Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HOUSING FOR HOMELESS, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1409 DIGNITY CIRCLE

City or town, state or province, country, and ZIP or foreign postal code
COCOA FL 32922

D Employer identification number
59-2981409

E Telephone number
321-639-0166

G Gross receipts$ 2,942,218

F Name and address of principal officer:
ANNA MARIA CURRY
1409 DIGNITY CIRCLE
COCOA FL 32922

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.HOUSINGFORHOMELESS.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1989

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	**5**	22
6	Total number of volunteers (estimate if necessary)	**6**	31
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,217,134	1,515,762
9	Program service revenue (Part VIII, line 2g)	750,828	1,402,292
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	135,030	2
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	116,961	24,162
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,219,953	2,942,218
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	980,732	1,029,456
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,207,311	1,551,312
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,188,043	2,580,768
19	Revenue less expenses. Subtract line 18 from line 12	31,910	361,450

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,252,896	4,595,926
21	Total liabilities (Part X, line 26)	219,991	201,571
22	Net assets or fund balances. Subtract line 21 from line 20	4,032,905	4,394,355

Part II Signature Block

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

Sign Here

Signature of officer — Date

ROB CRAMP EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MICHAEL B. MCLEOD, CPA		11/12/25		P00966646

Firm's name FINANCIAL SOLUTION ADVISORS, LLC — Firm's EIN 46-1041593

Firm's address 4350 PABLO PROFESSIONAL CT STE 200 JACKSONVILLE, FL 32224 — Phone no. 904-296-2024

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ 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 $ 2,123,034 including grants of$) (Revenue $)

SEE SCHEDULE O

4b (Code:) (Expenses $ including grants of$) (Revenue $)

N/A

4c (Code:) (Expenses $ including grants of$) (Revenue $)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of$) (Revenue $)

4e Total program service expenses 2,123,034

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
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		X
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	X	
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	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
e	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 Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		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 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	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
c	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 Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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 Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
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	X	

Part 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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	100		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			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 2a 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
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		
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).			
5a	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
c	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).**			
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		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	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:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
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 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	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 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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

Check if Schedule O contains a response or note to any line in this Part VI ..... [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	9		
	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	Enter the number of voting members included on line 1a, above, who are independent	**1b**	9		
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?	**2**			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	**3**			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**			X
6	Did the organization have members or stockholders?	**6**			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	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**			X

Section 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?	**10a**		X
b	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?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	X	
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*	**12a**	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**	X	
13	Did the organization have a written whistleblower policy?	**13**	X	
14	Did the organization have a written document retention and destruction policy?	**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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	X	
b	Other officers or key employees of the organization	**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**		X
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**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

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 only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] 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 financial 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.

HOUSING FOR HOMELESS, INC. 1490 DIGNITY CIRCLE
ROCKLEDGE FL 32922 321-639-0166

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROB CRAMP	40.00									
EXECUTIVE DIRECTOR	0.00			X				85,700	0	0
(2) ANNA MARIA CURRY	5.00									
PRESIDENT	0.00	X		X				0	0	0
(3) ELEANOR GARRIGA	5.00									
SECRETARY	0.00	X		X				0	0	0
(4) THOMAS HIGHSMITH	5.00									
DIRECTOR	0.00	X						0	0	0
(5) JOYA KAYE HOFFARD	5.00									
DIRECTOR	0.00	X						0	0	0
(6) CATHERINE OURAND	5.00									
DIRECTOR	0.00	X						0	0	0
(7) JAIME RHUDE	5.00									
DIRECTOR	0.00	X						0	0	0
(8) BELINDA ROWE	5.00									
DIRECTOR	0.00	X						0	0	0
(9) ASHLEY STOCKRAHM	5.00									
DIRECTOR	0.00	X						0	0	0
(10) CHRISTIAN VARGAS	5.00									
DIRECTOR	0.00	X						0	0	0
(11) JOHN VENICE	5.00									
VICE PRESIDENT	0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b **Subtotal**								85,700		
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								85,700		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 0

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a	56,862				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,326,211				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	132,689				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a–1f			1,515,762			
Program Service Revenue		Business Code					
	2a RENTS - RESIDENTIAL UNITS	532000		630,345	630,345		
	b ORCHID LAKE PROJECT	531390		590,632	590,632		
	c FOX POINTE PROJECT	531390		130,049	130,049		
	d FOREST GLENN PROJECT	531390		51,266	51,266		
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			1,402,292			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2	2		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ ... of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a MISC. REVENUE	532000		24,162	24,162		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			24,162			
	12 **Total revenue.** See instructions			2,942,218	1,426,456	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	85,700		85,700	
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	716,490	590,469	126,021	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,818		18,818	
9 Other employee benefits	142,243	127,948	14,295	
10 Payroll taxes	66,205	53,375	12,830	
11 Fees for services (nonemployees):				
a Management				
b Legal	20,488	20,488		
c Accounting	21,250	7,867	13,383	
d Lobbying				
e 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 Schedule O.)	155,095	133,705	21,390	
12 Advertising and promotion	14,049	14,049		
13 Office expenses	69,437	55,077	14,360	
14 Information technology	40,337	18,293	22,044	
15 Royalties				
16 Occupancy	201,619	195,506	6,113	
17 Travel	34,933	24,154	10,779	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,500	5,408	92	
20 Interest	2,126	2,126		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	252,198	201,758	50,440	
23 Insurance	40,557	16,315	24,242	
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 O.)				
a SUPPORT SERVICES	648,980	648,980		
b EQUIPMENT	35,887	7,356	28,531	
c BAD DEBT EXPENSE	3,850		3,850	
d TAXES AND LICENSES	2,686		2,686	
e All other expenses	2,320	160	2,160	
25 Total functional expenses. Add lines 1 through 24e	2,580,768	2,123,034	457,734	0
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)				

Part 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
Assets	1	Cash—non-interest-bearing		274,352	1	258,545
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		95,097	3	111,609
	4	Accounts receivable, net		-9,435	4	11,991
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		261,650	9	826,542
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,379,638			
	b	Less: accumulated depreciation	10b 4,023,942	3,601,907	10c	3,355,696
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		29,325	15	31,543
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		4,252,896	16	4,595,926
Liabilities	17	Accounts payable and accrued expenses		118,133	17	104,956
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		32,112	23	6,421
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		69,746	25	90,194
	26	**Total liabilities.** Add lines 17 through 25		219,991	26	201,571
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		125,765	27	504,965
	28	Net assets with donor restrictions		3,907,140	28	3,889,390
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		4,032,905	32	4,394,355
	33	Total liabilities and net assets/fund balances		4,252,896	33	4,595,926

Part 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	2,942,218
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,580,768
3	Revenue less expenses. Subtract line 2 from line 1	3	361,450
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,032,905
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	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,394,355

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ 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? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	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?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

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

2024

Open to Public Inspection

Name of the organization

HOUSING FOR HOMELESS, INC.

