PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 3461999 | Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ΑF	For the	2023 calendar year, or tax year beginning a	nd ending		
B (Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	HOUSINGLINK]	
	Name change	Doing business as		41-18733	14
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 1400 VAN BUREN ST NE	Room/suite 215	E Telephone numbe (612) 52	
_	⊥return/ termin ated		<u> </u>	G Gross receipts \$	961,169.
	Amend			H(a) Is this a group re	
H	return _Applic _tion		7.	for subordinates	
	pendir	1400 VAN BUREN ST NE # 215, MPLS, MN		H(b) Are all subordinates in	
1 7	Γαν. ρ ν	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(7 ' '	list. See instructions
	Nebsit		(1) 01 021	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Vear		M State of legal domicile: MN
	art I	Summary	L Tour	01 101111ation: 233711	VI Otato or legal dominent, 2224
	1	Briefly describe the organization's mission or most significant activities: PRC	VIDING	AFFORDABLE	RENTAL
Se	-	HOUSING INFORMATION FOR LOW-TO-MODERATE			·
Governance	2	Check this box if the organization discontinued its operations or dis			sets.
Ver	3		•	3	14
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b			14
<u>م</u>	I _	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0
ij	6	Total number of volunteers (estimate if necessary)			16
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			4,338.
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		733,538.	867,988.
ĕ	9	Program service revenue (Part VIII, line 2g)		152,398.	92,403.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		794.	728.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32.	50.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		886,762.	961,169.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	0)	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	. ь	Total fundraising expenses (Part IX, column (D), line 25)	536.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,253,708.	<u> </u>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,253,708.	1,333,760.
		Revenue less expenses. Subtract line 18 from line 12		-366,946.	-372,591.
Net Assets or	3		Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,130,229.	718,268.
t As	21	Total liabilities (Part X, line 26)		149,508.	101,651.
캺	22	Net assets or fund balances. Subtract line 21 from line 20		980,721.	616,617.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying sched			/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	f which preparer	has any knowledge.	
		Signature of officer		 Date	
Sig				Date	
Her	е	SUE SPEAKMAN-GOMEZ, PRESIDENT Type or print name and title			
			T	Date Check	PTIN
Da!a		Print/Type preparer's name Preparer's signature	1	l if	
Paid			CPA C	05/30/24 "self-employ	p00956490 1-1680240
	parer Only	Firm's name SDK CPA Firm's address 100 WASHINGTON AVE S STE 1600		Firm's EIN 4	T T000740
JOE	Only	MINNEAPOLIS, MN 55401		Dhona na 61	2-332-5500
Ma.	, the IE	S discuss this return with the preparer shown above? See instructions		T HOUSE HO. O I	X Yes No
ivia	y un e IF	io discuss this return with the preparer shown above? See instructions			[44] 165 [] 110

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	CONNECTING PEOPLE TO AFFORDABLE RENTAL HOMES, INCREASING CHOICE AND	
	ACCESS FOR ALL.	
	Did the organization undertake any significant program services during the year which were not listed on the	—
2		Na
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$935,514 • including grants of \$) (Revenue \$)	_
	HOUSINGLINK HAS BEEN PROVIDING AFFORDABLE RENTAL HOUSING INFORMATION IN	
	THE TWIN CITIES FOR TWENTY YEARS AND IS RECOGNIZED AS THE PRIMARY PLACE	
	TO ACCESS HOUSING OPTIONS FOR LOW-TO-MODERATE INCOME RENTERS. IN	
	ADDITION TO PROVIDING EASY ACCESS TO AFFORDABLE HOUSING WAITING LISTS	
	AND VACANCIES, HOUSINGLINK IS AN ESTEEMED DATA PROVIDER TO A LARGE	
	GROUP OF STAKEHOLDERS THROUGHOUT MINNESOTA. CENTRALIZED, EASY ACCESS	
	TO INFORMATION ABOUT THE SUPPLY AND LOCATION OF AFFORDABLE HOUSING	
	INFORMATION IS VITAL TO ENSURE THAT COMMUNITY DECISIONS ARE	
	WELL-INFORMED, AND THAT LOW-INCOME HOUSEHOLDS ARE EMPOWERED TO OBTAIN	
	HOUSING IN THEIR LOCATIONS OF CHOICE.	
	COMMITTIES ON COMBRIDE O	
	CONTINUED ON SCHEDULE O.	_
4b	(Code:) (Expenses \$164,683. including grants of \$) (Revenue \$59,552.	<u>•</u>
	HOUSINGLINK WAS PART OF THE ZERO BALANCE PROJECT, A PROGRAM DESIGNED TO	
	DISTRIBUTE FEDERAL EMERGENCY RENTAL ASSISTANCE (ERA) ESTABLISHED IN	
	2021 WITH POOLED FUNDING PROVIDED BY THE COUNTIES OF DAKOTA, HENNEPIN, AND RAMSEY AND THE CITIES OF MINNEAPOLIS AND SAINT PAUL	_
	(JURISDICTIONS). AS OF THE CLOSE OF THE ZERO BALANCE PROJECT ON MARCH	
	11, 2022, \$29,674,914 IN RENTAL ASSISTANCE HAD BEEN PROVIDED TO 4,084	—
	HOUSEHOLDS, FOR AN AVERAGE OF \$7,266 PER HOUSEHOLD COVERING AN AVERAGE	
	OF 7.2 MONTHS OF RENT.	
	OF 7.2 MONING OF RENT.	
	CONTINUED ON SCHEDULE O.	_
	CONTINUED ON DESIGNATION OF	_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	(Code	_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,100,197.	

