990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) $_{00}$ not enter social security numbers on this form as it may be made public.

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

2023

Open to Public Inspection

			C Name of organization	ing 01-01-2023 , and ending .	12-31-202		D Emplo	yer identi	fication number
Ac	dress	pplicable: change	HOUSING IS YOUR RIGHT INC						
L.	ame ch	-						965405	
Fin			Doing business as HOUSING IS YOUR RIGHT INC						
l.	n/termi nende	nated d return	Number and street (or P.O. box if	mail is not delivered to street address) Room/su	ite	E Teleph	one number	•
E AF	plicati	on pendin	2350 SARATOGA ST STE 260						
			City or town, state or province, co Alameda, CA 94501	untry, and ZIP or foreign postal code			G Gross	receipts \$ 1	50 414
			F Name and address of princ	inal officer:		11/-> -			
			GREGORY DEVINE	ipai officer.			s this a group ubordinates?	return for	Yes 🔽 No
						H(b) A	re all subordi	nates	Yes No
T Ta	x-exer	mnt status	Si El sout you El sout you				ncluded?	a list So	e instructions.
			s: 501(c)(3) 501(c)()(ir	sert no.) 4947(a)(1) or 52	.7		roup exemption		
J W	ebsit	te: ho	ousingisyourright.org						
K For	m of o	rganizatio	n: 🔽 Corporation 🔲 Trust 🦳 Associ	ation Other		L Year of	formation: 2022	M State	of legal domicile: CA
D.	art I	Sur	nmary						_
			lescribe the organization's missi	on or most significant activities	s:				
	(Our Miss	sion is to provide resources ensu	iring housing stability for those		by the h	ousing crisis u	ltimately	improving mental,
Ce	1	physical,	, and emotional health througho	ut marginalized communities					
Jan	-								
Nen	-								
Activities & Governance	2	Check t	this box $oxdot$ if the organization ${f d}$	iscontinued its operations or di	sposed of	f more th	an 25% of its	net asset	s.
×8			r of voting members of the gover					3	5
Je S			r of independent voting members					4	3
¥	5	Total n	umber of individuals employed i	n calendar year 2023 (Part V, Iii	ne 2a) •			5	0
Act			umber of volunteers (estimate if	**				6	10
	7a	Total u	nrelated business revenue from	Part VIII, column (C), line 12 •				7a	0
	b	Net unr	related business taxable income	from Form 990-T, Part I, line 1	11			7b	0
		• •					Prior Year		Current Year
9			utions and grants (Part VIII, line	•					83,100
Revenue			m service revenue (Part VIII, line	3,					0
B			ment income (Part VIII, column (**					0
			evenue (Part VIII, column (A), li		•				76,314
			evenue—add lines 8 through 11			.)			159,414
			and similar amounts paid (Part I						0
			s paid to or for members (Part IX			10)			0
Exp enses			s, other compensation, employe			10)			0
8			sional fundraising fees (Part IX,	, ,,					0
X			draising expenses (Part IX, column (D expenses (Part IX, column (A), I						89,160
			xpenses (Fartix, Column (A), 1 xpenses. Add lines 13-17 (mus	·					89,160
			re less expenses. Subtract line		•				70,254
e s	19	Revenu	e less expenses, subtract line .			Beg	inning of Curre	nt	End of Year
Net Assets or Fund Balances							Year		
Bal	20	Total a	ssets (Part X, line 16)						79,104
ind A	21	Total lia	abilities (Part X, line 26)						17,256
Zű	22	Net ass	sets or fund balances. Subtract	ine 21 from line 20					61,848
	art II		nature Block						
			f perjury, I declare that I have e I belief, it is true, correct, and co						
		-	knowledge.	mpiece: Beciaration of preparer	(other ti	Tan onice	17 13 54364 011	<u> </u>	defort of winer
Sigr	1	Signati	ure of officer				2024-05-10 Date		
Her		GREGO	RY DEVINE CHIEF EXECUTIVE						
		Type o	r print name and title Print/Type preparer's name	Preparer's signature		Date	G	PTIN	
Paid	d				2	2024-05-10	Check if self-employed	P0177165	4
	u par	۵r	Firm's name Essential Admin and C	onsulting		Firm's EIN 45-	1589691		
	e On	L	Firm's address PO Box 18497				Phone no. (510	1) 485-0553	
USE	<i>,</i> UII	ııy					riione no. (310	, 403-3332	
		26 "	Oakland, CA 94619					r	
			ss this return with the preparer		5. • •			· · !	Yes No
For P	aper	work Re	duction Act Notice, see the sep	arate instructions.		Cat. No	. 11282Y		Form 990 (2023)

