other Similar Amounts	b									
, m	с	Fundraising events		1c		96,554.				
ar /	d	Related organizations		1d						
ji i	е	Government grants (contr	ributi	ons) 1e		10,925,821.				
ŝ	f	All other contributions, gifts,								
the second		similar amounts not included				574,153.				
	g	Noncash contributions included in	lines 1	1a-1f 1g	5	10,545.				
a	h	Total. Add lines 1a-1f					11,596,528.			
		DENERS TROOME				Business Code 531110	208 566	209 566		
Revenue	2 a	RENTAL INCOME	FC			532000	398,566. 72,392.	398,566. 72,392.		
ne	0	MANAGEMENT SERVICE FE.		29		532000	72,352.	72,352.		
ven	c d					552000	/0,/43.	10,145.		
Ře	u 0									
	f	All other program service	reve	nue	_					
	a					L	541,701.			
	3	Investment income (includ								
			-			,	96,336.			96,336.
	4	Income from investment of								
	5	Royalties	<u></u>							
				(i) Rea		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c							
		Net rental income or (loss	s)							
	7 a	Gross amount from sales of		(i) Securit		(ii) Other				
		assets other than inventory	7a	318,4	146.					
	b	Less: cost or other basis		21.4						
		and sales expenses	7b							
		Gain or (loss)	7c		L80.	-	4,180.			4,180.
		Net gain or (loss) Gross income from fundraisi					4,100.			4,100
	ŏа	including \$								
'		contributions reported on								
		Part IV, line 18			8a	15,650.				
	h	Less: direct expenses			8b	27,780.				
	c					· · · · · · · · · · · · · · · · · · ·	-12,130.			-12,130.
		Gross income from gamin								
		Part IV, line 19	-		9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from			s					
	10 a	Gross sales of inventory,								
		and allowances			10a					
	b	Less: cost of goods sold			10b					
_	с	Net income or (loss) from	sales	s of invento	ry					
						Business Code				
е	11 a	LAUNDRY INCOME				531110	1,607.	1,607.		
ent.	b									
Revenue	c									
]		All other revenue					1,607.			
		Total. Add lines 11a-11d					12,228,222.		0.	88,386.
	12	Total revenue. See instruction	UHS				ا <u>۲۵٬۵۵٬٬۵۵۵</u> .	1 533,300.	ı [.]	1 00,000.

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332009 12-21-23

2023.05000 TRANSITIONAL HOUSING CORP 11263.81

Form **990** (2023)

Page **9**

TRANSITIONAL HOUSING CORPORATION Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	946 900	667 615	142 002	27 201
•	trustees, and key employees	846,899.	667,615.	142,003.	37,281
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and		4		
-	persons described in section 4958(c)(3)(B)	5,449,071.	4,324,805.	867,257.	257,009
7	Other salaries and wages	J,449,071•	4,524,005.	007,257.	237,009
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	654,695.	466,881.	187,814.	
9	Other employee benefits	552,137.	415,981.	123,135.	13,021
10 11	Payroll taxes Fees for services (nonemployees):		415,501.	125,155.	15,021
	Management				
		12,522.		12,522.	
	Legal Accounting	339,575.	2,054.	337,521.	
	Lobbying		2,0010		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch 0.)	660,061.	544,530.	106,229.	9,302
12	Advertising and promotion				- /
13	Office expenses	222,356.	39,255.	183,101.	
14	Information technology	106,732.	3,123.	78,908.	24,701
15	Royalties				-
16	Occupancy	3,512,469.	3,280,856.	231,613.	
17	Travel	101,791.	1,115.	100,676.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,857.			22,857
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	264,895.	252,964.	11,931.	
23	Insurance	75,456.		75,456.	
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.)				
	FAMILY SERVICES	146,880.	146,880.		
a b	SPECIAL EVENTS	25,937.	2,935.	23,002.	
и 2	DUES & SUBSCRIPTIONS	5,630.	2,555.	5,630.	
d d	LICENSES AND FEES	4,956.	4,956.		
	All other expenses	34,581.	1,2000	33,395.	1,186
25	Total functional expenses. Add lines 1 through 24e	13,039,500.	10,153,950.	2,520,193.	365,357
26	Joint costs. Complete this line only if the organization		, ,		,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)				

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Form **990** (2023)

10131113 769024 11263.89B

TRANSITIONAL	HOUSING	CORPORATION
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52-1675958 Page 11

Pa	rt 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
	1	Cash - non-interest-bearing			251,440.	1	987,948
	2	Savings and temporary cash investments			17,536.	2	17,791
	3	Pledges and grants receivable, net		2,153,137.	3	1,277,987	
	4	Accounts receivable, net		67,561.	4	77,674	
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa	ntial co	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualifie	ed pers	sons (as defined			
		under section 4958(f)(1)), and persons described i	n sect	ion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Duran side and a second state former state and state			283,297.	9	108,510
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,791,081.			
	b	Less: accumulated depreciation	10b	2,531,170.	3,524,805.	10c	3,259,911 3,290,359
	11	Investments - publicly traded securities			2,774,240.	11	3,290,359
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,499,815.	15	1,248,566
	16	Total assets. Add lines 1 through 15 (must equal			10,571,831.	16	10,268,746
	17	Accounts payable and accrued expenses			702,690.	17	903,628
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa			1,385.	21	1,561
ß	22	Loans and other payables to any current or forme		· · · · · ·			
itie		trustee, key employee, creator or founder, substa	ntial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these				22	
Ë	23	Secured mortgages and notes payable to unrelate	ed thir		2,662,261.	23	2,559,846
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines					
		of Schedule D			78,354.	25	70,569
	26				3,444,690.	26	3,535,604
		Organizations that follow FASB ASC 958, chec					
ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			6,994,240.	27	6,653,450
Bal	28	Net assets with donor restrictions	132,901.	28	<u>6,653,450</u> 79,692		
pd		Organizations that do not follow FASB ASC 95					
Ē		and complete lines 29 through 33.					
õ	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ				30	
As	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			7,127,141.	32	6,733,142
~	33	Total liabilities and net assets/fund balances			10,571,831.	33	10,268,746