Employer identification number

59-2981409

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,977,004	1,468,010	1,206,417	1,217,134	1,515,762	7,384,327
2 Tax revenues levied for the organization'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	1,977,004	1,468,010	1,206,417	1,217,134	1,515,762	7,384,327
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						7,384,327

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	1,977,004	1,468,010	1,206,417	1,217,134	1,515,762	7,384,327
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	386,123	524,187	563,844	609,542	630,345	2,714,041
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.)	2,241	153	12,967	116,961	24,162	156,484
11 **Total support.** Add lines 7 through 10						10,254,852
12 Gross receipts from related activities, etc. (see instructions)					**12**	3,036,118

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	**14**	72.01 %
15	Public support percentage from 2023 Schedule A, Part II, line 14	**15**	72.71 %

16a **33 1/3% support test — 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test — 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests — 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on 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

			Yes	No
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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.*	6		
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).*	7		
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).*	8		
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.*	9a		
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.*	9b		
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.*	9c		
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.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*	11c		

Section 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 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		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section 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		

Section 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).*

- a ☐ 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.*
- c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. *Answer lines 2a and 2b below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain* how these activities directly furthered their exempt purposes, *how the organization was responsive to each of its supported organizations, and how the organization determined 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 these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. *Answer lines 3a and 3b below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 must complete Sections A through E.

Section 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**		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **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**		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required—*provide 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 organization is responsive (*provide details in Part VI*). See instructions.	**8**	
9	Distributable amount for 2024 from Section C, line 6	**9**	
10	Line 8 amount divided by line 9 amount	**10**	

Section E – Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI.* See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME	$ 156,484

Schedule B (Form 990) (Rev. December 2024))
Department of the Treasury
Internal Revenue Service

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

Name of the organization

HOUSING FOR HOMELESS, INC.

Employer identification number

59-2981409

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 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

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

Name of organization
HOUSING FOR HOMELESS, INC.

Employer identification number
59-2981409

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	US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 400 WEST BAY STREET SUITE 1015 JACKSONVILLE FL 32202	$ 510,261	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	US DEPARTMENT OF VETERANS AFFAIRS 10770 N 46TH STREET, SUITE C-200 TAMPA FL 33617	$ 747,976	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	US DEPARTMENT OF THE TREASURY 1500 PENNSYLVANIA AVENUE, NW WASHINGTON DC 20220	$ 162,716	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization

HOUSING FOR HOMELESS, INC.

Employer identification number

59-2981409

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- ☐ Preservation of land for public use (for example, recreation or education
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 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).

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange program
- **e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit 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? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, 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

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V 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	3,907,140	3,924,890	3,942,640	3,960,390	3,145,373
b Contributions					
c Net investment earnings, gains, and losses				844,515	
d Grants or scholarships					
e Other expenditures for facilities and programs	17,750	17,750	17,750	17,750	29,498
f Administrative expenses					
g End of year balance	3,889,390	3,907,140	3,924,890	3,942,640	3,960,390

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ____ %
- **b** Permanent endowment ____ %
- **c** Term endowment 100.00 %

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 organization by:

		Yes	No
(i) Unrelated organizations?	**3a(i)**		X
(ii) Related organizations?	**3a(ii)**		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

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		638,069		638,069
b Buildings		6,720,474	4,005,609	2,714,865
c Leasehold improvements				
d Equipment		21,095	18,333	2,762
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				3,355,696

Part VII Investments – Other Securities

Complete if the organization answered "Yes" 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-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	90,194
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	90,194

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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 X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	2,942,218
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	2,942,218
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	2,942,218

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	2,580,768
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	2,580,768
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	2,580,768

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 - FIN 48 FOOTNOTE
THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS DESCRIBED IN SECTION 501(C)(3) AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. CONTRIBUTIONS TO THE ORGANIZATION ARE QUALIFIED AS DEDUCTIONS FOR CHARITABLE CONTRIBUTIONS.

THE ORGANIZATION FOLLOWS THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS EVALUATED THEIR TAX POSITIONS AND DETERMINED THEY HAVE NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2024. SHOULD THE ORGANIZATION'S TAX-EXEMPT STATUS BE CHALLENGED IN THE FUTURE, THE ORGANIZATION'S 2022, 2023, AND 2024 TAX YEARS ARE OPEN FOR EXAMINATION BY THE IRS.

Part XIII Supplemental Information *(continued)*

SCHEDULE O (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
HOUSING FOR HOMELESS, INC.

Employer identification number
59-2981409

FORM 990 - ORGANIZATION'S MISSION
TO INCREASE AND PROVIDE AFFORDABLE, ACCESSIBLE, AND QUALITY HOUSING SOLUTIONS AND SUPPORTIVE SERVICES THAT PROMOTE SELF-SUFFICIENCY AND INDEPENDENCE FOR VETERANS, INDIVIDUALS, AND FAMILIES EXPERIENCING HOUSING INSTABILITY AND HOMELESSNESS.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT
PROVIDE PERMANENT HOUSING WITH SUPPORT SERVICES TO VERY LOW TO MODERATE INCOME AND HOMELESS PERSONS IN BREVARD COUNTY, FLORIDA.

HUD HOUSING PROGRAMS:
THESE PROGRAMS SUPPORTS THE PROVISION OF 30 OWNED AND 18 LEASED PROPERTIES FOR HOMELESS TENANTS. DISABLED CLIENTS CAN REMAIN AS LONG AS THEY CANNOT AFFORD TO FIND ALTERNATIVE HOUSING. AVERAGE NUMBER OF TOTAL CLIENTS SERVED IS 125.

GRANT PER DIEM VA PROGRAM:
THE PROGRAM SUPPORTS THE PROVISION OF HOUSING FOR UP TO 37 VETERANS FOR A PERIOD OF TWO YEARS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A DRAFT COPY OF THE FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
IT IS THE INTENT OF HOUSING FOR HOMELESS TO ADHERE TO ALL LAWS AND REGULATIONS THAT APPLY TO THE ORGANIZATION AND THE UNDERLYING PURPOSE OF THIS POLICY IS TO SUPPORT THE ORGANIZATION'S GOAL OF LEGAL COMPLIANCE. THE SUPPORT OF ALL EMPLOYEES IS NECESSARY TO ACHIEVING COMPLIANCE WITH VARIOUS LAWS AND REGULATIONS. AN EMPLOYEE IS PROTECTED FROM RETALIATION ONLY IF THE EMPLOYEE BRINGS THE ALLEGED UNLAWFUL ACTIVITY, POLICY, OR PRACTICE TO THE ATTENTION OF THE HOUSING FOR HOMELESS AND PROVIDES HOUSING FOR HOMELESS WITH REASONABLE OPPORTUNITY TO INVESTIGATE AND CORRECT THE ALLEGED UNLAWFUL ACTIVITY. THE PROTECTION DESCRIBED BELOW IS ONLY AVAILABLE TO EMPLOYEES THAT COMPLY WITH THIS REQUIREMENT.

IF ANY EMPLOYEE REASONABLY BELIEVES THAT SOME POLICY, PRACTICE, OR ACTIVITY OF THE HOUSING FOR HOMELESS IS IN VIOLATION OF LAW; A WRITTEN COMPLAINT MUST BE FILED BY THAT EMPLOYEE WITH THE EXECUTIVE DIRECTOR, OR FAILING ANY RESPONSE, THE BOARD PRESIDENT.