Form	n 990 (2023)				Page 2
Pa	art III Statement of Program	Service Accompl	ishments		
	Check if Schedule O contains	a response or note to	any line in this Part III		🗆
1	Briefly describe the organization's r	nission:			
	Mission is to provide resources ensur emotional health throughout margina		r those affected by the	housing crisis ultimately impro	oving mental, physical,
anu	emotional health throughout margina	nzeu communicies			
2	Did the organization undertake any	significant program ser	rvices during the year w	hich were not listed on	
	the prior Form 990 or 990-EZ? .				Yes V No
	If "Yes," describe these new servic	es on Schedule O.			
3	Did the organization cease conducti	ng, or make significant	changes in how it cond	ducts, any program	
	services?				Yes V No
	If "Yes," describe these changes or	Schedule O.			
4	Describe the organization's program expenses. Section 501(c)(3) and 50 the total expenses, and revenue, if)1(c)(4) organizations a	are required to report t		•
4a	(Code:) (Expens	es \$ 64,580	including grants of \$) (Revenue \$)
	Housing Is Your Right has helped over 10 with their lenders through restructuring tl (100% of clients have gone through this program we find out our clients housing count on our clients behalf to reinstate the loan. As well as Financial Literacy and Education of the second s	neir mortgage loans and edu program)Majority of our clie risis and navigate the correc eir loan by reducing the inter	cation and financial literacy nation in the care helped with our Loan at channels for housing resolutions.	workshops.Loan Modification Counselin Modification Counseling and Housing ution and sustainability. These channel	ng and Housing Support: Support program. During this Is involve negotiating with the
4b	(Code:) (Expens	es \$	including grants of \$) (Revenue \$)
					_
4c	(Code:) (Expens	es \$	including grants of \$) (Revenue \$)
					_
4d	Other program services (Describe	in Schedule O)			_
тu	(Expenses \$	including grants o	of \$) (Revenue \$)
4e	Total program service expenses	64,580			<u> </u>
					Form 990 (2023)

VIII, IX, or X, as applicable.

Form 990 (2023) Page 3 **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🖏 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Νo 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . .

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. 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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

12a fights 6000 for the tax year? If "Yes," complete

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

Schedule D, Part VI.

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete

Νo

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Form **990** (2023)

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20b

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Yes

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

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Part V

entity or family member of any of these persons?

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Nο

Nο

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Yes

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Form 990 (2023)

Checklist of	Requi	ired S	chedul	es (d	contin	ued)							
	•	•				•	•		•			Yes	
				_						 			Т

No 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 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's

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

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a 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

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

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

哲道學研究 公公司用包括证例所的的形式的 智利并引力 or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .

Hid the Granketation field to the schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

เพื่อรัฐโลย Complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

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

Statements Regarding Other IRS Filings and Tax Compliance

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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art IV	Checklist of Required Schedules (continued)	

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a	No
b	නිරුප්මණුt)මnter the name of the foreign country:		
5a	Washine organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	No
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	No
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No
16	IS "thesophgææitationstruetloostambfilæsFiturtio和及如约多chedullæeNsection 4968 excise tax on net investment income?	16	N o
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

independent

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apply.

Section C. Disclosure

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Yes

Yes

Yes

Yes

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15a

15b

16a

16b

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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 lines

1b

Nο

Nο

Nο

No

Νo

Nο

Νo

Νo

Nο

Νo

Νo

Νo

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8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No

1a Enter the number of voting members of the governing body at the end of the tax 1a 5 Yethere are material differences in voting rights among members of the governing

body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

Did the organization delegate control over management duties customarily performed by or under the direct

Did the organization make any significant changes to its governing documents since the prior Form 990 was Blathe organization become aware during the year of a significant diversion of the organization's assets? . .

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

b Describe on Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 .

Did the organization have a written document retention and destruction policy? .

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Own website Another's website Volon request Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year.

GREGORY DEVINE 2350 SARATOGA ST Alameda, C A 94501 (833) 446-8733

a The organization's CEO, Executive Director, or top management official . .