Form 990 (2023)

 Form 990 (2023)
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 Part X
 Balance Sheet

Form	1990 (2023) TRANSITIONAL HOUSING CORPORATION	52	-167	5958	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	2,228	3,2	22.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	3,039	9,5	00.
3	Revenue less expenses. Subtract line 2 from line 1	3		-811		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		7,12	7,1	41.
5	Net unrealized gains (losses) on investments	5		41'	7,2	79.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			_		
	column (B))	10		6,73	3,1	42.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>		
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				х	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	<u> </u>	
0.	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule ().			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				х	
L	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	<u> </u>	
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require			3b	х	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>			l (2023)
				1 Gilli		(2020)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Employer identification number

Name of the o	organization
---------------	--------------

uon				
	TRANSITIONAL	HOUSING	CORPORATION	

				OUSING CORPOR					2-1675958
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.	
The	organ	ization is not a private found							
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental un	it describ	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that norma	Illy receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the	e general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a l	and-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of t	he college	eor
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershij	o fees, an	d gross receipts from
		activities related to its exen							
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the orga	anization a	after June 30, 1975.
		See section 509(a)(2). (Co	. ,						
11		An organization organized a							_
12		An organization organized a						•	
		more publicly supported or	-						Check the box on
	_	lines 12a through 12d that						-	
а		Type I. A supporting orga			•	-			
		the supported organization			majority o	of the direc	tors or trustee	s of the si	apporting
L		organization. You must o			ion with it	- our nort o	d organization		in a
b		Type II. A supporting org					•		-
		control or management o organization(s). You mus			arrie persoi	ns that co	ntroi or manay	e trie sup	Joned
c		Type III functionally inte			in connect	ion with	and functionally	, integrate	ad with
	·	its supported organization	-					yintegrate	ia with,
c		Type III non-functionally						ed organi	zation(s)
	•	that is not functionally int						-	
		requirement (see instruct			•		-		
e	, [Check this box if the orga	-	-				. Type III	
		functionally integrated, or					51 5 51	, ,,	
f	Ente	er the number of supported of	ragnizationa						
ç	Pro	vide the following information							
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)
Tota	al								
							1		1

	A (Form 990)) 2023
Part II	Suppor	t Sc

TRANSITIONAL HOUSING CORPORATION

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

fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7828065.	12613121.	10884086.	10984739.	11596528.	53906539.
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	7828065.	12613121.	10884086.	<u>10984739.</u>	11596528.	<u>53906539.</u>
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1443061.
	Public support. Subtract line 5 from line 4.						52463478.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	7828065.	12613121.	10884086.	<u>10984739.</u>	11596528.	<u>53906539.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	5,318.	5,332.	93,843.	92,855.	96,336.	293,684.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					1	
	assets (Explain in Part VI.)					15,650.	
11	Total support. Add lines 7 through 10						54215873.
12	Gross receipts from related activities,		,				,317,544.
13	First 5 years. If the Form 990 is for the	-	rst, second, third, r	fourth, or fifth tax y	ear as a section /	01(c)(3)	
<u></u>	organization, check this box and stop						
	tion C. Computation of Publi			. (2)			06 77
	Public support percentage for 2023 (I		•			14	<u>96.77</u> % 96.41%
	Public support percentage from 2022					15	
16a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			•	•	Ū.	
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test	-					IU% Or
	more, and if the organization meets the						
10	organization meets the facts-and-circu						······································
18	Private foundation. If the organization	en ula not check a	box on line 13, 16	a, 100, 17a, or 17b	o, check this dox a		

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7

TRANSITIONAL HOUSING CORPORATION 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.)

Sec	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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						
4	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 disgualified 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						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
с 11	Add lines 10a and 10b 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		· · · · · · · · · · · · · · · · · · ·
800	check this box and stop here	io Support Por	oontago				
	Public support percentage for 2023 (olumn (f))		15	0/
	Public support percentage from 2023 (Public support percentage from 2022					16	<u>%</u> %
	ction D. Computation of Invest						/0
17	Investment income percentage for 20	023 (line 10c, colur	mn (f), divided by li			17	%
	Investment income percentage from 33 1/3% support tests - 2023. If the				o 15 is more than 9	18	% line 17 is not
198	more than 33 1/3%, check this box a						
F	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23		,	. ,			dule A (Form 990) 2023
			16				-

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TRANSITIONAL HOUSING CORPORATION

1

2

Yes No

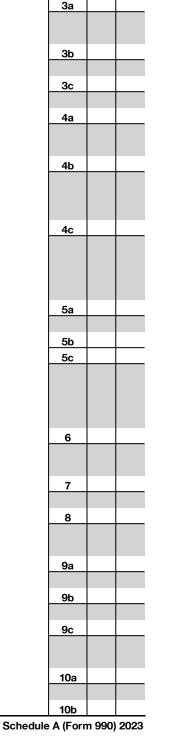
Part IV Supporting Organizations

(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 Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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Sche	edule A (Form 990) 2023 TRANSITIONAL HOUSING CORPORATION 52-16	<u>575958</u>	8 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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			
C	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Vee	Na
			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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II 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			
	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	•		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
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		
3				
	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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	J.		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
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			

- the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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Schedule A	(Form	9	90)	2023
Dort V	Tun	~	111	Non

990) 2023 TRANSITIONAL HOUSING CORPORATION e III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructior
	All other Type III non-functionally integrated supporting organizations must of			,
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		
Sect	ion 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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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		
7	Check here if the current year is the organization's first as a non-functionally	intear	ated Type III supporting orga	inization (see

instructions).