15100530 310044 68437.0

41-1873314 Page **3**

Form 990 (2023) HOUSINGLINK
Part IV 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," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	77
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			_v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		4.		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		y
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b od	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	l	X

332003 12-21-23

41-1873314 Page 4

Form 990 (2023) HOUSINGLINK

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	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	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O To V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	(2022)

332004 12-21-23

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
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 account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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		X
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).			37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		₩.
	to file Form 8282?	7c		X
d	, , , , , , , , , , , , , , , , , , , ,			Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
† ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		_ v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
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?	17		
	If "Yes," complete Form 6069.	.,		

Form 990 (2023) HOUSINGLINK 41-1873314 Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	14[
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b		14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	Г	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	" Г			
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	ΪΓ			
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	Г			
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	. [8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	L	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	L	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	· L	11a	Х	
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	L	12a	Х	
b			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	on Schedule O how this was done	L	12c	X	
13	Did the organization have a written whistleblower policy?	L	13	X	
14	Did the organization have a written document retention and destruction policy?	L	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	L	15a	X	
b	Other officers or key employees of the organization	<u>L</u>	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	[_	16a		Х
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?	'	16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed MN				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))(3)s c	only) a	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and f	inanc	ial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records SUE SPEAKMAN-GOMEZ - 612-522-2500				
	1400 VAN BUREN ST NE STE 215, MINNEAPOLIS, MN 55413				

Form 990 (2023) HOUSINGLINK 41-1873314 Page 7

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(do	not c	(C Posi	C) ition	l than o	one	(D) Reportable	(E) Reportable	(F) Estimated amount of
	hours per week (list any hours for related organizations below line)	stee or director		officer Officer	irecto		tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) SUSAN SPEAKMAN-GOMEZ	40.00			3,7				100 004	0	20 005
PRESIDENT	40.00		_	Х		_		120,084.	0.	28,995.
(2) JOSHUA DYE	40.00	1				\		100 176	0.	1 4 761
MANAGER (3) WES JOHNSON	1.00	<u> </u>				X		109,176.	0.	14,761.
TREASURER	1.00	х		х				0.	0.	0.
(4) DORINE ONYANCHA	1.00	1							•	•
VICE CHAIR		Х		х				0.	0.	0.
(5) ELLEN SAHLI	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) KATIE TOPINKA	1.00									
CHAIR		Х		Х				0.	0.	0.
(7) DAVE BAKER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) RICO MORALES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JAIME WILKINS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) TODD EATMON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) TERRI SMITH	1.00	<u> </u>								
BOARD MEMBER		Х						0.	0.	0.
(12) LIBBY STARLING	1.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(13) LAURA JELINEK	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) SUMMER JEFFERSON	1.00	∤							_	
BOARD MEMBER	1 00	Х	_			_		0.	0.	0.
(15) DOUG STRANDNESS	1.00	٠,,							_	_
BOARD MEMBER	1 00	Х	\vdash					0.	0.	0.
(16) TYLER KEYES	1.00	₩.							_	_
BOARD MEMBER		Х						0.	0.	0.
		1								
332007 12-21-23	1	1	_			_		1		Form 990 (2023)

Form 990 (2023) HOUSINGLINK 41-1873314 Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees, (continued)