List the states with which a copy of this Form 990 is required to be filed

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T

(section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that

State the name, address, and telephone number of the person who possesses the organization's books and records:

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

supervision of officers, directors or trustees, or key employees to a management company or other person? .

Enter the number of voting members included in line 1a, above, who are

other officer, director, trustee, or key employee?

Did the organization have members or stockholders? . .

10a Did the organization have local chapters, branches, or affiliates?

Did the organization have a written whistleblower policy? .

b Other officers or key employees of the organization

b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
	Did the organization contemporanceucly document the meetings held or written actions undertaken during the		

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? year by the following: **a** The governing body? 8a Yes **b** Each committee with authority to act on behalf of the governing body? 8b Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

9 organization's mailing address? If "Yes," provide the names and addresses in Schedule ${\it O}\,$. Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

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

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, or 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 r	(B)		(C)					(D)	(E)	(F)									
Name and title	Average		tion (do not check more			Reportable	Reportable	Estimated											
	hours per		nless person is both an	offic			compensation		amount of										
	week (list any hours for		director/truste				from the organization	from related organizations	other compensation										
		or o	Institutional Trustee;	8	9	Hig	For	(W-2/1099-	(W-2/1099-	from the									
	organizations	dividual t		Officer	9	hes	Former	MISC/1099-	MISC/1099-	organization									
	below dotted	below dotted	below dotted	below dotted	below dotted line)	below dotted line)	below dotted line)	below dotted	below dotted line)	below dotted	cto		1000	npk	t co	4	NEC)	NEC)	and related organizations
	mic,	7 2			Key employee	Jmc				Organizacio									
		stee	Institutional Trustee;		Φ	en													
		4				Highest compensated employee													
						be													
(1) JERRY BEVERLY	0.00																		
SECRETARY				Χ				0	0	U									
(2) ERIC DEVINE	0.00																		
				Х				0	0	0									
CHIEF FINANCIAL OFFICER	0.00																		
(3) GREGORY DEVINE	0.00			Х				0	0	0									
CHIEF EXECUTIVE OFFICER	0.00			^				-	-	•									
				='															
					-														
									Form 990 (2										

1

Par	t VII Section A. O	fficers, Direct	ors, T	rustees, Key Employ	ees	, a	nd Hi	ghe	est Compensate	d Employees (cor.	itinued)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)		(C) tion (do not check more nless person is both an director/truste Institutional Trustee;	offic			×, Former	(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	3	(F) Estima amount of compens from organiz and rel organiza	ated of other sation the ation lated
-													
-													
	Sub-Total					l .							
	otal from continuatio otal (add lines 1b and								0		0		(
2	Total number of indiv \$100,000 of reportab			not limited to those listent the organization 0	d al	oove	e) who	rec	ceived more than				
												Yes	No
3	Did the organization on line 1a? If "Yes," o			, director or trustee, ke r such individual	y en	nplo •	yee,	or hi	ighest compensate	ed employee	3		Νο
4													
	individual										4		No
5				accrue compensation fr 'es," complete Schedule 2							5		No
	ction R. Indepen	dont Contro											

ction B. Independent Contractors								
Complete this table for your five highest compensated independent contractors that rec	eived more than \$100,000 of							
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year								
(A) Name and business address	(B) Description of services	(C Comper						
Name and publicos address	Description of services	Comper						

Harrie and business address	B coch partition of oct vices	Compensation
2 Total number of independent contractors (including but not limited to those listed above) v	who received more than	

