

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B	This return/report is ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)
D	If the plan is a collectively-bargained plan, check here ▶ ☐
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ ☐

Part II	Basic Plan Information—enter all requested information			
1a	Name of plan 330882 - HOUSING UP DEFINED CONTRIBUTION PLAN	1b	Three-digit plan number (PN) ▶	001
		1c	Effective date of plan	01/01/2002
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRANSITIONAL HOUSING CORPORATION HOUSING UP HOUSING UP 1322 MAIN DR NW WASHINGTON, DC 20012-2873	2b	Employer Identification Number (EIN)	52-1675958
		2c	Sponsor's telephone number	202-291-3104
		2d	Business code (see instructions)	813000
3a	Plan administrator's name and address ☒ Same as Plan Sponsor.	3b	Administrator's EIN	
		3c	Administrator's telephone number	
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b	EIN	
		4d	PN	
5a	Total number of participants at the beginning of the plan year	5a		48
b	Total number of participants at the end of the plan year	5b		40
c(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)		43
c(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)		40
d(1)	Total number of active participants at the beginning of the plan year	5d(1)		30
d(2)	Total number of active participants at the end of the plan year	5d(2)		30
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e		0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	04/18/2026	TEMO GOLETIANI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☒ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1718386	1515561
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1718386	1515561
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	19791	
(2) Participants	8a(2)	99584	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	256930	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		376305
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	570159	
e Certain deemed and/or corrective distributions (see instructions) .	8e	8846	
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	125	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		579130
i Net income (loss) (subtract line 8h from line 8c)	8i		-202825
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristic Codes

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2L
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c		X	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		8846
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X	

Part VI Pension Funding Compliance

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.....	☐ Yes ☒ No
a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.....	11a
b	PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
	☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____	

12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.	☐ Yes ☒ No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		
b	Enter the minimum required contribution for this plan year	12b
c	Enter the amount contributed by the employer to the plan for this plan year	12c
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a	Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
a	If "Yes," enter the amount of any plan assets that reverted to the employer this year.....	13a
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	
	☐ Yes ☒ No	
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	
13c(1) Name of plan(s):		13c(2) EIN(s)
		13c(3) PN(s)

Part VIII IRS Compliance Questions

14a	Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No
14b	If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
	☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☒ N/A
15	If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.



5500 Reportable Transactions

TRANSITIONAL HOUSING CORPORATION

Summary of 5% Reportable Transactions
Pursuant to Department of Labor Regulation (DOL) 2520.103-(6)(c)
For the Plan Year Ending: 12/31/2025

Beginning Plan Balance (1):	\$1,720,475.06
5% of Beginning Balance (applicable for IRS Form 5500, Schedule H filers):	\$86,023.75

Schedule below is a record of all non-participant directed transactions pursuant to IRS Form 5500 instructions.

Transactions pursuant to DOL Sec. 2520-103-6(c)(1)(i) and 2520.103-6(d):

A transaction within the plan year, with respect to any plan asset, involving amount in excess of 5% for Schedule H filers of the current value of plan assets.

Description of Asset/Transaction	Date	Purchase Price	Sales Price	Expense Incurred	Cost of Assets	Realized Gain (Loss)	% to Balance
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NO NON-PARTICIPANT DIRECTED TRANSACTIONS

Department of Labor regulations require that reportable transactions be determined based on the value of the plan assets as of the beginning of the plan, (unless the Form 5500 is being filed for the initial plan year in which case the value of the plan assets as of the end of the plan year is used). Please note that if your plan converted to TIAA-CREF during the plan year, or TIAA-CREF did not recordkeep all of the plan assets as of the beginning of the plan year, TIAA-CREF is unable to determine the actual value of the plan assets as of the beginning of the plan year. Therefore, the beginning of the year value reflected on this report would not be correct. You should apply the value of the transactions identified on this report to the actual value of the assets as of the beginning of the plan year to determine whether or not they are reportable (i.e., exceed 5% of the actual value of the plan assets as of the beginning of the year).