HOUSING FOR HOMELESS WILL NOT RETALIATE AGAINST AN EMPLOYEE WHO IN GOOD FAITH, HAS MADE A PROTEST OR RAISED A COMPLAINT AGAINST SOME PRACTICE OF HOUSING FOR HOMELESS, OR OF ANOTHER INDIVIDUAL OR ENTITY WITH WHOM HOUSING FOR HOMELESS HAS A BUSINESS RELATIONSHIP, ON THE BASIS OF A REASONABLE BELIEF THAT THE PRACTICE IS IN VIOLATION OF LAW, OR A CLEAR MANDATE OF PUBLIC POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
AN INDEPENDENT NON-PROFIT AGENCY REVIEWS THE POSITION DESCRIPTION AND MAKE

SCHEDULE O (Form 990)
(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HOUSING FOR HOMELESS, INC.

Employer identification number

59-2981409

RECOMMENDATIONS TO THE BOARD OF DIRECTORS RELATED TO SKILLS, EXPERIENCE, AND COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HOUSING FOR HOMELESS, INC.

Employer identification number

59-2981409

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ORCHID LAKE DEVELOPER, LLC 1490 DIGNITY CIRCLE 59-2981409 ROCKLEDGE FL 32922	HMLSS CARE	FL	590,632		HFH, INC
(2) HFH ORCHID LAKE GP, LLC 1490 DIGNITY CIRCLE 59-2981409 ROCKLEDGE FL 32922	HMLSS CARE	FL			HFH, INC
(3) HFH FOX POINTE DEVELOPER, LLC 1490 DIGNITY CIRLCE 32-0769937 ROCKLEDGE FL 32922	HMLSS CARE	FL	130,049		HFH, INC
(4) HFH FOX PONTE MM, LLC 1490 DIGNITY CIRCLE 99-3623339 ROCKLEDGE FL 32922	HMLSS CARE	FL			HFH, INC
(5) HFH FOREST GLEN DEVELOPER, LLC 1490 DIGNITY CIRCLE 33-2594031 ROCKLEDGE FL 32922	HMLSS CARE	FL	51,266		HFH, INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)							
(2)							
(3)							
(4)							
(5)							

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro-portionate alloc.? Yes	(h) Dispro-portionate alloc.? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
(1)										
(2)										
(3)										
(4)										

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity **1a**		
b	Gift, grant, or capital contribution to related organization(s) **1b**		
c	Gift, grant, or capital contribution from related organization(s) **1c**		
d	Loans or loan guarantees to or for related organization(s) **1d**		
e	Loans or loan guarantees by related organization(s) **1e**		
f	Dividends from related organization(s) **1f**		
g	Sale of assets to related organization(s) **1g**		
h	Purchase of assets from related organization(s) **1h**		
i	Exchange of assets with related organization(s) **1i**		
j	Lease of facilities, equipment, or other assets to related organization(s) **1j**		
k	Lease of facilities, equipment, or other assets from related organization(s) **1k**		
l	Performance of services or membership or fundraising solicitations for related organization(s) **1l**		
m	Performance of services or membership or fundraising solicitations by related organization(s) **1m**		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) **1n**		
o	Sharing of paid employees with related organization(s) **1o**		
p	Reimbursement paid to related organization(s) for expenses **1p**		
q	Reimbursement paid by related organization(s) for expenses **1q**		
r	Other transfer of cash or property to related organization(s) **1r**		
s	Other transfer of cash or property from related organization(s) **1s**		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII **Supplemental Information.**
Provide additional information for responses to questions on Schedule R. See instructions.