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 TRANSITIONAL HOUSING CORPORATION 52-1675958 Page 7						
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		1	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributab Amount for 2	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
-	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
	From 2018					
	From 2019					
	From 2020					
	From 2021					
	From 2022					
f	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
_	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2019					
	Excess from 2020					
с	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

332027 12-21-23

Schedule A (Form 990) 2023 TRANSITIONAL HOUSING CORPORATION 52–1675958 Page Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;	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:	
FUNDRAISER TICKET REVENUE	
2023 AMOUNT: \$ 15,650.	
332028 12-21-23 Schedule A (Form 990) 2)23

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

52-1675958

2023

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
EFFREY P. BEZOS	2,527,378.	1,443,061
tal Excess Contributions to Schedule A, Part II, Line 5		1,443,061

that it doesn't meet the filing requirements of Schedule B (Form 990).

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

sections 509(a)(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 contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,

"N/A" in column (b) instead of the contributor name and address), II, and III. nization described in section 501(c)(7) (8) or (10) filing Form 990 or 990 FZ that received fr

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

year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$	
is checked, enter here the total contributions that were received during the year for an exclusively religious, charitat	
purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received	nonexclusively
religious, charitable, etc., contributions totaling \$5,000 or more during the year	\$

literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

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

Ge

Form 990-PF

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

Special Rules

eciai					
X	For an organization described in section 501(c)(3) filing F	orm 990 or 990-EZ	that met the 33 1	1/3% support test of th	e regulations under
	sections 509(a)(1) and 170(b)(1)(A)(vi) that checked Sche				

eneral Rule		

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) exempt private foundation

- 501(c)(3) taxable private foundation
- 527 political organization
- \mathbf{X} 501(c)(3) (enter number) organization Form 990 or 990-EZ

TRANSITIONAL HOUSING CORPORATION

4947(a)(1) nonexempt charitable trust not treated as a private foundation

Sched	ule of	Contri	butors

Attach to Form 990, 990-EZ, or 990-PF.

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

LHA 323451 12-26-23

	20	23
lover	idantifia	otion

52-1675958

Employer identification number

Schedule B (Form 990) (2023)

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Filers of:

Name of the organization

Organization type (check one):

Section:

Page 2 Employer identification number

(d)

(d)

(d)

(d)

(d)

(Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for

(d)

Type of contribution

X

X

Schedule B (Form 990) (2023) Name of organization TRANSITIONAL HOUSING CORPORATION 52-1675958 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 DEPARTMENT OF HUMAN SERVICES Person Payroll 645 H STREET, NE, 3RD FLOOR 7,575,330. Noncash \$ (Complete Part II for WASHINGTON, DC 20002 noncash contributions.) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** U.S. DEPARTMENT OF HOUSING AND URBAN 2 DEVELOPMENT Person Payroll 3,350,491. 820 FIRST STREET, NE Noncash \$ (Complete Part II for WASHINGTON, DC 20002 noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash

> noncash contributions.) Schedule B (Form 990) (2023)

(a)

No.

323452 12-26-23

2023.05000 TRANSITIONAL HOUSING CORP 11263.81

(c)

Total contributions

24

(b)

Name, address, and ZIP + 4

(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
		\$	

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

TRANSITIONAL HOUSING CORPORATION

Name of organization

Part II

Employer identification number

52-1675958

Schedule B (Form 990) (2023)

323453 12-26-23

25

10131113 769024 11263.89B

Schedule E	3 (Form 990) (2023)		Page		
Name of or	rganization		Employer identification number		
TRANSI	ITIONAL HOUSING CORPORAT	TON	52-1675958		
	Exclusively religious, charitable, etc., contribution	ons to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	charitable, etc., contributions of \$1,000 or I	Itry. For organizations <pre>less for the year. (Enter this info. once.)</pre>		
(a) No.	Use duplicate copies of Part III if additional s	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
L					
		(e) Transfer of gif	ft		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
ľ	,,,,				
		[
		[
(a) No. from	(b) Durpage of gift		(d) Description of how sift is hold		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
ŀ					
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ŀ		(e) Transfer of gif			
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
		[
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
F		(e) Transfer of gif	ft		
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
323454 12-26-	23		Cohadula D /Farm 000\ /000		
020404 12-20-	-20	25	Schedule B (Form 990) (2023		

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.



	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form99	Attach to Form 990. In for instructions an		۱.	Open to Inspect		
Nam	e of the organization	on			Employer	identificatio		
_		TRANSITIONAL HOUSI				2-16759		
Pa		ations Maintaining Donor Advise		r Similar Funds or	Accounts.	Complete if the	ne	
	organizatio	n answered "Yes" on Form 990, Part IV, lin			(1) = 1			
			(a) Donor ad	vised funds	(b) Funds an	d other accou	ints	
1		nd of year						
2		f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5	Did the organizatio							
		on's property, subject to the organization's				Yes	No	
6	•	on inform all grantees, donors, and donor a	•	•	2			
		oses and not for the benefit of the donor o			•			
Pa	t II Conserve	ate benefit? ation Easements. Complete if the org			N/ line 7	Yes	No	
					IV, line 7.			
1		servation easements held by the organization	· · · · · ·					
		n of land for public use (for example, recrea	tion or education)	Preservation of a h			1	
		f natural habitat		Preservation of a co	ertified historic	structure		
0		of open space	field concernation con	tribution in the form of a	annon ation o	accoment on th		
2	day of the tax year	through 2d if the organization held a qualit	lied conservation con	tribution in the form of a		asement on tr at the End of th		
_								
				······································				
b	•	ricted by conservation easements vation easements on a certified historic stru						
ر ام					<u>2c</u>			
a		vation easements included on line 2c acqu						
3		ture listed in the National Register				a tha tay		
3	year	vation easements modified, transferred, rel	eased, extinguished,	or terminated by the org	anization duning	y the tax		
4		where property subject to conservation eas	sement is located					
5		tion have a written policy regarding the per						
Ũ	-	orcement of the conservation easements if				Yes	No	
6		r hours devoted to monitoring, inspecting,						
Ū			indirig of the distriction	, and enteren ig concerne		s aannig ano ji		
7	Amount of expens	 es incurred in monitoring, inspecting, hanc	lling of violations, and	t enforcing conservation	easements dur	ing the year		
•	, and and an expense		inig er tielatiene, and	i omoromig oonoon tallon		ing the year		
8	Does each conserv	vation easement reported on line 2d above	e satisfy the requireme	ents of section 170(h)(4)(l	B)(i)			
-)(4)(B)(ii)?	, ,		,,,,	Yes	No	
9	In Part XIII. describ	be how the organization reports conservation	on easements in its re	evenue and expense stat	ement and			
-	9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the							
		ounting for conservation easements.	5					
Pa		ations Maintaining Collections of	Art, Historical T	reasures, or Other	r Similar As	sets.		
	Complete if	f the organization answered "Yes" on Form	ı 990, Part IV, line 8.					
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement and t	palance sheet w	/orks		
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, educat	tion, or research in furthe	erance of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
b		elected, as permitted under FASB ASC 95			nce sheet work	s of		
	-	sures, or other similar assets held for public						
		ng amounts relating to these items.			·			
	-	ded on Form 990, Part VIII, line 1			\$			
2		received or held works of art, historical tre						
-		unts required to be reported under FASB A						
а	-	on Form 990, Part VIII, line 1			\$			