FILING SUMMARY FOR FORM 5500-SF

TRANSITIONAL HOUSING CORPORATION

Activity for the Reporting Period: 01/01/2025 to 12/31/2025

Part III Section 7 : Plan Assets and Liabilities	
Opening Form 5500 reportable plan assets (Enter Amount on Line 7a Column (a))	\$1,718,386.05
Closing Form 5500 reportable plan assets (Enter Amount on Line 7a Column (b))	\$1,515,561.61
Part III Section 8: Income, Expenses and Transfers for this Plan Year	
Plan Contributions - Employer (Enter Amount on Line 8a(1))	\$19,791.71
Plan Contributions - Employee (Enter Amount on Line 8a(2))	\$99,584.76
Plan Contributions - Others (Enter Amount on Line 8a(3))	\$0.00
Other Income (Enter Amount on Line 8b)	\$256,930.29
Benefits Paid (Enter Amount on Line 8d)	(\$570,159.51)
Certain deemed distributions of participant loans (Enter Amount on Line 8e)	(\$8,846.69)
Other expenses (Enter Amount on Line 8g)	(\$125.00)
Transfers To (From) the Plan (Enter Amount on Line 8j)	\$0.00
Part V Section 10: Specific Assets	
Closing value of Participant loans (Enter Amount on Line 10g)	\$32,174.61



Participant Count

TRANSITIONAL HOUSING CORPORATION

Activity for the Reporting Period: 01/01/2025 to 12/31/2025

5	Total Number of participants at beginning of Plan Year	48
6a(1)	Active participants at the beginning of the plan year	30
6a(2)	Active participants at the end of the plan year	30
6b	Retired or separated participants receiving benefits	0
6c	Other retired or separated participants entitled to future benefits	16
6d	Subtotal (6a(2), 6b and 6c)	46
6e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	0
6f	Total (6d and 6e)	46
6g(1)	Number of participants with accounts balances at beginning of Plan year	43
6g(2)	Number of participants with accounts balances at end of Plan year	40
6h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	0



FILING SUMMARY FOR SCHEDULE A

TRANSITIONAL HOUSING CORPORATION

Activity for the Reporting Period: 01/01/2025 to 12/31/2025

Part I Line 1 : Coverage Information	
Name of Insurance carrier (Enter on Line 1a)	TIAA-CREF
Employer Identification Number (Enter on Line 1b)	13-1624203
National Association of Insurance Commissioners code (Enter on Line 1c)	69345
Contract or identification number (Enter on Line 1d)	330882
Approximate number of persons covered at end of policy or contract year (Enter on Line 1e)	40
Policy or contract year – From (Enter on Line 1f)	01/01/2025
Policy or contract year – To (Enter on Line 1g)	12/31/2025
Part I Line 2 : Insurance fee and commission information	
Total amount of commissions paid (Enter on Line 2)	\$0.00
Total amount of fees paid (Enter on Line 2)	\$0.00
Part I Line 3 : Persons receiving commissions and fees	
Name and address of the agent, broker, or other person to whom commissions or fees were paid(Enter on Line 3a)	<No Entry Required>
Amount of commissions paid (Enter on Line 3b)	<No Entry Required>
Fees paid – Amount (Enter on Line 3c)	<No Entry Required>
Fees paid – Purpose (Enter on Line 3d)	<No Entry Required>
Fees paid – Organization code (Enter on Line 3e)	<No Entry Required>
Part II Lines 4 and 5 : Investment and Annuity Contract Information	
Current value of plan's interest under this contract in the general account at year end (Enter on Line 4)	\$107,339.01
Current value of plan's interest under this contract in separate accounts at year end (Enter on Line 5)	\$1,376,047.99
Part II Line 6 : Contracts With Allocated Funds	
<No Entry Required>	
Part II Line 7 : Contracts With Unallocated Funds	
Type of contract (Enter on Line 7a)	3 - Guaranteed Investment
Balance at the end of the previous year (Enter on Line 7b)	\$103,164.41
Contributions deposited during the year (Enter on Line 7c(1))	\$0.00
Dividends and credits (Enter on Line 7c(2))	\$0.00
Interest credited during the year (Enter on Line 7c(3))	\$4,174.60
Transferred from separate account (Enter on Line 7c(4))	\$0.00
Other (Enter on Line 7c(5))	\$0.00
Disbursed from fund to pay benefits or purchase annuities during the year (Enter on Line 7e(1))	\$0.00
Administration charge made by carrier (Enter on Line 7e(2))	N/A
Transferred to separate account (Enter on Line 7e(3))	\$0.00
Other (Enter on Line 7e(4))	\$0.00
Balance at the end of the current year (Enter on Line 7f)	\$107,339.01
Part III Line 8, 9 and 10 : Welfare Benefit Contract Information	
<No Entry Required>	
Part IV Line 11 and Line 12 : Provision of Information	
Complete only if insurance company failed to provide information to complete Schedule A	