59-2981409

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	Bldg-1526 Paradise Lane	10/20/95	29,246				29,246	27	MO	S/L	29,246	0
2	Improv#1-Paradise Lane	8/23/96	78,538				78,538	37	MO	S/L	71,136	2,094
3	Improv#2-Paradise Lane	10/27/06	104,826				104,826	27	MO	S/L	70,319	3,812
4	Improv#3-Paradise Lane (Drainage, parking	10/17/12	26,250				26,250	5	MO	S/L	26,250	0
5	Improv#4-Paradise Lane (Septice System)	11/17/14	1,889				1,889	5	MO	S/L	1,889	0
6	Bldg-1690 Ashwood	2/25/02	65,000				65,000	27	MO	S/L	54,364	2,364
7	Improv#1-Ashwood Ave (Roof, windows, v	3/09/12	33,637				33,637	20	MO	S/L	17,604	1,682
8	Bldg-Tropic Hammock	2/25/02	1,868,991				1,868,991	27	MO	S/L	1,054,060	67,964
9	Bldg-1895 Garner Avenue	4/26/96	46,836				46,836	27	MO	S/L	46,836	0
10	Tile Replacement-Garner	3/29/99	1,464				1,464	3	MO	S/L	1,464	0
11	Fay Rehab (Roof & Windows)	12/21/11	9,710				9,710	15	MO	S/L	8,415	648
12	Improv#2-Garner (Windows, doors, painting	1/27/12	13,344				13,344	5	MO	S/L	13,344	0
13	Bldg-227 Seminole	9/25/02	70,000				70,000	27	MO	S/L	58,545	2,545
14	Improv#1-Seminole (roof, windows, doors)	9/25/12	38,763				38,763	20	MO	S/L	25,196	1,938
15	Improv#2-Seminole (HVAC)	11/28/16	9,200				9,200	15	MO	S/L	2,533	614
16	Bldg-306 Herring	7/25/02	55,000				55,000	27	MO	S/L	45,000	2,000
17	Roof-306 Herring	3/31/03	10,754				10,754	27	MO	S/L	4,680	398
18	Improv#2-306 Herring	1/01/07	43,005				43,005	27	MO	S/L	28,670	1,592
19	Improv#3-306 Herring (Windows & Roof)	12/21/11	7,810				7,810	15	MO	S/L	6,769	520
20	Improv#4-306 Herring (Windows & painting	1/30/12	12,227				12,227	15	MO	S/L	10,597	815
21	Roof-306 Herring	12/30/12	-2,944				-2,944	0	--	Memo	-3,485	0
22	Improvements expensed	12/31/14	0				0	0	HY		0	0
23	Roof-306 Herring - remove asset	12/31/18	-7,810				-7,810	0	--	Memo	0	0
24	Bldg-3803 Goode	8/18/03	20,000				20,000	27	MO	S/L	15,515	727
25	Improv#1-Goode Cir (Roof, windows, doors	5/17/12	25,391				25,391	20	MO	S/L	16,504	1,269
26	Bldg-1569 Minnie Str	10/08/10	60,293				60,293	27	MO	S/L	32,887	2,192
27	Bldg-5665 Fairbridge Ave	8/03/10	49,205				49,205	27	MO	S/L	26,694	1,789
28	Improv#1-Fairbridge Ave	12/09/11	43,749				43,749	20	MO	S/L	28,437	2,187
29	Bldg-6557 Grissom Parkway	9/23/10	45,130				45,130	27	MO	S/L	26,383	1,641
30	Improv #1	9/28/11	39,629				39,629	20	MO	S/L	31,612	1,981
31	Bldg-456 Fern Ave	11/21/11	67,202				67,202	27	MO	S/L	31,768	2,444
32	Bldg-2640 Via Napoli Ave	10/03/10	56,548				56,548	27	MO	S/L	30,844	2,057
33	Improv #1 (Roof & Windows)	8/30/11	30,245				30,245	15	MO	S/L	26,212	2,017
34	Bldg.-423 Rockpit Road	11/19/02	55,000				55,000	27	MO	S/L	45,000	2,000
35	Improv#1-1727/1729 WinVet Ln (Roof, por	3/09/12	36,805				36,805	15	MO	S/L	31,897	2,454
36	Improv#2 (HVAC 1729 Win Vet Ln)	3/19/18	3,300				3,300	15	MO	S/L	1,540	220
37	Bldg-506, 514, 522 Abbey Lane	11/14/03	258,741				258,741	27	MO	S/L	199,152	9,409
38	Improv#1-Abbey Lane	10/25/04	55,938				55,938	27	MO	S/L	41,781	2,072
39	Improv#2-Abbey Lane	12/30/09	426,257				426,257	27	MO	S/L	252,597	15,787
40	Improv#3-Abbey Lane (Roofs, gutters, dow	1/31/12	29,055				29,055	20	MO	S/L	18,886	1,453
41	Improv#2-Abbey Lane (HVAC)	7/18/14	2,750				2,750	15	MO	S/L	2,017	183
42	Improv#4-Roof (506 Abbey Ln)	11/05/19	13,835				13,835	27	MO	S/L	3,019	503
43	Roof-506 Abbey- remove asset	12/31/19	-9,685				-9,685	0	--	Memo	-9,685	0
44	Improv#5-Roof (514 Abbey Ln)	4/04/20	14,950				14,950	15	MO	S/L	3,987	996
45	Improv#6-Roof (522 Abbey Ln)	6/22/20	16,875				16,875	15	MO	S/L	4,500	1,125
46	Bldg-627,629, Titus	11/22/02	78,000				78,000	27	MO	S/L	63,818	2,836
47	Improv#1-Titus St (Windows, gutters, doors	3/09/12	23,932				23,932	5	MO	S/L	23,932	0
48	Improv#2 627 Titus-A/C	9/18/20	7,050				7,050	15	MO	S/L	1,110	470
49	Bldg-Fee & Columbus	2/19/97	59,648				59,648	27	MO	S/L	55,096	2,169
50	Improv#1-Columbus (Roof & Windows)	12/21/11	8,550				8,550	15	MO	S/L	7,410	570
51	Improv#2-Columbus (Windows, paint int.)	1/20/12	10,385				10,385	5	MO	S/L	10,385	0
52	Improv#1-Fee Avenue	8/31/06	93,631				93,631	27	MO	S/L	68,942	3,468
53	Improv#1-Fee Avenue (Roof & Windows)	12/21/11	4,180				4,180	15	MO	S/L	3,623	278
54	Improv#2-Fee Avenue (Paint ext., fascia)	1/20/12	1,689				1,689	5	MO	S/L	1,689	0
55	Bldg-Victory Village	8/31/06	1,486,920				1,486,920	27	MO	S/L	1,009,637	55,071
56	Improv#1 (HVAC 1728 Hero Ln)	10/02/16	3,150				3,150	15	MO	S/L	1,890	210
57	Improv#2 (HVAC 1732 Hero Ln)	8/03/18	3,500				3,500	15	MO	S/L	1,633	234
58	Improv#3 (Partial roof replacement)	11/13/20	1,000				1,000	15	MO	S/L	267	66
59	Bldg- Bridge Rd	8/23/12	53,338				53,338	27	MO	S/L	23,706	1,975
60	Improv#1 (Roof, door, HVAC, ext paint, int	3/13/13	33,993				33,993	15	MO	S/L	27,194	2,267
61	Retainage (Roof, door, HVAC, ext paint, int	6/12/13	3,399				3,399	15	MO	S/L	2,719	227
62	Bldg- Hudson Rd	8/23/12	64,755				64,755	27	MO	S/L	28,780	2,398
63	Improv#1 (HVAC, septic replacement/repai	7/29/13	16,560				16,560	15	MO	S/L	13,248	1,104
64	Improv#2 (Roof, doors, HVAC, paint, tile, s	8/14/13	23,627				23,627	15	MO	S/L	18,901	1,576
65	Improv#3 (door upgrade)	8/15/13	600				600	5	MO	S/L	600	0
66	Improv#4 (porch rebuild, paint, ceiling fans,	9/13/13	14,980				14,980	5	MO	S/L	14,980	0
67	Improv#1, 2, 4 retainage	11/06/13	5,517				5,517	15	MO	S/L	4,413	368
68	Improv#5 (porch floors-tiled, septic repair)	1/27/14	1,908				1,908	5	MO	S/L	1,908	0
69	800 Fiske Blvd #203	12/30/11	26,020				26,020	20	MO	S/L	16,913	1,301
70	Improv#1 (HVAC, cabinets, tile)	8/25/17	5,550				5,550	15	MO	S/L	2,960	370

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
71	Bldg- Roxbury Ct	12/05/13	94,441				94,441	27	MO	S/L	38,285	3,434
72	Improv #1 (HVAC)	6/13/17	3,250				3,250	15	MO	S/L	1,733	217
73	Improv #2 (Metal Roof)	12/14/18	11,696				11,696	15	MO	S/L	5,458	780
74	Bldg- 6090 Grissom Pkwy	9/28/20	131,793				131,793	27	MO	S/L	14,470	4,793
75	Bldg- 2100-30 Woodland Hills Dr	9/28/20	142,972				142,972	27	MO	S/L	16,897	5,199
76	Bldg- 1616-18 Tropic St	9/28/20	36,507				36,507	27	MO	S/L	4,314	1,328
77	Bldg- 154 Park Ln	9/28/20	70,338				70,338	27	MO	S/L	8,313	2,557
78	Bldg- 6027 Homestead Ave	9/28/20	137,854				137,854	27	MO	S/L	16,292	5,013
79	Bldg- 703 Aurora St	9/28/20	77,521				77,521	27	MO	S/L	9,162	2,819
80	Furniture and Equipment	7/02/18	21,095				21,095	7	MO	S/L	16,574	3,014
81	Improv#3 -Garner (HVAC)	4/16/21	3,680				3,680	15	MO	S/L	245	246
82	Improv#1 (HVAC)	2/24/21	3,400				3,400	15	MO	S/L	227	226
83	Improv#1 - New Septic	5/10/22	9,660				9,660	5	MO	S/L	1,932	1,932
84	Improv#2 - HVAC	11/10/22	3,850				3,850	15	MO	S/L	257	256
85	Improv#7- HVAC (506 Abbey Ln Apt D)	3/22/22	8,000				8,000	15	MO	S/L	533	534
86	Improv#4 (HVAC 1734 Hero Ln)	7/01/21	2,950				2,950	15	MO	S/L	197	196
87	Improv#5 (HVAC 1726 Hero Ln)	5/05/22	3,800				3,800	15	MO	S/L	253	254
88	Improv#6 (HVAC #1)	4/07/21	3,600				3,600	15	MO	S/L	240	240
89	Improv#7 (HVAC #2)	3/17/22	3,850				3,850	15	MO	S/L	257	256
90	Installation of new 2 ton AC Unit	4/22/24	4,350				4,350	15	MO	S/L	0	193
91	Check AC Units, Freon Added	6/01/24	433				433	15	MO	S/L	0	17
92	Check A/C Clog Drain/Dirty Condenser	7/17/24	290				290	15	MO	S/L	0	8
93	Replaced Consdensor Motor	10/31/24	910				910	15	MO	S/L	0	10
	Total Other Depreciation		6,665,071				6,665,071				3,976,372	253,972
	Total ACRS and Other Depreciation		6,665,071				6,665,071				3,976,372	253,972
	Grand Totals		6,665,071				6,665,071				3,976,372	253,972
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		6,665,071				6,665,071				3,976,372	253,972