b Assets included in Form 990, Part X

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
332051	09-28-23

\$

Sche	thedule D (Form 990) 2023 TRANSITIONAL HOUSING CORPORATION 52-1675958 Page 2								
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or	Other S	imilar Asse	ets _{(continu}	ed)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	make signit	ficant use of it	s		
	collection items (check all that apply).								
а	Public exhibition	d	I 🗌 Loan or ex	change prograi	m				
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	asures, or other	r similar ass	sets			
	to be sold to raise funds rather than to be m						Yes	No	
Par	Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian, or other intermed	liary for contributio	ns or other ass	ets not inc	luded			
	on Form 990, Part X?					[Yes	XNo	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance								
2 a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or c	custodial accou	int liability?	L	X Yes	No No	
	If "Yes," explain the arrangement in Part XIII.							X	
Par	t V Endowment Funds Complete in	-						<u> </u>	
		(a) Current year	(b) Prior year	(c) Two years	s back (d)	Three years bac	ck (e) ⊦our y	ears back	
1 a	Beginning of year balance								
b	Contributions				•				
С	Net investment earnings, gains, and losses			_					
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment	_%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	and administere	ed for the				
	organization by:							res No	
	(i) Unrelated organizations?								
b	If "Yes" on line 3a(ii), are the related organiza			,			3b		
4 Dar	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment funds.						
T ai	Complete if the organization answere		Part IV line 11a	Soo Form 000	Dart V line	10			
							(-1) D		
	Description of property	(a) Cost or o basis (investr	. ,	st or other s (other)	(c) Accu depre	imulated ciation	(d) Book	value	
	Local		,	()	depred		0 5	000	
	Land			85,000. 26,731.	1 2 2	2 062		<u>,000.</u>	
	Buildings					<u>2,062.</u> 0,557.	2,304		
	Leasehold improvements			87, <u>485</u> . 91,865.		8,551.		<u>,928.</u> ,314.	
	Equipment			91,000.	10	0,001.	40	, , , , , , , , , , , , , , , , , , , ,	
	Other						3,259	011	
Iotal	. Add lines 1a through 1e. (Column (d) must e	eaual Form 990. Part .	<u>X. Iine 10c. columi</u>	<u> 1 (В))</u>			5,455	, , , , , , , , , , , , , , , , , , , ,	

Schedule D (Form 990) 2023

Schedule	e D (Form 990) 2023 TRANSITIONA	L HOUSING COR	PORATION	52-1675958 _{Page} 3
Part V	II Investments - Other Securities			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part >	K, line 12.
(a) Des	cription of security or category (including name of security)	(b) Book value	(c) Method of valuati	on: Cost or end-of-year market value
(1) Final	ncial derivatives			
(2) Clos	ely held equity interests			
(3) Othe	er			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Co	bl. (b) must equal Form 990, Part X, line 12, col. (B))			
. are i	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X	ζ, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati	on: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)		4		
(5)				
(6)				
(7)			· ·	
(8)				
(9)				
Total. (Co Part I)	bl. (b) must equal Form 990, Part X, line 13, col. (B)) X Other Assets			
Faith		an Form 000 Dart IV line	11d Coo Form 000 Dort)	(line 15
	Complete if the organization answered "Yes"	Description	110. See Form 990, Part 7	
	SECURITY DEPOSITS RECEIVA	· ·		(b) Book value
	DUE FROM AFFILIATES			7,400.
	RIGHT-OF-USE ASSET			70,569.
	KIGHI-OF-OSE ASSEI			10,303.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				1,248,566.
Part X	Column (b) must equal Form 990, Part X, line 15, cc	л. (В))		
i are /	Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990	Part X line 25
4	(a) Description of liability			(b) Book value
<u>1.</u>				
	Federal income taxes LEASE LIABILITY			70,569.
				,0,505.
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				70,569.
	olumn (b) must equal Form 990, Part X, line 25, cc			· · · · · · · · · · · · · · · · · · ·
	ility for uncertain tax positions. In Part XIII, provide			
orga	nization's liability for uncertain tax positions under	1 FAOD AOU / 4U. UNECK NE	ere il trie text of the footho	ne nas been provided in Part XIII