		(2023)									Page 9
Par	l VIII		nt of Revenue			any line in this De	rt \/!!!				
		CHECK II SC	hedule O contains a re	sponse or not	te to	(A) Total revenue	(B) Relate exem functi rever) d or ipt on	(C) Unrelate busines revenue	s excl e tax ur	(D) Levenue uded from oder sections 12 - 514
Contr	ibut	ions, Gifts, Gra	nts, and OtherAmt Sim	ilar Amounts	b N c F d F e G f A a	Federated campaig Membership dues Fundraising events Related organizatio Government grants (con NII other contributions, so and similar amounts no above loncash contributions in lines 1a - 1f:\$	ns	1a 1b 1c 1d 1e	83,	100	
						'otal. Add lines 1a	-1f	1g		83,100	
				Business C						63,100	
Program Service Revenue	2a b c d e		am service revenue.								
	g	Total. Add line	es 2a-2f								
			3 Investment income other 4 9 inclasses from the est 5 Royalties 6a Gross rents	(i) R	exemi						
			b Less: rental expenses c Rental income or	6b							
Other Revenue			(loss) d Net rental income 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)			1					
he			d Net gain or (loss)			<u> </u>					
Ò			8a Gross income from fun (not including \$ contributions reported See Part IV, line 18 b Less: direct exper c Net income or (los	on line 1c).	8	sa bb g events					
			9a Gross income from	n gamina							
			activities.	_	9	a					
			See Part IV, line 19 b Less: direct exper c Net income or (los			tivitios					
			c Net income or (los	ss) Holli gallii	ily ac	tivities					
			10a Gross sales of inverteurns and alloware b Less: cost of good	inces	10		_				
			c Net income or (los	s) from sales	of in	ventory					
			112 -			Business Code		3,053	3,053		
			11a General Donation	IS		3313	390	3,033	3,033		
			b In-Kind Donations	S		5313	390	73,261	73,261		
Oth	erRe	evenueMiscAmt	с								
			1.00								
			d All other revenue e Total. Add lines 1								
			12 Total revenue. See		•			76,314			
			Total Tevenue. See	ะ การเกินตนิได้ที่รั	•			159,414	76,314		0 (2022)

	m 990 (2023)				Page 10
Pa	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus	t complete all colur	nns All other organ	nizations must comi	olete column (A)
	Check if Schedule O contains a response or note to			nzaciona mase com	Siete column (A).
	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				
	Compensation of current officers, directors, trustees, and key employees				
	(as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
9	Other employee benefits	1		I	
	Payroll taxes				
	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting	763	572	153	38
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	3,250	2,438	650	162
13	Office expenses	2,956	2,217	591	148
14	Information technology				
15	Royalties				
16	Occupancy	31,796	23,847	6,359	1,590
17	Travel	650	487	130	33
	Payments of travel or entertainment expenses for any federal, state, or local public officials . Conferences, conventions, and meetings				
	Interest	145	109	29	7
	Payments to affiliates	2.3	103		
	Depreciation, depletion, and amortization				
	Insurance	2,095	1,571	419	105
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Fundraising events	3,054			3,054
	h Contractors	44,142	33,107	8,828	2,207
	b Contractors	309	232	62	15
	c Business and License Fees d	307	232	32	
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	89,160	64,580	17,221	7,359
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).	55/156	3.,550	27,7-12	.,555

_	n 990 art X	(2023) Balance Sheet			Page 11
Г	ait A	_			Г
		Check if Schedule O contains a response or note to any line in this Part IX	(A)		(B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing		1	79,104
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
Assets	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities .		11	
	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		15	
	16	Total assets: Add lines 1 through 15 (must equal line 33)	0	16	79,104
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
SS	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other 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		22	
- 10	23	Secured mortgages and notes payable to unrelated third parties		23	
	23 24	· · · · · · · · · · · · · · · · · · ·		24	9,704
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	7,552
	26	Total liabilities. Add lines 17 through 25	0	26	17,256
es		Organizations that follow FASB ASC 958, check here 🔽 and complete			
Balances	27	lines 27, 28, 32, and 33. Net assets without donor restrictions		27	61,848
d Ba	28	Net assets with donor restrictions		28	
Fund		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and			
o	29	complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building or equipment fund		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds		31	
at h	32	Total net assets or fund balances	0	32	61,848
Net	33	Total liabilities and het assets/fund balances	0	33	79,104

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2023)

3b

Form 990 (2023)		
Additional Data		Return to Form
	C. fl.	
	Software ID:	
	Software Version:	
Form 990, Special Condition Description	on:	
	Special Condition Description	

(Form 990) Department of the Treasury

Internal Revenue Service

Name of the organization

HOUSING IS YOUR RIGHT INC

Form 990 or 990-EZ.