FILING SUMMARY FOR SCHEDULE - C

TRANSITIONAL HOUSING CORPORATION

Activity for the Reporting Period: 01/01/2025 to 12/31/2025

Part I, Line 1 : Information on Persons Receiving Only Eligible Indirect Compensation Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation (Enter on Line b)	(Enter on Line 1 a) YES TIAA 13-1624203
Part I, Line 2 : Information on Other Service Providers Receiving Direct or Indirect Compensation Enter name and EIN or address (Enter on Line a) Service Code(s) (Enter on Line b) Relationship to employer, employee organization, or person known to be a party-in-interest (Enter on Line c) Enter direct compensation paid by the plan. If none, enter -0- (Enter on Line d) Did service provider receive indirect compensation? (Enter on Line e) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? (Enter on Line f) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0- (Enter on Line g) Did the service provider give you a formula instead of an amount or estimated amount? (Enter on Line h)	TIAA - Teachers Insurance and Annuity Association of America13-1624203 TIAA - Teachers Insurance and Annuity Association of America, 730 Third Ave. New York, NY 10017-3206 \$275 Yes Yes \$0.00 No
Part I, Line 3 : Service Provider Information (Continued) Enter service provider name as it appears on line 1 (Enter on Line a) Service code(s) (Enter on Line b) Enter amount of indirect compensation (enter on Line c) Enter name and EIN (address) of source of indirect compensation (Enter on Line d) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation (Enter on Line e)	No entry required
Part I, Line 4 : Service Providers Who Fail or Refuse to Provide Information Enter name and EIN or address of service provider (see instructions) (Enter on Line a) Nature of Service Code(s) (Enter on Line b) Describe the information that the service provider failed or refused to provide (Enter on Line c)	No entry required
Part II : Termination Information on Accountants and Enrolled Actuaries Name (Enter on Line a) EIN (Enter on Line b) Position (Enter on Line c) Address (Enter on Line d) Telephone No. and Explanation (Enter on Line e) Explanation (Enter in space provided)	To be completed by Plan Sponsor

"For additional guidance on completing Form 5500 Schedule C, refer to the TIAA-CREF Service & Fee Disclosure Guide - Appendix A and B"



FILING SUMMARY FOR SCHEDULE - D

TRANSITIONAL HOUSING CORPORATION

Activity for the Reporting Period: 01/01/2025 to 12/31/2025

Part I : Information on interests in Master Trust Investment Accounts, Common / Collective Trusts, Pooled Separate Accounts, and 103-12 Investment Entities (to be completed by plans and Direct Filing Entities)

Name of MTIA, CCT, PSA or 103-12 IE (Enter on Line a)
Name of sponsor of entity listed in (a) (Enter on Line b)
Employer Identification Number-Plan/Entity Number (Enter on Line c)
Entity Code (Enter on Line d)
Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (Enter on Line e)

TIAA Real Estate
TIAA-CREF
13-1624203-004
P
\$5,600.87

Part II : Information on Participant Plans (to be completed by Direct Filing Entities)

Do not make an entry in Part II



SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

TRANSITIONAL HOUSING CORPORATION

Activity for the Reporting Period: 01/01/2025 to 12/31/2025

(A)	(B) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(C) DESCRIPTION OF INVESTMENT	(D) COST	(E) CURRENT VALUE
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive	\$72,820.04	\$107,339.01
*	College Retirement Equities Fund variable annuities	CREF Total Global Stock R1	\$67,534.21	\$109,552.99
*	College Retirement Equities Fund variable annuities	CREF Money Market R1	\$48,608.94	\$55,822.77
*	College Retirement Equities Fund variable annuities	CREF Responsible Balanced R1	\$48,194.48	\$71,837.75
*	College Retirement Equities Fund variable annuities	CREF Global Equities R1	\$76,400.27	\$113,771.16
*	College Retirement Equities Fund variable annuities	CREF Growth R1	\$81,034.21	\$194,832.16
*	College Retirement Equities Fund variable annuities	CREF S&P 500 Index R1	\$65,997.26	\$117,473.68
*	College Retirement Equities Fund variable annuities	TIAA Real Estate	\$4,822.80	\$5,600.87
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2020 T4	\$15,192.00	\$20,303.43
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2025 T4	\$25,200.00	\$29,353.01
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2030 T4	\$58,169.63	\$70,214.72
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2035 T4	\$174,530.23	\$202,286.41
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2040 T4	\$31,692.62	\$48,245.63
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2045 T4	\$119,496.47	\$165,918.12
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2050 T4	\$45,342.70	\$64,196.66
	College Retirement Equities Fund variable annuities	LOAN FUND	\$32,174.61	\$32,174.61
*	College Retirement Equities Fund variable annuities	CREF Core Bond R1	\$8,039.40	\$9,294.13
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2060 T4	\$22,593.82	\$30,339.98
*	College Retirement Equities Fund variable annuities	TIAA Access Nuv LifCyc 2055 T4	\$45,918.49	\$67,004.52