(A) Name and title	(B) Average hours per week	(do box,	not cl	Posi heck r	ition		ne an	(D) Reportable compensation from	(E) Reportable compensation from related	n	(F) Estima amoun othe	ted t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s SC/	compens from t organiza and rela organiza	sation he ation ated
		_										
1b Subtotal								229,260.		0.	43,7	756.
c Total from continuation sheets to Part V	II, Section A							0.		0.		0.
d Total (add lines 1b and 1c) Total number of individuals (including but r								229,260. ceived more than \$100,	000 of reportable	0.	43,7	/56.
compensation from the organization						•			·		Yes	2 No
3 Did the organization list any former officer	, director, trust	ee, k	еу е	mpl	oye	e, or	hig	hest compensated empl	oyee on	ſ	163	INO
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si											3	X
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes." con									lual for services		5	Х
Section B. Independent Contractors												
Complete this table for your five highest co the organization. Report compensation for	· ·								· · · · · · · · · · · · · · · · · · ·	pensat	ion from	
(A) Name and business	address	NC	ONE	7.				(B) Description of s	ervices	С	(C) ompensati	on
				-				·			· ·	
							7					
2 Total number of independent contractors (including but n	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than			

Page 9 41-1873314

Form 990 (2023)
Part VIII

rt VIII	Statement of	of Revenue

		Check if Schedule O contains a response	onse or no	ote to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts								
, E	С	Fundraising events1c						
a ii	d	Related organizations 1d						
s, C	е	Government grants (contributions) 1e	37	7,000.				
r i	f	All other contributions, gifts, grants, and						
but		similar amounts not included above 1f	49	0,988.				
g G	g	Noncash contributions included in lines 1a-1f	\$					
<u> ဗ ဗ</u>	h	Total. Add lines 1a-1f	<u></u>		867,988.			
				siness Code				
9	2 a	TWIN CITIES RENTAL RE		00099	83,257.	83,257.		
Program Service Revenue	b	HOUSING AND HUMAN SEF	$\mathbb{R}V \mid 5$	18210	9,146.	4,808.	4,338.	
Score	С		_					_
ran Sev	d		_					
og H	е							
Δ.	f	All other program service revenue			00 400			
\longrightarrow	g	Total. Add lines 2a-2f			92,403.			
	3	Investment income (including dividends, i			728.			720
		other similar amounts)			120.			728.
	4	Income from investment of tax-exempt be	•	eas				
	5	Royalties(i) Rea) Personal				
	6 -	2	. (11) i cisoriai				
	0 a h	6 a Gross rents 6a 6b						
	0	Rental income or (loss) 6c						
	q	Net rental income or (loss)						
		Gross amount from sales of (i) Securi	ties	(ii) Other				
		assets other than inventory 7a		()				
	b	Less: cost or other basis						
ē		and sales expenses 7b						
Revenue	С	Gain or (loss) 7c						
Be		Net gain or (loss)						
ther		Gross income from fundraising events (not						
₹		including \$ of						
		contributions reported on line 1c). See						
		Part IV, line 18	8a					
		Less: direct expenses	8b					
		Net income or (loss) from fundraising ever						
	9 a	Gross income from gaming activities. See						
		Part IV, line 19	9a					
		Less: direct expenses	9b					
		Net income or (loss) from gaming activitie	s					
	iv a	Gross sales of inventory, less returns and allowances	10a					
	h	Less: cost of goods sold	10b					
		Net income or (loss) from sales of invento						
\neg				siness Code				
Snc	11 a	MISCELLANEOUS INCOME		00099	50.	50.		
ne	b							
Miscellaneous Revenue	С							
Aisc	d	All other revenue						
_		Total. Add lines 11a-11d			50.			
	12	Total revenue. See instructions			961,169.	88,115.	4,338.	728.

332009 12-21-23

Form 990 (2023) HOUSINGLINK Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons			/	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	24,818.	20,847.	3,379.	592.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	1,133,707.	933,474.	158,139.	42,094.
12	Advertising and promotion	3,328.	1,799.		1,529.
13	Office expenses	42,262.	35,442.	3,312.	3,508.
14	Information technology	19,090.	17,080.	939.	1,071.
15	Royalties				
16	Occupancy	26,657.	21,781.	4,180.	696.
17	Travel	1,967.	1,871.	96.	
18	Payments of travel or entertainment expenses	-			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,716.	1,121.	2,644.	951.
20	Interest	, . –	,	, /	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	40,599.	40,599.		
23	Insurance	4,265.	3,271.	899.	95.
24	Other expenses. Itemize expenses not covered	_,	- , - , - ·		
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	10 050	13,159.	F 600	
а	EDUCATION AND TRAINING	18,858.		5,699.	
b	MISCELLANEOUS DUES AND SUBSCEPTIONS	8,426.	5,740.	2,686.	
C	DUES AND SUBSCRIPTIONS	5,067.	4,013.	1,054.	
d					
е	All other expenses	1 222 760	1 100 107	102 007	E0 F3C
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,333,760.	1,100,197.	183,027.	50,536.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022