SCHEDULE A

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

Employer identification number

88-3965405

Inspection

OMB No. 1545-0047

1		A church, convention of	of churches, or	association of churc	hes described ir	section 170(b	o)(1)(A)(i).	
2		A school described in	section 170(b))(1)(A)(ii). (Attach S	chedule E (Form	າ 990).)		
3		A hospital or a coopera	ative hospital :	service organization o	described in sec	tion 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 operat 170(b)(1)(A)(iv). (Co		-	versity owned o	r operated by a	a governmental unit d	escribed in section
6		A federal, state, or loca	al government	or governmental unit	described in se	ction 170(b)(1	.)(A)(v).	
7		An organization that no described in section 1 7	•	·		m a governme	ntal unit or from the g	eneral public
8		A community trust des	cribed in secti	ion 170(b)(1)(A)(vi).	(Complete Part	t II.)		
9		An agricultural researd university or a non-lan						
10	V	An organization that no receipts from activities from gross investment organization after June	s related to its income and u	exempt functions—sunrelated business tax	ubject to certain able income (le	exceptions, ar ss section 511	nd (2) no more than 3	3 1/3% of its support
11		An organization organi				-	509(a)(4).	
12		An organization organizone or more publicly so the box on lines 12a th	upported organ	nizations described in	section 509(a)	(1) or section 5	609(a)(2). See section	509(a)(3). Check
а		Type I. A supporting or supported organization organization. You must	rganization ope (s) the power	erated, supervised, or to regularly appoint o	controlled by it r elect a majorit	ts supported or	ganization(s), typical	y by giving the
b		Type II. A supporting of management of the supmust complete Part IV	pporting organ	ization vested in the				
С		Type III functionally in supported organization						rated with, its
d		Type III non-functional not functionally integral (see instructions). You	ated. The orga	nization generally mu	st satisfy a disti	ribution require		` '
е		Check this box if the o integrated, or Type III	-				s a Type I, Type II, Ty	pe III functionally
f	Enter	r the number of supporte	ed organizatior	15			· · · · · · · <u> </u>	
g	(:) N	Provide the following in		1	` '		() A	(-:\) A
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines	listed in you docur		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				1- 10 above (see instructions))	Yes	No		
Tota								
		vork Reduction Act Noti	ce, see the Ins	structions for	<u>l</u> Cat. No. 11285	F	Schedule	A (Form 990) 2023

Schedule A (Form 990) 2023 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge.. Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) 7 Amounts from line 4. . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 assets (Explain in Part VI.). . Total support. Add lines 7 through

.

.

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage

Public support percentage for 2023 (line 6, column (f) di

ne 11, column (f))

_1

		_	
)	divided	by	lin

.

Public support perce	ntage for 2023 (I	line 6, column (f) divided by line
Public support perce	entage for 2022	Schedule A, Par	t II, line 14

1-4	t abite support personnings for 2025 (into 6) column (i) arriada 5) into 22, column (i), i i i i i i i i i i i	1	
15	Public support percentage for 2022 Schedule A, Part II, line 14	15	
16a	33 1/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or	more,	check this box

17a 10%-facts-and-circumstances test-2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

15

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

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 159,414 159,414 membership fees received. (Do not include any "unusual grants.") . 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 159,414 159,414 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. c Add lines 7a and 7b. . **Public support.** (Subtract line 7c 159,414 from line 6.) Section B. Total Support

Calendar year (or fiscal year beginning in)

1975.

c 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.) . . 13 Total support. (Add lines 9, 10c,

11, and 12.). .

16

17

9 Amounts from line 6. . .

Gross income from interest, dividends, payments received on

Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,

Section C. Computation of Public Support Percentage

Section D. Computation of Investment Income Percentage

securities loans, rents, royalties and income from similar sources

(a) 2019

Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f))

Public support percentage from 2022 Schedule A, Part III, line 15

Investment income percentage from 2022 Schedule A, Part III, line 17

(b) 2020

First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

19a 33 1/3% support tests-2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests-2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

(c) 2021

(d) 2022

(e) 2023

15

16

17

Schedule A (Form 990) 2023

159,414

(f) Total

159,414

1

2

За

3b

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2023

Page 4

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

12d, of Part I, complete Sections A and D, and complete Part V.)

checked checked box

Section A. All Supporting Organizations Yes No 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.

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).

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

made the determination.

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

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 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. 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

4a 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

4b or supervised by or in connection with its supported organizations. 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 4c all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

Supporting Organizations (continued)

Page 5

а					
	below, the governing body of a supported organization?	11a			
b	A family member of a person described on 11a above?	11b			
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in	11c			
S	Part VI. ection B. Type I Supporting Organizations				
			Yes	No	
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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.				
S	ection C. Type II Supporting Organizations				
			Yes	No	
1	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				
	ection 7. All Type III Supporting Organizations				
	ection b. Air Type 111 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	. 65		
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 the organization maintained a close and continuous working relationship with the supported organization(s).	2			
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations	3			
	ection E. Type III Functionally-Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	tructio	ns)·		
	The organization satisfied the Activities Test. Complete line 2 below.	uctio			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.				
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see			
	instructions)				
2	Activities Test. Answer lines 2a and 2b below.		Yes	No	
	 a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 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, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the 	2a			

reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

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.