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FL Asset Report
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Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
Other Depreciation:								
1	Bldg-1526 Paradise Lane	10/20/95	29,246	29,246	29,246	0	0	0
2	Improv#1-Paradise Lane	8/23/96	78,538	78,538	57,245	2,094	2,094	0
3	Improv#2-Paradise Lane	10/27/06	104,826	104,826	65,507	3,812	3,812	0
4	Improv#3-Paradise Lane (Drainage, parking	10/17/12	26,250	26,250	26,250	0	0	0
5	Improv#4-Paradise Lane (Septice System)	11/17/14	1,889	1,889	1,889	0	0	0
6	Bldg-1690 Ashwood	2/25/02	65,000	65,000	51,606	2,364	2,364	0
7	Improv#1-Ashwood Ave (Roof, windows, v	3/09/12	26,537	26,537	15,701	1,327	1,682	355
8	Bldg-Tropic Hammock	2/25/02	1,868,991	1,868,991	1,483,865	67,964	67,964	0
9	Bldg-1895 Garner Avenue	4/26/96	46,836	46,836	46,836	0	0	0
10	Tile Replacement-Garner	3/29/99	1,464	1,464	1,464	0	0	0
11	Fay Rehab (Roof & Windows)	12/21/11	9,710	9,710	7,768	647	648	1
12	Improv#2-Garner (Windows, doors, painting	1/27/12	13,344	13,344	13,344	0	0	0
13	Bldg-227 Seminole	9/25/02	70,000	70,000	54,091	2,545	2,545	0
14	Improv#1-Seminole (roof, windows, doors)	9/25/12	38,763	38,763	21,804	1,938	1,938	0
15	Improv#2-Seminole (HVAC)	11/28/16	3,600	3,600	1,700	240	614	374
16	Bldg-306 Herring	7/25/02	55,000	55,000	42,833	2,000	2,000	0
17	Roof-306 Herring	3/31/03	10,754	10,754	7,867	398	398	0
18	Improv#2-306 Herring	1/01/07	43,005	43,005	27,077	1,593	1,592	-1
19	Improv#3-306 Herring (Windows & Roof)	12/21/11	7,810	7,810	6,248	521	520	-1
20	Improv#4-306 Herring (Windows & painting	1/30/12	12,227	12,227	9,714	815	815	0
21	Roof-306 Herring	12/30/12	-2,944	-2,944	0	0	0	0
22	Improvements expensed	12/31/14	0	0	0	0	0	0
23	Roof-306 Herring - remove asset	12/31/18	-7,810	-7,810	0	0	0	0
24	Bldg-3803 Goode	8/18/03	20,000	20,000	14,788	727	727	0
25	Improv#1-Goode Cir (Roof, windows, doors	5/17/12	25,391	25,391	14,705	1,270	1,269	-1
26	Bldg-1569 Minnie Str	10/08/10	60,293	60,293	29,050	2,193	2,192	-1
27	Bldg-5665 Fairbridge Ave	8/03/10	49,205	49,205	24,006	1,789	1,789	0
28	Improv#1-Fairbridge Ave	12/09/11	43,749	43,749	26,432	2,187	2,187	0
29	Bldg-6557 Grissom Parkway	9/23/10	48,885	48,885	23,554	1,777	1,641	-136
30	Improv #1	9/28/11	49,384	49,384	30,248	2,469	1,981	-488
31	Bldg-456 Fern Ave	11/21/11	67,202	67,202	29,528	2,444	2,444	0
32	Bldg-2640 Via Napoli Ave	10/03/10	56,548	56,548	27,246	2,056	2,057	1
33	Improv #1 (Roof & Windows)	8/30/11	30,245	30,245	24,868	2,016	2,017	1
34	Bldg.-423 Rockpit Road	11/19/02	55,000	55,000	42,167	2,000	2,000	0
35	Improv#1-1727/1729 WinVet Ln (Roof, por	3/09/12	36,805	36,805	29,035	2,454	2,454	0
36	Improv#2 (HVAC 1729 Win Vet Ln)	3/19/18	3,300	3,300	1,265	220	220	0
37	Bldg-506, 514, 522 Abbey Lane	11/14/03	258,741	258,741	189,743	9,409	9,409	0
38	Improv#1-Abbey Lane	10/25/04	55,938	55,938	39,709	2,072	2,072	0
39	Improv#2-Abbey Lane	12/30/09	426,257	426,257	221,022	15,787	15,787	0
40	Improv#3-Abbey Lane (Roofs, gutters, dow	1/31/12	29,055	29,055	17,312	1,453	1,453	0
41	Improv#2-Abbey Lane (HVAC)	7/18/14	2,750	2,750	1,726	184	183	-1
42	Improv#4-Roof (506 Abbey Ln)	11/05/19	13,835	13,835	2,096	503	503	0
43	Roof-506 Abbey- remove asset	12/31/19	-9,685	-9,685	0	0	0	0
44	Improv#5-Roof (514 Abbey Ln)	4/04/20	14,950	14,950	3,987	996	996	0
45	Improv#6-Roof (522 Abbey Ln)	6/22/20	16,875	16,875	4,500	1,125	1,125	0
46	Bldg-627,629, Titus	11/22/02	78,000	78,000	59,800	2,836	2,836	0
47	Improv#1-Titus St (Windows, gutters, doors	3/09/12	23,932	23,932	23,932	0	0	0
48	Improv#2 627 Titus-A/C	9/18/20	3,200	3,200	853	214	470	256
49	Bldg-Fee & Columbus	2/19/97	59,648	59,648	58,202	1,446	2,169	723
50	Improv#1-Columbus (Roof & Windows)	12/21/11	8,550	8,550	6,840	570	570	0
51	Improv#2-Columbus (Windows, paint int.)	1/20/12	10,385	10,385	10,385	0	0	0
52	Improv#1-Fee Avenue	8/31/06	93,631	93,631	60,109	3,468	3,468	0
53	Improv#1-Fee Avenue (Roof & Windows)	12/21/11	4,180	4,180	3,344	279	278	-1
54	Improv#2-Fee Avenue (Paint ext., fascia)	1/20/12	1,689	1,689	1,689	0	0	0
55	Bldg-Victory Village	8/31/06	1,486,920	1,486,920	954,566	55,071	55,071	0
56	Improv#1 (HVAC 1728 Hero Ln)	10/02/16	3,150	3,150	1,523	210	210	0
57	Improv#2 (HVAC 1732 Hero Ln)	8/03/18	3,500	3,500	1,264	233	234	1
58	Improv#3 (Partial roof replacement)	11/13/20	1,000	1,000	267	66	66	0
59	Bldg- Bridge Rd	8/23/12	53,338	53,338	22,389	1,975	1,975	0
60	Improv#1 (Roof, door, HVAC, ext paint, int	3/13/13	33,993	33,993	24,551	2,266	2,267	1
61	Retainage (Roof, door, HVAC, ext paint, int	6/12/13	3,399	3,399	2,398	227	227	0
62	Bldg- Hudson Rd	8/23/12	64,755	64,755	27,181	2,398	2,398	0
63	Improv#1 (HVAC, septic replacement/repai	7/29/13	16,560	16,560	11,500	1,104	1,104	0
64	Improv#2 (Roof, doors, HVAC, paint, tile, s	8/14/13	23,627	23,627	16,407	1,576	1,576	0
65	Improv#3 (door upgrade)	8/15/13	600	600	600	0	0	0
66	Improv#4 (porch rebuild, paint, ceiling fans,	9/13/13	14,980	14,980	14,980	0	0	0
67	Improv#1, 2, 4 retainage	11/06/13	5,517	5,517	3,739	368	368	0
68	Improv#5 (porch floors-tiled, septic repair)	1/27/14	1,908	1,908	1,908	0	0	0
69	800 Fiske Blvd #203	12/30/11	26,020	26,020	15,612	1,301	1,301	0
70	Improv#1 (HVAC, cabinets, tile)	8/25/17	5,550	5,550	2,343	370	370	0