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 TRANSITIONAL HOUSING CORPORA	52-	1675958	Page 4			
Par	t XI Reconciliation of Revenue per Audited Financial Statements	s With				0	
	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	13,933,	736.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	417,279.				
b	Donated services and use of facilities	2b	8,500.				
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d	1,350,478.				
е	Add lines 2a through 2d			2e	1,776,	257.	
3	Subtract line 2e from line 1			3	<u>1,776</u> , 12,157,	479.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b	70,743.				
с	Add lines 4a and 4b			4c	70,	743.	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990 Part 1 line 12)			5	, 70 , 12,228	222.	
Par	t XII Reconciliation of Expenses per Audited Financial Statement	ts Wit	h Expenses per R	letur	n		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements			1	13,992,	294.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a	8,500.				
b	Prior year adjustments	2b					
с	Other losses	2c					
d	Other (Describe in Part XIII.)	2d	1,039,885.				
е	Add lines 2a through 2d			2e	1,048,	385.	
3	Subtract line 2e from line 1			3	12,943,	909.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b	95,591.				
с	Add lines 4a and 4b			4c	95,	591.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	13,039,	500.	
Par	t XIII Supplemental Information						
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1	o and 2b; Part V, line 4	; Part :	X, line 2; Part X	I,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	nal info	rmation.				
PAF	T IV, LINE 2B:						
THE	THE AMOUNTS OF \$1,561 AND \$1,385 AS OF DECEMBER 31, 2023 AND 2022,						
RES	RESPECTIVELY, REPRESENT SECURITY DEPOSITS THAT THE ORGANIZATION COLLECTS						

ON RENTAL UNITS. THE ORGANIZATION MAINTAINS A PERSONAL SAVINGS ACCOUNT FOR

TENANTS ON THEIR BEHALF.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SUBSIDIARY REVENUE INCLUDED IN CONSOLIDATED F/S NOT ON 990 1,322,698.

30

FUNDRAISING EXPENSES

TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XI, LINE 4B - OTHER ADJUSTMENTS:

332054 09-28-23

Schedule D (Form 990) 2023

1,350,478.

27,780.

Schedule D (Form 990) 2023 TRANSITIONAL HOUSING CORPORATION Part XIII Supplemental Information (continued)	52-1675958 Page 5
INTERCOMPANY ELIMINATIONS	70,743.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SUBSIDIARY EXPENSES INCLUDED IN CONSOLIDATED F/S NOT ON 990	1,012,105.
FUNDRAISING EXPENSES	27,780.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,039,885.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INTERCOMPANY ELIMINATIONS	95,591.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G	Suppleme	ntal Information Reg	arding Fu	ndrais	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury	Attach to Form 990 or Form 990-EZ.							Open to Public
Internal Revenue Service		o www.irs.gov/Form990 fe	or instructio	ns and t	the latest information	n.		Inspection
							Employer ide	entification number 958
	sing Activities.	Complete if the organization				ine 1		
	complete this part	ed funds through any of the	e following a	ctivities.	Check all that apply.			
a Mail solicitat		e	1 -		government grants			
c Phone solici		g 🛄	Special fur	araising	events			
•		r oral agreement with any i	ndividual (ind	luding o	fficers, directors, trus	tees,	or	
	-	art VII) or entity in connection riduals or entities (fundraise	•		•	ho fur	Yes	
compensated at le			is) puisuam	to agree				5
				(iii) Did undraiser			Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	ha	ve custody control of	(iv) Gross receipts from activity	,	or retained by) fundraiser	to (or retained by) organization
				itributions?		lis	ted in col. (i)	
			Y	es No				
					· · · · · · · · · · · · · · · · · · ·			
				_				
Total	<u></u>							<u> </u>
 List all states in white or licensing. 	ich the organizatio	n is registered or licensed t	o solicit con	ribution	s or has been notified	it is e	exempt from re	gistration
-								
For Paperwork Reduct	ion Act Notice, se	e the Instructions for For	n 990 or 99	D-EZ.			Schedul	e G (Form 990) 2023

LHA 332081 09-13-23

TRANSITIONAL HOUSING CORPORATION

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			LIVING IN		NONE	(add col. (a) through			
			THE CITY			col. (c))			
e			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	112,204.			112,204.			
	2	Less: Contributions	96,554.			96,554.			
	3	Gross income (line 1 minus line 2)	15,650.			15,650.			
	4	Cash prizes							
6	5	Noncash prizes							
pense	6	Rent/facility costs	5,197.			5,197.			
Direct Expenses	7	Food and beverages	6,983.			6,983.			
Di	8	Entertainment							
	9	Other direct expenses	15,600.			15,600.			
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			27,780.			
_	11	Net income summary. Subtract line 10 from li				-12,130.			
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than									
		\$15,000 on Form 990-EZ, line 6a.							
enue,			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
ē									

Jue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
Revenue	1 Gross revenue							
ses	2 Cash prizes							
stens	3 Noncash prizes							
Direct Expenses	4 Rent/facility costs							
	5 Other direct expenses							
	6 Volunteer labor	Yes %	└── Yes % └── No	└── Yes % └── No				
	7 Direct expense summary. Add lines 2 through	5 in column (d)						
	8 Net gaming income summary. Subtract line 7 f	rom line 1, column (d)						
9 a	 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 							
	If "No," explain:							
10 -								
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							
33208	332082 09-13-23 Schedule G (Form 990) 2023							