2b

За

3b

1 Net short-term capital gain

Enter 85% of line 1

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

temporary reduction (see instructions)

3

4

7

Section A - Adjusted Net Income

Recoveries of prior-year distributions

Other gross income (see instructions)

1 Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

(B) Current Year

(optional)

(A) Prior Year

2

3

1

2

3

4

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Page **6**

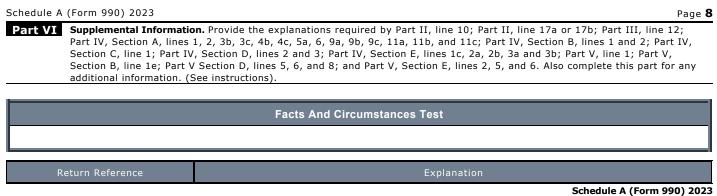
	•			
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section 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):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	: Fair market value of other non-exempt-use assets	1c		
-	I Total (add lines 1a, 1b, and 1c)	1d		
6	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 $0.015\ \text{of line 3}$ (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		
	Section C - Distributable Amount			Current Year

instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

(continued)

Page **7**

1 Amounts paid to supported organizations to accompli	sn exempt purposes		1		
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3 Administrative expenses paid to accomplish exempt	ourposes of supported organ	izations	3		
	surposes of supported organ	12410113	4		
4 Amounts paid to acquire exempt-use assets					
5 Qualified set-aside amounts (prior IRS approval requir	ed - provide details in Part V	I)	5		
6 Other distributions (describe in Part VI). See instruc	tions		6		
7 Total annual distributions. Add lines 1 through 6.			7		
8 Distributions to attentive supported organizations to (provide details in Part VI). See instructions	which the organization is res	sponsive	8		
9 Distributable amount for 2023 from Section C, line 6			9		
·					
10 Line 8 amount divided by Line 9 amount			10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdis	i) tribut 2023	ions	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions.					
3 Excess distributions carryover, if any, to 2023:					
a From 2018					
b From 2019					
c From 2020					
d From 2021					
e From 2022					
f Total of lines 3a through e					
g Applied to underdistributions of prior years					
h Applied to 2023 distributable amount					
 Carryover from 2018 not applied (see instructions) 					
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 Distributions for 2023 from Section D, line 7:					
a Applied to underdistributions of prior years					
b Applied to 2023 distributable amount					
c 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. If the amount is greater than zero, explain in Part VI					
See instructions.					
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.					
7 Excess distributions carryover to 2024. Add lines 3j and 4c.					
8 Breakdown of line 7:					
a Excess from 2019					
b Excess from 2020					
c Excess from 2021					
d Excess from 2022					
e Excess from 2023					
				Sc	chedule A (Form 990) (2023)



Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2023 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** HOUSING IS YOUR RIGHT INC 88-3965405 Organization type (check one): Filers of: Section: Form 990 or 990-F7 ☐ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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. General Rule 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HOUSING IS YOUR RIGHT INC Employer identification number 88-3965405

	N NIGHT INC	00 330340	
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash
(a)	(b)	(c)	contributions.) (d)
No. -	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

(d)

Date received

Schedule B (Form 990) (2023)

Employer identification number

88-3965405

(c)

FMV (or estimate)

(See instructions)

Page 3

Description of noncash property given

(b)

Description of noncash property given

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

No. from Description of noncash property given

Part I

(a) No. from Part I

Part II

(a)

(a) No. from Part I

(a)

No. from

Part I

(a)

No. from

Part I

(a)