990 (2023) HOUSINGLINK 41-1873314 Page 11

Form 990 (2023)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			420,444.	1	73,925.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		125,000.	3	115,000	
	4	Accounts receivable, net	17,398.	4	28,201		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	alified per	onssons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sec	ion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
À	9	Duran diel ausgeschaft der			10,415.	9	7,387.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	49,438.			
	b	Less: accumulated depreciation	10b	49,438.	0.	10c	0.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, Iir		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	487,184.	14	446,585		
	15	Other assets. See Part IV, line 11	69,788.	15	47,170		
	16	Total assets. Add lines 1 through 15 (must e			1,130,229.	16	718,268.
	17	Accounts payable and accrued expenses	145,170.	17	98,485.		
	18	Grants payable		18			
	19	Deferred revenue			4,338.	19	3,166.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or for	ormer offic	er, director,			
ij		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese perso	ons		22	
_	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela	ted third p	arties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24)	Complete Part X			
		of Schedule D		440 500	25	404 654	
	26	Total liabilities. Add lines 17 through 25			149,508.	26	101,651.
"		Organizations that follow FASB ASC 958, or	heck here	X			
čě		and complete lines 27, 28, 32, and 33.			E0E E01		445 506
<u>la</u>	27	Net assets without donor restrictions	787,721.	27	415,586.		
Ä	28	Net assets with donor restrictions	193,000.	28	201,031.		
Ĕ		Organizations that do not follow FASB ASC	C 958, che	ck here			
F T		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fun				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			000 501	31	(1 ((1)
₽	32	Total net assets or fund balances			980,721.	32	616,617.
	33	Total liabilities and net assets/fund balances			1,130,229.	33	718,268.

41-1873314 Page **12**

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>69.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,33	3,7	<u>60.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-37		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	98	0,7	21.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		8,4	87.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	61	6,6	<u> 17.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization HOUSTNGLINK Employer identification number 41-1873314

Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis nart) S	ee instructions	1 10/3314
							oo mondonono.	
1	- Gran	ganization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	H	A school described in sect i	•			11 170(0)((A)(I).	
	H					/L\/4\/A\/::	:1	
3	H	A hospital or a cooperative A medical research organization					•	the heapital's name
4			ation operated in cor	ijunction with a nospital	described	III Sectio	II 170(D)(I)(A)(III). □II.e	the nospital s hame,
_		city, and state: An organization operated for	w the benefit of a col	laga ar university avend	or oneret	ad by a aa	varamantal unit dasariba	ad in
5	Ш			lege or university owned	or operati	eu by a go	verninental unit describe	eu III
_		section 170(b)(1)(A)(iv). (C				70/L\/4\/A\	(. A	
6	V	A federal, state, or local gov	•				• •	and the state of the state of
′	X	An organization that norma	•	ntiai part of its support fr	om a gove	ernmentai	unit or from the general p	oublic described in
_		section 170(b)(1)(A)(vi). (C	-	(4)(A)(-1) (Olate David				
8		A community trust describe						
9		An agricultural research org				-	-	•
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	eor
		university:			.,			
10		An organization that norma						
		activities related to its exem		·			• •	-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	•					
11	Ш	An organization organized a	•		•			_
12		An organization organized a	•	•	•			
		more publicly supported or	-					Check the box on
		lines 12a through 12d that	* *					
а	ı <u>L</u>		· · · · · · · · · · · · · · · · · · ·	•		_		
		the supported organization		• • • •	majority o	f the direc	tors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b) [anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by have	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	-					
C	:		-				• •	ed with,
		its supported organization		·				
C	I [•					` '
		that is not functionally int	-		•		='	/eness
		requirement (see instructi	•	•				
e	•	☐ Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated supportir	ng organiz	ation.		
f		er the number of supported o	•					
		vide the following information (i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	ınization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(11) (11)	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No	Capper (cos menasus)	l capper (coe mendenens)
Tota	al							