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Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
71	Bldg- Roxbury Ct	12/05/13	94,441	94,441	34,692	3,434	3,434	0
72	Improv #1 (HVAC)	6/13/17	3,250	3,250	1,426	217	217	0
73	Improv #2 (Metal Roof)	12/14/18	11,696	11,696	3,964	779	780	1
74	Bldg- 6090 Grissom Pkwy	9/28/20	118,283	118,283	13,979	4,301	4,793	492
75	Bldg- 2100-30 Woodland Hills Dr	9/28/20	142,972	142,972	16,897	5,199	5,199	0
76	Bldg- 1616-18 Tropic St	9/28/20	36,507	36,507	4,314	1,328	1,328	0
77	Bldg- 154 Park Ln	9/28/20	70,338	70,338	8,313	2,557	2,557	0
78	Bldg- 6027 Homestead Ave	9/28/20	137,854	137,854	16,292	5,013	5,013	0
79	Bldg- 703 Aurora St	9/28/20	77,521	77,521	9,162	2,819	2,819	0
80	Furniture and Equipment	7/02/18	21,095	21,095	16,574	3,014	3,014	0
81	Improv#3 -Garner (HVAC)	4/16/21	0	0	0	0	246	246
82	Improv#1 (HVAC)	2/24/21	3,400	3,400	227	226	226	0
83	Improv#1 - New Septic	5/10/22	9,660	9,660	1,932	1,932	1,932	0
84	Improv#2 - HVAC	11/10/22	3,850	3,850	257	256	256	0
85	Improv#7- HVAC (506 Abbey Ln Apt D)	3/22/22	8,000	8,000	533	534	534	0
86	Improv#4 (HVAC 1734 Hero Ln)	7/01/21	2,950	2,950	197	196	196	0
87	Improv#5 (HVAC 1726 Hero Ln)	5/05/22	3,800	3,800	253	254	254	0
88	Improv#6 (HVAC #1)	4/07/21	3,600	3,600	240	240	240	0
89	Improv#7 (HVAC #2)	3/17/22	3,850	3,850	257	256	256	0
90	Installation of new 2 ton AC Unit	4/22/24	4,350	4,350	0	193	193	0
91	Check AC Units, Freon Added	6/01/24	433	433	0	17	17	0
92	Check A/C Clog Drain/Dirty Condenser	7/17/24	290	290	0	8	8	0
93	Replaced Consdensor Motor	10/31/24	910	910	0	10	10	0
	Total Other Depreciation		6,644,841	6,644,841	4,224,933	252,150	253,972	1,822
	Total ACRS and Other Depreciation		6,644,841	6,644,841	4,224,933	252,150	253,972	1,822
	Grand Totals		6,644,841	6,644,841	4,224,933	252,150	253,972	1,822
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		6,644,841	6,644,841	4,224,933	252,150	253,972	1,822