No. from

Part I

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

НО	USING IS YOUR RIGHT INC					2065405	
Рa	ort I Organizations Maintaining Donor A	Advised Funds	or (Other Similar F		3965405	-
	Complete if the organization answered				unus	or Accounts.	•
		(a) Dono	r adv	vised funds		(b) Funds and o	ther accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor adv the organization's property, subject to the organization						Yes No
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the doi impermissible private benefit?	nor or donor advis	or, or	r for any other purp	ose cor	nferring	☐ Yes ☐ No
Pa	Conservation Easements. Complete if the organization answered	"Yes" on Form 9	90,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the o	organization (check	c all t	that apply).			
	Preservation of land for public use (e.g., recreati	ion or education)		Preservation of a	n histor	rically important	land area
	Protection of natural habitat			Preservation of a	certifie	ed historic struct	ture
	Preservation of open space						
2	Complete lines 2a through 2d if the organization hel	ld a gualified cons	orvat	tion contribution in	the for	m of a consorvat	ion
2	easement on the last day of the tax year.	iu a quaimeu coms	ervat	tion contribution in	the fori		nd of the Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements	5			2b		
	Niverband of annual street and a substitute by			d:- (-)			
с	Number of conservation easements on a certified his			. ,	2c		
d	Number of conservation easements included in (c) a historic structure listed in the National Register		·	·	2d		
3	Number of conservation easements modified, transfetax year	erred, released, ex	tingu	uished, or terminate	ed by th	ne organization o	luring the
4	Number of states where property subject to conserv	vation easement is	loca	ated 🕨			
5	Does the organization have a written policy regardin violations, and enforcement of the conservation eas				_	 f Ye s	s 🗆 No
6	Staff and volunteer hours devoted to monitoring, ins	specting, handling	of vi	iolations, and enfor	cing coi	nservation easen	nents during the
7	Amount of expenses incurred in monitoring, inspecting \$	ing, handling of vi	olatio	ons, and enforcing (conserv	ation easements	during the year
8	Does each conservation easement reported on line (B)(i) and section $170(h)(4)(B)(ii)$?					70(h)(4)	s No
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to th				•	
Pai	TIII Organizations Maintaining Collecti Complete if the organization answered				or Ot	her Similar <i>I</i>	Assets.
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets h service, provide, in Part XIII, the text of the footno	eld for public exhil	bition	n, education, or res	earch ii	n furtherance of	
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item	B ASC 958, to rep I for public exhibit	ort in	n its revenue staten	nent an	id balance sheet	
((i) Revenue included on Form 990, Part VIII, line 1 .					. > \$	
(ii) Assets included in Form 990, Part X					. > \$	
2	If the organization received or held works of art, his following amounts required to be reported under FA	•			or finan	ncial gain, provid	e the
а	Revenue included on Form 990, Part VIII, line 1					> \$	
b	Assets included in Form 990, Part X				<u></u>	. > \$	
or	Panerwork Peduction Act Notice see the Instructions	for Form 000		Cat No		Schodule	D (Form 990) 202