332021 12-21-23

41-1873314 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 fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	` ,	` ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	947,199.	2187898.	1533021.	733,538.	867,988.	6269644.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	947,199.	2187898.	1533021.	733,538.	867,988.	6269644.
	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)						497,386.
6	Public support. Subtract line 5 from line 4.						5772258.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	947,199.	2187898.	1533021.	733,538.	867,988.	6269644.
	Gross income from interest,					•	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,637.	2,157.	1,621.	794.	728.	6,937.
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.)						
11	Total support. Add lines 7 through 10						6276581.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	731,941.
	First 5 years. If the Form 990 is for the	•	,	ourth, or fifth tax v	ear as a section 5		<u> </u>
	organization, check this box and stor			•			
Sed	tion C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	91.97 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	90.41 %
	33 1/3% support test - 2023. If the					ore, check this box	c and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	and stop here. The organization qualifies as a publicly supported organization a 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 te	st. The organizatio	n qualifies as a pul	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	-		
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization						
							(Form 990) 2023

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

1			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3a	L	1		
3a				
3a				
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	L	2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3c	L	3a		
3c				
3c				
4a	L	3b		
4a				
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	L	3c		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	L	4a		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	Н	4b		
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b	Н	4c		
5b				
5c 6 7 8 9a 9b 9c 10a 10b	Н	5a		
5c 6 7 8 9a 9b 9c 10a 10b				
6 7 8 9a 9b 9c 10a 10b	ŀ			
7 8 9a 9b 9c 10a	H	5 C		
7 8 9a 9b 9c 10a				
7 8 9a 9b 9c 10a				
7 8 9a 9b 9c 10a				
7 8 9a 9b 9c 10a		6		
9a 9b 9c 10a 10b				
9a 9b 9c 10a 10b				
9a 9b 9c 10a 10b	Т	7		
9a 9b 9c 10a				
9a 9b 9c 10a		8		
9b 9c 10a				
9b 9c 10a				
9c 10a 10b		9a		
9c 10a 10b				
10a	L	9b		
10a				
10b	L	9c		
10b				
10b				
		10a		

HOUSINGLINK

ı a	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	4.4		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
	Ton B. Type i supporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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 played in this regard.	3		
Sec	tion 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 instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

332025 12-21-23

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu		·		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
_1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
_4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrate	ad Type III supporting orga	nization (see	

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu		1-10/3314 Page 7
	on D - Distributions	1	(COMUNIC	ieu)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

HOUSINGLINK 41-1873314 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 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 religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

41-1873314

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$135,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$110,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>175,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

41-1873314

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, audiess, and ZIF + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization Employer identification number

HOUSINGLINK 41-1873314

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

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** HOUSINGLINK 41-1873314 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury 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 www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

Name of the organization

	HOUSINGLINK			41-1873314
Par	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Fur	nds or Acc	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Funds and other 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 advisors in w	riting that the assets held in donor a	advised funds	1
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds car	n be used onl	у
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purp	ose conferrin	g
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 9	90, Part IV, li	ne 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	ion or education) Preservation	on of a histori	cally important land area
	Protection of natural habitat	Preservation	on of a certific	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the f	orm of a cons	servation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		L	2a
b	Total acreage restricted by conservation easements		L	2b
С	Number of conservation easements on a certified historic structure	cture included on line 2a		2c
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006, and not		
	on a historic structure listed in the National Register		L	2d
3	Number of conservation easements modified, transferred, rele			ation during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling	g of	
	violations, and enforcement of the conservation easements it \boldsymbol{I}	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing	conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing cons	ervation ease	ments during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 1	70(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial sta	tements that	describes the
Dai	organization's accounting for conservation easements.	Aut Historical Traceruse or	· Other Cir	wiley Accets
Par			r Other Sir	niiar Assets.
	Complete if the organization answered "Yes" on Form S			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ	· · · · · · · · · · · · · · · · · · ·		e of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in	furtherance of	of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				' e e e e e e e e e e e e e e e e e e e
2	If the organization received or held works of art, historical treas		ıncial gain, pr	ovide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

332051 09-28-23

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

Schedule D (Form 990) 2023

41-1873314 Page 2 HOUSINGLINK Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year 1e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the No organization by: (i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land					
b Buildings					
c Leasehold improvements					
d Equipment		49,438.	49,438.	0.	
e Other					
Total. Add lines 1a through 1e. (Column (d) must equa	0.				