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AMT Asset Report
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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:											
1	Bldg-1526 Paradise Lane	10/20/95	29,246			29,246	27	MO	S/L	29,246	0
2	Improv#1-Paradise Lane	8/23/96	78,538			78,538	37	MO	S/L	71,136	2,094
3	Improv#2-Paradise Lane	10/27/06	104,826			104,826	27	MO	S/L	70,319	3,812
4	Improv#3-Paradise Lane (Drainage, parking	10/17/12	26,250			26,250	5	MO	S/L	26,250	0
5	Improv#4-Paradise Lane (Septice System)	11/17/14	1,889			1,889	5	MO	S/L	1,889	0
6	Bldg-1690 Ashwood	2/25/02	65,000			65,000	27	MO	S/L	54,364	2,364
7	Improv#1-Ashwood Ave (Roof, windows, v	3/09/12	26,537			26,537	20	MO	S/L	17,249	1,327
8	Bldg-Tropic Hammock	2/25/02	1,868,991			1,868,991	27	MO	S/L	1,054,060	67,964
9	Bldg-1895 Garner Avenue	4/26/96	46,836			46,836	27	MO	S/L	46,836	0
10	Tile Replacement-Garner	3/29/99	1,464			1,464	3	MO	S/L	1,464	0
11	Fay Rehab (Roof & Windows)	12/21/11	9,710			9,710	15	MO	S/L	8,415	648
12	Improv#2-Garner (Windows, doors, painting	1/27/12	13,344			13,344	5	MO	S/L	13,344	0
13	Bldg-227 Seminole	9/25/02	70,000			70,000	27	MO	S/L	58,545	2,545
14	Improv#1-Seminole (roof, windows, doors)	9/25/12	38,763			38,763	20	MO	S/L	25,196	1,938
15	Improv#2-Seminole (HVAC)	11/28/16	3,600			3,600	15	MO	S/L	2,160	240
16	Bldg-306 Herring	7/25/02	55,000			55,000	27	MO	S/L	45,000	2,000
17	Roof-306 Herring	3/31/03	10,754			10,754	27	MO	S/L	4,680	398
18	Improv#2-306 Herring	1/01/07	43,005			43,005	27	MO	S/L	28,670	1,592
19	Improv#3-306 Herring (Windows & Roof)	12/21/11	7,810			7,810	15	MO	S/L	6,769	520
20	Improv#4-306 Herring (Windows & painting	1/30/12	12,227			12,227	15	MO	S/L	10,597	815
21	Roof-306 Herring	12/30/12	-2,944			-2,944	0	--	Memo	-3,485	0
22	Improvements expensed	12/31/14	0			0	0	HY		0	0
23	Roof-306 Herring - remove asset	12/31/18	-7,810			-7,810	0	--	Memo	0	0
24	Bldg-3803 Goode	8/18/03	20,000			20,000	27	MO	S/L	15,515	727
25	Improv#1-Goode Cir (Roof, windows, doors	5/17/12	25,391			25,391	20	MO	S/L	16,504	1,269
26	Bldg-1569 Minnie Str	10/08/10	60,293			60,293	27	MO	S/L	32,887	2,192
27	Bldg-5665 Fairbridge Ave	8/03/10	49,205			49,205	27	MO	S/L	26,694	1,789
28	Improv#1-Fairbridge Ave	12/09/11	43,749			43,749	20	MO	S/L	28,437	2,187
29	Bldg-6557 Grissom Parkway	9/23/10	48,885			48,885	27	MO	S/L	26,519	1,778
30	Improv #1	9/28/11	49,384			49,384	20	MO	S/L	32,100	2,469
31	Bldg-456 Fern Ave	11/21/11	67,202			67,202	27	MO	S/L	31,768	2,444
32	Bldg-2640 Via Napoli Ave	10/03/10	56,548			56,548	27	MO	S/L	30,844	2,057
33	Improv #1 (Roof & Windows)	8/30/11	30,245			30,245	15	MO	S/L	26,212	2,017
34	Bldg.-423 Rockpit Road	11/19/02	55,000			55,000	27	MO	S/L	45,000	2,000
35	Improv#1-1727/1729 WinVet Ln (Roof, por	3/09/12	36,805			36,805	15	MO	S/L	31,897	2,454
36	Improv#2 (HVAC 1729 Win Vet Ln)	3/19/18	3,300			3,300	15	MO	S/L	1,540	220
37	Bldg-506, 514, 522 Abbey Lane	11/14/03	258,741			258,741	27	MO	S/L	199,152	9,409
38	Improv#1-Abbey Lane	10/25/04	55,938			55,938	27	MO	S/L	41,781	2,072
39	Improv#2-Abbey Lane	12/30/09	426,257			426,257	27	MO	S/L	252,597	15,787
40	Improv#3-Abbey Lane (Roofs, gutters, dow	1/31/12	29,055			29,055	20	MO	S/L	18,886	1,453
41	Improv#2-Abbey Lane (HVAC)	7/18/14	2,750			2,750	15	MO	S/L	2,017	183
42	Improv#4-Roof (506 Abbey Ln)	11/05/19	13,835			13,835	27	MO	S/L	3,019	503
43	Roof-506 Abbey- remove asset	12/31/19	-9,685			-9,685	0	--	Memo	-9,685	0
44	Improv#5-Roof (514 Abbey Ln)	4/04/20	14,950			14,950	15	MO	S/L	3,987	996
45	Improv#6-Roof (522 Abbey Ln)	6/22/20	16,875			16,875	15	MO	S/L	4,500	1,125
46	Bldg-627,629, Titus	11/22/02	78,000			78,000	27	MO	S/L	63,818	2,836
47	Improv#1-Titus St (Windows, gutters, doors	3/09/12	23,932			23,932	5	MO	S/L	23,932	0
48	Improv#2 627 Titus-A/C	9/18/20	3,200			3,200	15	MO	S/L	853	214
49	Bldg-Fee & Columbus	2/19/97	59,648			59,648	27	MO	S/L	55,096	2,169
50	Improv#1-Columbus (Roof & Windows)	12/21/11	8,550			8,550	15	MO	S/L	7,410	570
51	Improv#2-Columbus (Windows, paint int.)	1/20/12	10,385			10,385	5	MO	S/L	10,385	0
52	Improv#1-Fee Avenue	8/31/06	93,631			93,631	27	MO	S/L	68,942	3,468
53	Improv#1-Fee Avenue (Roof & Windows)	12/21/11	4,180			4,180	15	MO	S/L	3,623	278
54	Improv#2-Fee Avenue (Paint ext., fascia)	1/20/12	1,689			1,689	5	MO	S/L	1,689	0
55	Bldg-Victory Village	8/31/06	1,486,920			1,486,920	27	MO	S/L	1,009,637	55,071
56	Improv#1 (HVAC 1728 Hero Ln)	10/02/16	3,150			3,150	15	MO	S/L	1,890	210
57	Improv#2 (HVAC 1732 Hero Ln)	8/03/18	3,500			3,500	15	MO	S/L	1,633	234
58	Improv#3 (Partial roof replacement)	11/13/20	1,000			1,000	15	MO	S/L	267	66
59	Bldg- Bridge Rd	8/23/12	53,338			53,338	27	MO	S/L	23,706	1,975
60	Improv#1 (Roof, door, HVAC, ext paint, int	3/13/13	33,993			33,993	15	MO	S/L	27,194	2,267
61	Retainage (Roof, door, HVAC, ext paint, int	6/12/13	3,399			3,399	15	MO	S/L	2,719	227
62	Bldg- Hudson Rd	8/23/12	64,755			64,755	27	MO	S/L	28,780	2,398
63	Improv#1 (HVAC, septic replacement/repai	7/29/13	16,560			16,560	15	MO	S/L	13,248	1,104
64	Improv#2 (Roof, doors, HVAC, paint, tile, s	8/14/13	23,627			23,627	15	MO	S/L	18,901	1,576
65	Improv#3 (door upgrade)	8/15/13	600			600	5	MO	S/L	600	0
66	Improv#4 (porch rebuild, paint, ceiling fans,	9/13/13	14,980			14,980	5	MO	S/L	14,980	0
67	Improv#1, 2, 4 retainage	11/06/13	5,517			5,517	15	MO	S/L	4,413	368
68	Improv#5 (porch floors-tiled, septic repair)	1/27/14	1,908			1,908	5	MO	S/L	1,908	0
69	800 Fiske Blvd #203	12/30/11	26,020			26,020	20	MO	S/L	16,913	1,301
70	Improv#1 (HVAC, cabinets, tile)	8/25/17	5,550			5,550	15	MO	S/L	2,960	370