3	Using the organization's acquisition, access	ssion, and other records, o	check	any of	the follo	wing tha	it are a signif	ficant us	e of its
а	collection items (check all that apply): Public exhibition	d		Loan	or excha	ange nro	arame		
b	_	e	_				-		
	Scholarly research	C		Othe	·				
С	Preservation for future generations								
4	Provide a description of the organization's Part XIII.	collections and explain ho	ow the	y furth	er the or	ganizati	on's exempt	purpose	in
5	During the year, did the organization solic assets to be sold to raise funds rather that							Yes	□ No
Pa	rt IV Escrow and Custodial Arrai Complete if the organization and Part X, line 21.		n 990,	Part	IV, line	9, or r	eported an	amount	t on Form 990,
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?							Yes	□ No
b	If "Yes," explain the arrangement in Part	XIII and complete the follo	owing	table:			A	Mount	
c	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	•					<u></u>			□ No
2a	Did the organization include an amount or	n Form 990, Part X, line 2	1, for	escrow	or custo	odial acc	ount liability	? Tes	□ NO
b	If "Yes," explain the arrangement in Part	XIII. Check here if the ex	planat	ion has	s been pr	ovided	n Part XIII	[
Pa	rt V Endowment Funds.								
	Complete if the organization a		1 990, b) Prior				ole (d) Thron ve	aawa baak	(e) Four years back
12	Beginning of year balance	(a) Current year (1	b) Prior	year	(c) Iwo	years bac	k (a) Three ye	ars back	(e) Four years back
	Contributions								
C	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	2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:								
а	a Board designated or quasi-endowment								
b	Permanent endowment								
c	c Term endowment								
	The percentages on lines 2a, 2b, and 2c should equal 100%.								
3a	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No								
	(i) Unrelated organizations			•					(i)
ь	(ii) Related organizations								(ii) Bb
		·							
4	Describe in Part XIII the intended uses of rt VI Land, Buildings, and Equip		ment 1	unds.					
Pα	rt VI Land, Buildings, and Equipa Complete if the organization as		990.	Part	IV. line	11a. S	ee Form 99	0. Part	X. line 10.
-	Description of property (a) Cost or o (investr	ther basis (b) Cost or oth					depreciation		Book value
12	Land								
	Buildings								
	Leasehold improvements								
	· ·								
	Equipment Other								
-		1			1				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Complete if the organization answered "Yes" on Form 9	990 Part	IV line 11h Se	e Form 990	Part X line 12
(a) Description of security or category	(b) Boo	ok	(c) Method of v	valuation:
al derivatives	- 70.00	3331		- manner variae
-neid equity interests				
nn (b) must equal Form 990, Part X, col. (B) line 12.)	Þ			
Complete if the organization answered 'Yes' on Form 9	990, Part			
(a) Description of investment		(b) Book value		thod of valuation: -of-year market value
nn (b) must equal Form 990, Part X, col.(B) line 13.)	Þ			
Complete if the organization answered 'Yes' on Form 9	90, Part I	V, line 11d. See	e Form 990,	
(a) Description				(b) Book value
mn (b) must equal Form 990, Part X, col.(B) line 15.)				х
Other Liabilities. Complete if the organization answered 'Yes' on Form 9	90, Part I	V, line 11e or 1	.1f.	
See Form 990, Part X, line 25. (a) Description of liability				(b) Book value
income taxes				7.55
1				7,552
			1	
	in (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Complete if the organization answered 'Yes' on Form 9 (a) Description of investment in (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered 'Yes' on Form 9 (a) Description (b) must equal Form 990, Part X, col. (B) line 13.) Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25. (a) Description of liability	and the deputity interests In (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part X (a) Description (a) Description of investment Other Assets. Complete if the organization answered 'Yes' on Form 990, Part I (a) Description (a) Description Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part I (a) Description Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part I See Form 990, Part X, tol. (B) line 15.) Other Liabilities. Other Liabilities.	al derivatives held equity interests In (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. Se (a) Description of investment (b) Book value In (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. Se (a) Description The complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. Se (b) Book value In (b) must equal Form 990, Part X, col. (B) line 13.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. Se (a) Description Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 15 See Form 990, Part X, line 25. (a) Description of liability Income taxes	In (b) must equal Form 990, Part X, col. (8) line 12.) Investments - Program Related. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, (a) Description (b) must equal Form 990, Part X, col. (8) line 13.) Other Assets. Complete if the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, (a) Description (b) must equal Form 990, Part X, col. (8) line 13.) Other Assets. Complete if the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Ca) Description (c) must equal Form 990, Part X, col. (8) line 15.) Other Liabilities. Complete if the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, col. (6) Description of liability

3

1

2

3

Part XII

Page 4

	Return.		
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	

_	Net unrealized gains (losses) on investments		2a					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
-	rotal revenue, gams, and other support per dudited infancial statements	•	•	•	•	•	•	•

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities 2b 2c

Donated services and use of facilities

Subtract line 2e from line 1

Add lines **4a** and **4b**

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Other losses Other (Describe in Part XIII.)

Add lines 2a through 2d

Add lines 2a through 2d

Subtract line 2e from line 1

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Add lines 4a and 4b

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:

2a 2b

2c

2d

4a

4b

2d

4a

4b

2e 3

5

2e

4c

1

4c

Part XIII	
Supplemental	Information

Return Reference

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Explanation

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

SCHEDULE O (Form 990)

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

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.

Open to Public Inspection

Schedule O (Form 990) 2023

OMB No. 1545-0047

Return

Department of the Treasury

Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Explanation

Internal Revenue Service **Employer identification number** Name of the organization HOUSING IS YOUR RIGHT INC 88-3965405

Reference Officer Family relationship. directors etc. family relationship Part VI line 2 Form 990 The Board is provided the tax return to review prior to filing governing body review Part VI line 11 Conflict of Conflict of interest policy available upon request interest policy compliance Part VI line 12c Form 990 Other documents may be available upon request. availability to public Part VI line 18 Governing Governing documents made available to the public upon request documents etc available to public Part VI line 19 Explanation Rounding variances of other changes in net assets or fund balances Part XI line 9

Cat. No. 51056K