Sch	edule G (Form 990) 2023	TRANSITIONAL	HOUSING	CORPORATION	52-1675958 Page 3
11	Does the organization conduct ga	ming activities with nonme	mbers?		Yes No
12	Is the organization a grantor, bene	eficiary or trustee of a trust	, or a member o	f a partnership or other entity formed	ł
	to administer charitable gaming?				YesNo
13	Indicate the percentage of gaming				
а	The organization's facility				13a %
14	Enter the name and address of the	e person who prepares the	organization's g	gaming/special events books and rec	cords:
	Name				
	Address				
15a	Does the organization have a con-	tract with a third party from	n whom the orga	anization receives gaming revenue?	Yes No
a	If "Yes," enter the amount of gam			\$ and the	amount
_	of gaming revenue retained by the				
С	If "Yes," enter name and address	of the third party:		4	
	Nome				
	Name				
	Address				
16	Gaming manager information:				
10	Carning manager information.				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
				*	
	Director/officer	Employee	🗌 Indepen	dent contractor	
17	Mandatory distributions:				
а	Is the organization required under	state law to make charitat	ole distributions	from the gaming proceeds to	
	retain the state gaming license?				Yes No
b	Enter the amount of distributions	required under state law to	be distributed t	o other exempt organizations or spe	nt in the
Da	organization's own exempt activit		\$		
Ра				ed by Part I, line 2b, columns (iii) and	(v); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide a	ny additional inf	ormation. See instructions.	
33208	33 09-13-23				Schedule G (Form 990) 2023
			34		

Schedule G	G (Form	990)	

Part IV	Supplemental Information (continued)	
		—
	Schedule G (Form 9	90)

332084 04-01-23

SC	For certain Officers partment of the Treasury erral Revenue Service Complete if the organ Go to www.irs.gov/f ame of the organization TRANSITIONAL F Part I Questions Regarding Compensation aa Check the appropriate box(es) if the organization provide First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Discretionary spending account b If any of the boxes on line 1a are checked, did the organization provision of all of the expenses desced Did the organization require substantiation prior to reint trustees, and officers, including the CEO/Executive Director. Check all that apply. Do not constant trustees, and officers, including the CEO/Executive Director Indicate which, if any, of the following the organization CEO/Executive Director. Check all that apply. Do not constant the promession consultant Form 990 of other organization: a Receive a severance payment or change-of-control pails b During the year, did any person listed on Form 990, Pac organization or a related organization: a Receive a severance payment from a supplemental contingent on the revenues of: a The organization? b Participate in or receive payment from an equity-based if "Yes" on line 5a or 5b, describe in Part III. conpensons listed	Compensation Information		OMB No. 1	545-004	47			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 2)			
		Compensated Employees		ZU	2023				
Dono	tmont of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Pub					
		of the Treasury Attach to Form 350.							
Nam	e of the organization	1		identificatio		nber			
		TRANSITIONAL HOUSING CORPORATION	52-1	L67595	8				
Pa	rt I Question	s Regarding Compensation							
					Yes	No			
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,						
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.							
		, i i i i i i i i i i i i i i i i i i i	nal use						
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or							
-		rovision of all of the expenses described above? If "No," complete Part III to explain		1b					
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
2	la dia ata udai ala lifan								
3		ny, of the following the organization used to establish the compensation of the organization's							
	·		ommittoo						
			ommittee						
4	During the year did	any person listed on Form 990. Part VIL Section A line 1a with respect to the filing							
-									
а	-			4a		x			
b						X			
c						x			
•		les 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	,								
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
	-								
а	-			5a		X			
		ation?				X			
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
	contingent on the n	et earnings of:							
а	The organization?			6a		X			
		ation?				X			
	If "Yes" on line 6a c	r 6b, describe in Part III.							
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
		ies 5 and 6? If "Yes," describe in Part III		7		X			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	те						
				8		X			
9		id the organization also follow the rebuttable presumption procedure described in							
		53.4958-6(c)?				<u> </u>			
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2023			

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title (1) PHILIP HECHT PRESIDENT AND CEO (2) HARIBO KAMARA-TAYLOR CHIEF OPERATING OFFICER (3) LUIS VASQUEZ CHIEF PROGRAM OFFICER (4) CHRISTINA PEAY CHIEF DEVELOPMENT OFFICER (5) COREY MENDEZ		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PHILIP HECHT	(i)	235,938.	0.	0.	5,538.	10,066.	251,542.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HARIBO KAMARA-TAYLOR	(i)	207,571.	0.	0.	2,028.	10,113.	219,712.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LUIS VASQUEZ	(i)	184,722.	0.	0.	440.	18,181.	203,343.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRISTINA PEAY	(i)	162,188.	0.	0.	0.	10,113.	172,301.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) COREY MENDEZ	(i)	149,915.	0.	0.	480.	18,153.	168,548.	0.
DEPUTY CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

TRANSITIONAL HOUSING CORPORATION Schedule J (Form 990) 2023

52-1675958 Page 3

Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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.



TRANSITIONAL HOUSING CORPORATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FAMILIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TRANSFORM THEIR LIVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND THE HUD CONTINUUM OF CARE PROGRAM.

HOUSING UP ALSO PROVIDES HOUSING AND SUPPORTIVE SERVICES THROUGH THE

HUD CONTINUUM OF CARE PROGRAM FOR FAMILIES EXITING HOMELESSNESS,

INCLUDING PERMANENT SUPPORTIVE HOUSING AND RAPID RE-HOUSING.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION'S BYLAWS WERE CHANGED TO REFLECT A FEWER NUMBER OF

DIRECTORS ON THE BOARD AND FEWER COMMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11B:

UPON COMPLETION OF A DRAFT FORM 990, THE TAX RETURN IS REVIEWED BY THE

PRESIDENT AND CEO, DIRECTOR OF AFFORDABLE HOUSING, AND THC/THCAH AUDIT

COMMITTEE. AFTER THE PROPER VETTING, FORMAL APPROVAL IS MADE BY THE

PRESIDENT AND CEO AND THC/THCAH AUDIT COMMITTEE AND DISTRIBUTED TO THC

BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE PRACTICES FOR MONITORING TRANSACTIONS FOR CONFLICT OF INTEREST AND