Schedule D (Form 990) 2023

Part VII Investments - Other Securities Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	I-of-vear market value
1) Financial derivatives	()		
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	on Form 000 Dort IV line	11a San Form 000 Part V line 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1)	(b) Book value	(3) Mountage of Valuation, cost of end	1 51 your market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
· · ·	Description		(b) Book value
(1) RIGHT-OF-USE ASSET			47,170
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			47 170
otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		47,170
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part Y line 25	
(a) Description of liability	orr orr 550, r art rv, inc	The of Thi. Oce Form 350, Fart X, line 25.	(b) Book value
			(a) Book value
(1) Federal income taxes			
(1) Federal income taxes (2)			
(1) Federal income taxes (2) (3)			
(1) Federal income taxes (2) (3) (4)			
(1) Federal income taxes (2) (3) (4) (5)			
(1) Federal income taxes (2) (3) (4) (5)			
(1) Federal income taxes (2) (3) (4) (5) (6)			
(1) Federal income taxes (2) (3) (4) (5)			

Schedule D (Form 990) 2023

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

scne	dule D (Form 990) 2023 HOUSTINGLINK				10/3314	Page ¬
Par	t XI Reconciliation of Revenue per Audited Financial Statements V	Vith Re	venue per Ret	turn		
	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	995,	059.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	а				
b	Donated services and use of facilities	b	33,890.			
С	Recoveries of prior year grants	С				
d	Other (Describe in Part XIII.)	d				
е	Add lines 2a through 2d			2e		890.
3	Subtract line 2e from line 1			3	961,	169.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	а				
b	Other (Describe in Part XIII.)	b				
С	Add lines 4a and 4b	4c		0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		169.		
Pai	t XII Reconciliation of Expenses per Audited Financial Statements	With Ex	kpenses per R	Returi	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	1,367,	650.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	а	33,890.			
b	Prior year adjustments 2	b				
С	Other losses 2	С				
d	Other (Describe in Part XIII.)	d				
е	Add lines 2a through 2d			2e		890.
3	Subtract line 2e from line 1			3	1,333,	.760 <u>.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	а				
b	Other (Describe in Part XIII.)	b				
_	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,333,	760.

| Part XIII | Supplemental Information

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.

PART X, LINE 2:

THE ORGANIZATION IS ORGANIZED AS A MINNESOTA NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICES (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER 170(B)(1)(A)(VI), AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTIONS 509(A)(1). THE ORGANIZATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ORGANIZATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number

	HOUSINGLINK	41-187331	4	
Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for person	nal use		
	Travel for companions Payments for business use of personal res	sidence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	,		
	Discretionary spending account Personal services (such as maid, chauffeu	r, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	on to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation or	ommittee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n l		
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	۱		
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?			Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
		8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Regulations section 53.4958-6(c)?

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

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

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

		(B) Breakdown of W	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i) 							
	ii)							
	(i) ii)							
	'') (i)							
	ii)							
	, (i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i) 							
	ii)							

Part III Supplemental Information

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

PART I, LINE 3:

HOUSINGLINK HAS A CLIENT SERVICE AGREEMENT WITH INSPERITY PEO SERVICES, LP

AN UNRELATED ORGANIZATION. AS A RESULT, INSPERITY IS THE EMPLOYER FOR THE

PURPOSE OF PAYING WAGES. INSPERITY ALSO REMITS ALL TAXES AND FILES ALL

RETURNS UNDER THEIR NAME AND EIN 76-0689539. INSPERITY IS A PEO

(PROFESSIONAL EMPLOYER ORGANIZATION).

SCHEDULE J, PART II, COLUMN B(III)

INSPERITY SERVICES PEO PROVIDED COMPENSATION TO THE FOLLOWING

INDIVIDUALS FOR SERVICES PROVIDED TO HOUSINGLINK:

SUE SPEAKMAN-GOMEZ, PRESIDENT

W-2 WAGES: \$120,084

NONTAXABALE BENEFITS: \$28,995

JOSHUA DYE, MANAGER

W-2 WAGES: \$109,176

NONTAXABLE BENEFITS: \$14,761

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

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

OMB No. 1545-0047

2023
Open to Public Inspection

Name of the organization

HOUSINGLINK

Employer identification number 41-1873314

HOUSINGLINK (WWW.HOUSINGLINK.ORG) CONNECTS RENTERS TO THE RELEVANT,
VITAL INFORMATION THEY NEED TO FIND THE APPROPRIATE AFFORDABLE HOME FOR
THEIR HOUSEHOLD AND STREAMLINES THE PROCESS FOR ADVERTISING UNITS TO
RENTERS. SPECIFICALLY, OUR HOUSING SEARCH TOOL IS ONLINE AND ALLOWS
USERS TO FIND AFFORDABLE VACANCIES AND WAITING LISTS. OVER 1.5 MILLION
SEARCHES FOR AFFORDABLE HOUSING WERE PERFORMED USING OUR WEBSITE DURING
2023. TYPICALLY, RENTERS ARE ABLE TO LOCATE THE INFORMATION THEY NEED
IN LESS THAN FIVE MINUTES.
THE FOLLOWING HOUSINGLINK ACTIVITY OCCURRED IN 2023:
* 1,534,808 SEARCHES FOR AFFORDABLE HOUSING
* 25,537 AFFORDABLE VACANCIES & WAITING LIST OPENINGS LISTED
* 2,661,449 PAGE VIEWS OF HOUSING RESOURCES
* 35,183 VISITS FOR SUBSIDIZED HOUSING INFORMATION
* 88,083 VIEWS OF HOUSING AUTHORITY WAITING LIST STATUS
* 83% OF LISTINGS THAT WOULD CONSIDER A SECTION 8 VOUCHER IN 2023
* 18,000+ VISITS FOR FAIR HOUSING INFORMATION
* 23,527,121 NOTIFICATIONS OF HOUSING OPENINGS SENT THROUGH 2023
HOUSINGLINK PROVIDES INFORMATION ON THE SUPPLY AND LOCATION OF PUBLICLY
FUNDED AFFORDABLE HOUSING THROUGH REPORTS AND A PUBLICLY AVAILABLE
ONLINE DATABASE CALLED STREAMS. STREAMS (WWW.HOUSINGLINK.ORG/STREAMS)
INCLUDES PROPERTIES AND AFFORDABLE UNITS WITH PUBLIC FINANCING. STREAMS
IS USED BY RESEARCHERS AND COMMUNITY PLANNERS AND POLICYMAKERS INVOLVED
IN PROJECT PLANNING. OUR DATA AND RESEARCH CAPACITY LED US TO PRODUCE
THE HOUSING MEASURES REPORT FOR THE MCKNIGHT FOUNDATION. STREAMS DATA
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

332211 11-14-23

Schedule O (Form 990) 2023 Page **2**

Name of the organization HOUSINGLINK Employer identification number 41-1873314

IS UPDATED ANNUALLY TO REFLECT THE MOST CURRENT INFORMATION. WE PUBLISH

TWIN CITIES RENTAL REVENUE, A SUBSCRIBER-BASED QUARTERLY REPORT THAT

COMPARES MARKET RATE SHADOW (RENTAL HOUSES, DUPLEXES, CONDOS, AND

TOWNHOMES) AND APARTMENT MARKET RENTS FOR THE SEVEN COUNTY METRO AREA.

THIS REPORT IS URNING INTO A SUCCESSFUL EARNED INCOME VENTURE FOR

HOUSINGLINK. WE AVERAGE 30 SUBSCRIBERS ANNUALLY; MAINLY RECURRING

SUBSCRIPTIONS WHICH HELP SUPPORT OUR GENERAL OPERATIONS. HOUSINGLINK

ALSO PUBLISHES A RENTAL HOUSING BRIEF FOR THE CITIES OF MINNEAPOLIS AND

SAINT PAUL WHICH TRACKS KEY METRICS ON AFFORDABLE RENTAL HOUSING IN THE

COMMUNITY TO INFORM POLICYMAKING. HOUSINGLINK'S STRATEGIC PLAN INCLUDES

THE FOLLOWING STRATEGIC PRIORITIES FOR 2022-2026.

- * PURPOSEFULLY ARTICULATE THE VALUE AND BENEFIT OF HOUSINGLINK.
- * USING NEW AND EXISTING TECHNOLOGY SOLUTIONS, CONTINUE EXPANDING
 AFFORDABLE RENTAL HOUSING OPTIONS.
- * MAKE HOUSINGLINK DATA AND RESEARCH MORE ACCESSIBLE TO IMPROVE COMMUNITY KNOWLEDGE ABOUT RENTAL HOUSING.
- * DEEPEN CONNECTIONS TO AND DEVELOP RESOURCES FOR DIY PROPERTY OWNERS.
- * CONTINUE STRATEGIC EXPANSION.
- * BUILD INTENTIONAL CONNECTIONS AND DEEPEN WORK IN GREATER MINNESOTA.