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23

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Schedule O (Form 990) 2023	Page 2
Name of the organization TRANSITIONAL HOUSING CORPORATION	Employer identification number 52-1675958
DEALING WITH THE POTENTIAL OR ACTUAL CONFLICTS ARE OUTLINE	D IN ITS
CONFLICT-OF-INTEREST POLICY. DISCLOSURE(S) ARE MADE TO THE	PRESIDENT AND
CEO, WHO SHALL REPORT THE INFORMATION TO THE BOARD OF DIRE	CTORS. IF A
POTENTIAL CONFLICT IS DISCLOSED, THE INDIVIDUAL(S) SHALL R	EFRAIN FROM
PARTICIPATION IN THE IDENTIFIED ACTIVITY UNTIL THE MATTER	IS RESOLVED. THE
POLICY IS DISTRIBUTED TO BOARD MEMBERS AND STAFF MEMBERS O	N AN ANNUAL
BASIS.	
FORM 990, PART VI, SECTION B, LINE 15:	
AT ITS JULY 27, 2016, BOARD MEETING, THE BOARD OF DIRECTOR	S PASSED A
RESOLUTION STATING THAT THE COMPENSATION OF THE CEO WOULD	BE REVIEWED AND
APPROVED BY THE BOARD GOVERNANCE COMMITTEE (MADE UP SOLELY	OF INDEPENDENT
AND UNCOMPENSATED DIRECTORS) AFTER REVIEW OF APPROPRIATE C	OMPARABILITY
DATA. THE RESOLUTION FURTHER STATED THAT THE COMPENSATION	FOR SENIOR STAFF

DEVELOPMENT) RECOMMENDED BY THE CEO WOULD BE REVIEWED BY THE BOARD

(CHIEF OPERATING OFFICER, CHIEF DEVELOPMENT OFFICER, AND DIRECTOR OF

GOVERNANCE COMMITTEE.

DURING 2022, THE BOARD OF DIRECTORS (MADE UP OF SOLELY INDEPENDENT AND UNCOMPENSATED DIRECTORS), REVIEWED AND APPROVED THE COMPENSATION OF THE PRESIDENT AND CEO, AND REVIEWED THE RECOMMENDED COMPENSATION FOR THE CHIEF OPERATING OFFICER, CHIEF PROGRAMS OFFICER, AND VP OF PHILANTHROPY AND COMMUNICATIONS. THE COMMITTEE'S DELIBERATIONS AND DECISIONS WERE CONTEMPORANEOUSLY SUBSTANTIATED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE POSTED ON HOUSING UP'S WEBSITE WHEN THEY BECOME 332212 11-14-23
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5chedule O (Form 990) 2023

<u>Schedule O (Form</u> Name of the organ	nization		Page 2 Employer identification number
	TRANSITIONAL H	HOUSING CORPORATION	52-1675958
AVAILABLE	AND ARE AVAILABLE	UPON REQUEST AS WELL.	
FORM 990,	PART IX, LINE 16 C	CCUPANCY EXPENSE:	
UTILITIES	\$ 234,349		
REPAIRS	491,983		
RENT	2,684,732		
INTEREST	101,405		
		-	
TOTAL	\$ 3,512,469		
			•
Name of the org AVAILABL FORM 990 UTILITIE REPAIRS RENT			
332212 11-14-23			Schedule O (Form 990) 2023

10131113 769024 11263.89B

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 52 - 1675958

Department of the Treasury Internal Revenue Service

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

Name of the organization

TRANSITIONAL HOUSING CORPORATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No
THC AFFORDABLE HOUSING, INC 20-3149168					TRANSITIONAL		
1322 MAIN DRIVE	AFFORDABLE HOUSING				HOUSING		
WASHINGTON, DC 20012	DEVELOPMENT	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12B, II	CORPORATION	Х	
	_						
	-						
	_						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 TRANSITIONAL HOUSING CORPORATION

52-1675958 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca		Code V-UBI amount in box 20 of Schedule	General o managin partner	Percentage ownership
		country)		sections 512-514)		233013	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
FORT VIEW LP - 27-1893534 4115 WISCONSIN AVE NW STE 210	TO PROVIDE HOUSING FOR LOW										
WASHINGTON, DC 20016	INCOME FAMILIES	DC	N/A	N/A	N/A	N/A		X	N/A	X	N/A
WEBSTER GARDENS LP -											
26-2376536, 4115 WISCONSIN	TO PROVIDE										
AVE NW STE 210, WASHINGTON,	HOUSING FOR LOW										
DC 20016	INCOME FAMILIES	DC	N/A	N/A	N/A	N/A		x	N/A	X	N/A
PARTNER ARMS 4 LLC - 80-0894542, 1322 MAIN DRIVE,	TO PROVIDE HOUSING FOR LOW										
WASHINGTON, DC 20012	INCOME FAMILIES	DC	N/A	N/A	N/A	N/A		х	N/A	X	N/A
HEDIN HOUSE DEVELOPERS LLC -											
81-4759227, 701 5TH AVENUE,	TO PROVIDE										
SUITE 5700, SEATTLE, WA	HOUSING FOR LOW										
98104	INCOME FAMILIES	WA	N/A	N/A	N/A	N/A		x	N/A	X	N/A

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

	,								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership		b)(13) rolled
		foreign country)		or trust)		assets		Yes	r í
FV PARTNERS LLC - 27-1894573	TO PROVIDE HOUSING								
4115 WISCONSIN AVE NW STE 210	FOR LOW INCOME								ĺ
WASHINGTON, DC 20016	FAMILIES	DC	N/A	C CORP	N/A	N/A	N/A		Х
WG PARTNERS LLC - 26-2376392	TO PROVIDE HOUSING								
4115 WISCONSIN AVE NW STE 210	FOR LOW INCOME								1
WASHINGTON, DC 20016	FAMILIES	DC	N/A	C CORP	N/A	N/A	N/A		Х
DC PARTNERS LLC - 47-1314563	TO PROVIDE HOUSING								
1322 MAIN DRIVE	FOR LOW INCOME								1
WASHINGTON, DC 20012	FAMILIES	DC	N/A	C CORP	N/A	N/A	N/A		X
THCAH GLENN ARMS LLC - 36-4820116	TO PROVIDE HOUSING								(
1322 MAIN DRIVE	FOR LOW INCOME								ĺ
WASHINGTON, DC 20012	FAMILIES	DC	N/A	C CORP	N/A	N/A	N/A		X
THCAH HEDIN HOUSE LLC - 30-0886017	TO PROVIDE HOUSING								
1322 MAIN DRIVE	FOR LOW INCOME								1
WASHINGTON, DC 20012	FAMILIES	DC	N/A	C CORP	N/A	N/A	N/A		X

332162 09-28-23

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated,	(f) Share of total income	(g) Share of end-of-year	(h) Disproportio	amount in box	(j) General or managing partner?	(k) Percentage ownership
		foreign country)		excluded from tax under sections 512-514)		assets	Yes N	 20 of Schedule 	Yes No	
GLENN ARMS DEVELOPER LLC -				,				,		
37-1838083, 701 5TH AVENUE,	TO PROVIDE									
SUITE 5700, SEATTLE, WA	HOUSING FOR LOW									
98104	INCOME FAMILIES	WA	N/A	N/A	N/A	N/A	x	N/A	x	N/A
ABRAMS HALL GP MEMBER LLC -										
61-1772422, 7735 OLD	TO PROVIDE									
GEORGETOWN RD, SUITE 600,	HOUSING FOR LOW									
BETHESDA, MD 20814	INCOME FAMILIES	MD	N/A	N/A	N/A	N/A	x	N/A	x	N/A
218 VINE STREET NW MANAGING										
MEMBER LLC - 85-2596589, 1400	TO PROVIDE									
16TH STREET, NW, SUITE 430,	HOUSING FOR LOW									
WASHINGTON, DC 20036	INCOME FAMILIES	DC	N/A	N/A	N/A	N/A	x	N/A	x	N/A
218 VINE STREET NW MANAGING					·					
MEMBER PHASE 2 LLC -	TO PROVIDE									
85-2616404, 1400 16TH STREET,	HOUSING FOR LOW									
NW, SUITE 430, WASHINGTON, DC	INCOME FAMILIES	DC	N/A	N/A	N/A	N/A	x	N/A	x	N/A
FPE MM PARTNERS LLC -					·					
87-1228504, 1350 FAIRMONT	TO PROVIDE									
STREET NW, WASHINGTON, DC	HOUSING FOR LOW									
20009	INCOME FAMILIES	DC	N/A	N/A	N/A	N/A	x	N/A	x	N/A
	4									
	4									
	4									
	4									
	4									
	4									
	4									
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							+ $+$		+ $+$	ļ
	4									
	4									
	4									

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(Sec	i) tion b)(13) rolled
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	ent	ity?
	TO DECUTER HOUSTNG	country)		,				Yes	No
THCAH ABRAMS HALL SENIOR DEVELOPER LLC -	TO PROVIDE HOUSING								
82-2010764, 1322 MAIN DRIVE, WASHINGTON, DC	FOR LOW INCOME	Da	NT / A	a	NT / N	37/3			37
20012	FAMILIES	DC	N/A	C CORP	N/A	N/A	N/A		X
	TO PROVIDE HOUSING								
	FOR LOW INCOME	Da	77 / 7		27 / 2				
WASHINGTON, DC 20012	FAMILIES	DC	N/A	C CORP	N/A	N/A	N/A		X
THCAH-218 VINE LLC - 85-2816236	TO PROVIDE HOUSING								
1400 16TH STREET, SUITE 430	FOR LOW INCOME				/_				
WASHINGTON, DC 20036	FAMILIES	DC	N/A	C CORP	N/A	N/A	N/A		X
	-								
	-								

Schedule R (Form 990) 2023 TRANSITIONAL HOUSING CORPORATION

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	s No	
1 During the tax year, did the organization engage in any of the following transactions		5				X	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
b Gift, grant, or capital contribution to related organization(s)							
c Gift, grant, or capital contribution from related organization(s)						X	
					X		
e Loans or loan guarantees by related organization(s)				<u>1e</u>		X	
f Dividends from related organization(s)				1f		X	
g Sale of assets to related organization(s)						X	
h Purchase of assets from related organization(s)						X	
i Exchange of assets with related organization(s)				1i		X	
j Lease of facilities, equipment, or other assets to related organization(s)	4			1j		X	
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
I Performance of services or membership or fundraising solicitations for related organ	nization(s)			11	X		
	m Performance of services or membership or fundraising solicitations by related organization(s)						
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
• Sharing of paid employees with related organization(s)							
p Reimbursement paid to related organization(s) for expenses				1p		X	
q Reimbursement paid by related organization(s) for expenses						X	
r Other transfer of cash or property to related organization(s)				1r		X	
s Other transfer of cash or property from related organization(s)						X	
2 If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for information on the above is "Yes," see the instructions for the above is "Yes," see the above is "Yes," s							
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amour	nt involved			
) THC AFFORDABLE HOUSING, INC.	L	70,743.	CASH				
2)							
3)							
i)							
5)							
		1					

Schedule R (Form 990) 2023 TRANSITIONAL HOUSING CORPORATION

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Are a partners 501(c) orgs		(f) Share of total income	(h Dispro tion: allocati) por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr) ging her?	(k) Percentage ownership
		oountry,	Sections 312-314)	Yes	No		Yes	No		Yes	NO	
						Ŷ						

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 TRANSITIONAL HOUSING CORPORATION	52-1675958 Page 5
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instructions.	
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS	PARTNERSHIP:
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:	
AAMI, ADDREDD, AND HIN OF RELATED OROANTZATION.	
218 VINE STREET NW MANAGING MEMBER PHASE 2 LLC	
EIN: 85-2616404	
1400 16TH STREET, NW, SUITE 430	
WASHINGTON, DC 20036	
WASHINGTON, DC 20036	

10131113 769024 11263.89B