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

THE BEYOND BACKGROUNDS PROGRAM HELPS RENTERS WITH BARRIERS (CRIMINAL

CONVICTION, EVICTION, BAD CREDIT) BY PAIRING THE RENTER WITH A LANDLORD

RISK MITIGATION FUND TO HELP THEM GET INTO A RENTAL HOME. THERE HAVE

BEEN 538 RENTERS HOUSED, WITH 16 RISK FUND CLAIMS PAID TO LANDLORDS

SINCE THE PROGRAM BEGAN IN NOVEMBER 2017.

FORM 990, PART VI, SECTION A, LINE 1A:

Schedule O (Form 990) 2023 Page 2

Name of the organization

Employer identification number 41-1873314

HOUSINGLINK

THERE IS AN EXECUTIVE COMMITTEE WHICH HAS AND MAY EXERCISE THE POWERS OF
THE BOARD OF DIRECTORS IN THE INTERIM BETWEEN BOARD MEETINGS, EXCEPT THAT
THE BOARD SHALL NOT DELEGAGE TO THE EXECUTIVE COMMITTEE THE POWER TO
APPROVE OR AMEND THE ANNUAL BUDGET, OR TO ADOPT OR AMEND THE ARTICLES OF
INCORPORATION OR BYLAWS OF THE CORPORATION. THE EXECUTIVE COMMITTEE SHALL
SUBMIT TO THE BOARD OF DIRECTORS REPORTS OF ACTION TAKEN BETWEEN BOARD
MEETINGS. THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE DULY ELECTED OFFICER
OF THE CORPORATION.

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

THE ORGANIZATION'S PRESIDENT SENDS A DRAFT OF THE FORM 990 TO THE BOARD.

THE BOARD REVIEWS THE RETURN AND UPON APPROVAL THE FORM 990 IS FILED.

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

EACH NEW OFFICER, DIRECTOR, OR KEY EMPLOYEE SHALL BE REQUIRED TO REVIEW A

COPY OF THE CONFLICT OF INTEREST POLICY AND TO ACKNOWLEDGE IN WRITING THAT

HE OR SHE HAS DONE SO. EACH PERSON SHAL BI-ANNUALLY COMPLETE A DISCLOSURE

FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES IN WHICH

THE PERSON IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A

CONFLICT OF INTEREST ARISING.

PRIOR TO BOARD OR COMMITTEE ACTION ON A CONTRACT OR TRANSACTION INVOLVING A

CONFLICT OF INTEREST, AN OFFICER, DIRECTOR, OR KEY EMPLOYEE HAVING A

CONFLICT AND WHO IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE ALL FACTS

AND MATERIAL TO THE CONFLICT. SUCH DIRECTORS SHALL BE REFLECTED IN THE

MINUTES OF THE MEETING. AN OFFICER, DIRECTOR OR KEY EMPLOYEE WHO HAS A

CONFLICT SHALL BE EXCLUDED FROM VOTING ON THE MATTER AT ALL TIMES, AND

SHALL BE EXCLUDED FROM DISCUSSION OF THE MATTER IF NECESSARY.

Schedule 0 (Form 990) 2023

Schedule O (Form 990) 2023	Page
Name of the organization HOUSINGLINK	Employer identification number 41-1873314
FORM 990, PART VI, SECTION B, LINE 15A:	
HOUSINGLINK USES THE MINNESOTA COUNCIL OF NONPROFITS ANNU.	AL MINNESOTA
NONPROFIT SALARY AND BENEFITS SURVEY TO APPROPRIATELY DET	ERMINE
COMPENSATION. EACH REVIEW CYCLE, CHANGES IN COMPENSATION	ARE DISCUSSED BY
THE EXECUTIVE COMPENSATION COMMITTEE AND THEN APPROVED BY	THE BOARD OF
DIRECTORS. THE SALARY IS REVIEWED ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	214,813.
MANAGEMENT AND GENERAL EXPENSES	29,665.
FUNDRAISING EXPENSES	19,018.
TOTAL EXPENSES	263,496.
INSPERITY SERVICES:	
PROGRAM SERVICE EXPENSES	718,661.
MANAGEMENT AND GENERAL EXPENSES	128,474.
FUNDRAISING EXPENSES	23,076.
TOTAL EXPENSES	870,211.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,133,707.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION	ON PROCESSES
332212 11-14-23	Schedule O (Form 990) 202

Schedule O (Form 990) 2023						Page 2		
Name of the	organiza	ation	HOUSINGLIN	ζ			Employer identific 41-18733	ation number 314
DURING	THE	TAX	YEAR.					