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
71	Bldg- Roxbury Ct	12/05/13	94,441				94,441	27	MO	S/L	38,285	3,434
72	Improv #1 (HVAC)	6/13/17	3,250				3,250	15	MO	S/L	1,733	217
73	Improv #2 (Metal Roof)	12/14/18	11,696				11,696	15	MO	S/L	5,458	780
74	Bldg- 6090 Grissom Pkwy	9/28/20	118,283				118,283	27	MO	S/L	13,979	4,301
75	Bldg- 2100-30 Woodland Hills Dr	9/28/20	142,972				142,972	27	MO	S/L	16,897	5,199
76	Bldg- 1616-18 Tropic St	9/28/20	36,507				36,507	27	MO	S/L	4,314	1,328
77	Bldg- 154 Park Ln	9/28/20	70,338				70,338	27	MO	S/L	8,313	2,557
78	Bldg- 6027 Homestead Ave	9/28/20	137,854				137,854	27	MO	S/L	16,292	5,013
79	Bldg- 703 Aurora St	9/28/20	77,521				77,521	27	MO	S/L	9,162	2,819
80	Furniture and Equipment	7/02/18	21,095				21,095	7	MO	S/L	16,574	3,014
81	Improv#3 -Garner (HVAC)	4/16/21	0				0	0	HY		0	0
82	Improv#1 (HVAC)	2/24/21	0				0	0	HY		0	0
83	Improv#1 - New Septic	5/10/22	0				0	0	HY		0	0
84	Improv#2 - HVAC	11/10/22	0				0	0	HY		0	0
85	Improv#7- HVAC (506 Abbey Ln Apt D)	3/22/22	0				0	0	HY		0	0
86	Improv#4 (HVAC 1734 Hero Ln)	7/01/21	0				0	0	HY		0	0
87	Improv#5 (HVAC 1726 Hero Ln)	5/05/22	0				0	0	HY		0	0
88	Improv#6 (HVAC #1)	4/07/21	0				0	0	HY		0	0
89	Improv#7 (HVAC #2)	3/17/22	0				0	0	HY		0	0
90	Installation of new 2 ton AC Unit	4/22/24	4,350				4,350	15	MO	S/L	0	193
91	Check AC Units, Freon Added	6/01/24	433				433	15	MO	S/L	0	17
92	Check A/C Clog Drain/Dirty Condenser	7/17/24	290				290	15	MO	S/L	0	8
93	Replaced Consdensor Motor	10/31/24	910				910	15	MO	S/L	0	10
	Total Other Depreciation		6,605,731				6,605,731				3,971,379	248,980
	Total ACRS and Other Depreciation		6,605,731				6,605,731				3,971,379	248,980
	Grand Totals		6,605,731				6,605,731				3,971,379	248,980
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		6,605,731				6,605,731				3,971,379	248,980

59-2981409

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

59-2981409

Future Depreciation Report FYE: 12/31/25

Form 990, Page 1

Other Depreciation:

Asset	Description	Date In Service	Cost	Tax	AMT
1	Bldg-1526 Paradise Lane	10/20/95	29,246	0	0
2	Improv#1-Paradise Lane	8/23/96	78,538	2,095	2,095
3	Improv#2-Paradise Lane	10/27/06	104,826	3,812	3,812
4	Improv#3-Paradise Lane (Drainage, parking lot	10/17/12	26,250	0	0
5	Improv#4-Paradise Lane (Septice System)	11/17/14	1,889	0	0
6	Bldg-1690 Ashwood	2/25/02	65,000	2,363	2,363
7	Improv#1-Ashwood Ave (Roof, windows, wheel	3/09/12	33,637	1,682	1,327
8	Bldg-Tropic Hammock	2/25/02	1,868,991	67,963	67,963
9	Bldg-1895 Garner Avenue	4/26/96	46,836	0	0
10	Tile Replacement-Garner	3/29/99	1,464	0	0
11	Fay Rehab (Roof & Windows)	12/21/11	9,710	647	647
12	Improv#2-Garner (Windows, doors, painting ext	1/27/12	13,344	0	0
13	Bldg-227 Seminole	9/25/02	70,000	2,546	2,546
14	Improv#1-Seminole (roof, windows, doors)	9/25/12	38,763	1,938	1,938
15	Improv#2-Seminole (HVAC)	11/28/16	9,200	613	240
16	Bldg-306 Herring	7/25/02	55,000	2,000	2,000
17	Roof-306 Herring	3/31/03	10,754	399	399
18	Improv#2-306 Herring	1/01/07	43,005	1,593	1,593
19	Improv#3-306 Herring (Windows & Roof)	12/21/11	7,810	521	521
20	Improv#4-306 Herring (Windows & painting ext	1/30/12	12,227	815	815
21	Roof-306 Herring	12/30/12	-2,944	0	0
22	Improvements expensed	12/31/14	0	0	0
23	Roof-306 Herring - remove asset	12/31/18	-7,810	0	0
24	Bldg-3803 Goode	8/18/03	20,000	728	728
25	Improv#1-Goode Cir (Roof, windows, doors)	5/17/12	25,391	1,270	1,270
26	Bldg-1569 Minnie Str	10/08/10	60,293	2,193	2,193
27	Bldg-5665 Fairbridge Ave	8/03/10	49,205	1,789	1,789
28	Improv#1-Fairbridge Ave	12/09/11	43,749	2,188	2,188
29	Bldg-6557 Grissom Parkway	9/23/10	45,130	1,641	1,777
30	Improv #1	9/28/11	39,629	1,982	2,469
31	Bldg-456 Fern Ave	11/21/11	67,202	2,444	2,444
32	Bldg-2640 Via Napoli Ave	10/03/10	56,548	2,056	2,056
33	Improv #1 (Roof & Windows)	8/30/11	30,245	2,016	2,016
34	Bldg.-423 Rockpit Road	11/19/02	55,000	2,000	2,000
35	Improv#1-1727/1729 WinVet Ln (Roof, porch ce	3/09/12	36,805	2,454	2,454
36	Improv#2 (HVAC 1729 Win Vet Ln)	3/19/18	3,300	220	220
37	Bldg-506, 514, 522 Abbey Lane	11/14/03	258,741	9,409	9,409
38	Improv#1-Abbey Lane	10/25/04	55,938	2,071	2,071
39	Improv#2-Abbey Lane	12/30/09	426,257	15,787	15,787
40	Improv#3-Abbey Lane (Roofs, gutters, downspou	1/31/12	29,055	1,452	1,452
41	Improv#2-Abbey Lane (HVAC)	7/18/14	2,750	183	183
42	Improv#4-Roof (506 Abbey Ln)	11/05/19	13,835	503	503
43	Roof-506 Abbey- remove asset	12/31/19	-9,685	0	0
44	Improv#5-Roof (514 Abbey Ln)	4/04/20	14,950	997	997
45	Improv#6-Roof (522 Abbey Ln)	6/22/20	16,875	1,125	1,125
46	Bldg-627,629, Titus	11/22/02	78,000	2,837	2,837
47	Improv#1-Titus St (Windows, gutters, doors, r	3/09/12	23,932	0	0
48	Improv#2 627 Titus-A/C	9/18/20	7,050	470	213
49	Bldg-Fee & Columbus	2/19/97	59,648	2,169	2,169
50	Improv#1-Columbus (Roof & Windows)	12/21/11	8,550	570	570
51	Improv#2-Columbus (Windows, paint int.)	1/20/12	10,385	0	0
52	Improv#1-Fee Avenue	8/31/06	93,631	3,467	3,467
53	Improv#1-Fee Avenue (Roof & Windows)	12/21/11	4,180	279	279
54	Improv#2-Fee Avenue (Paint ext., fascia)	1/20/12	1,689	0	0
55	Bldg-Victory Village	8/31/06	1,486,920	55,071	55,071
56	Improv#1 (HVAC 1728 Hero Ln)	10/02/16	3,150	210	210
57	Improv#2 (HVAC 1732 Hero Ln)	8/03/18	3,500	233	233
58	Improv#3 (Partial roof replacement)	11/13/20	1,000	67	67
59	Bldg- Bridge Rd	8/23/12	53,338	1,976	1,976
60	Improv#1 (Roof, door, HVAC, ext paint, int pa	3/13/13	33,993	2,266	2,266
61	Retainage (Roof, door, HVAC, ext paint, int p	6/12/13	3,399	227	227
62	Bldg- Hudson Rd	8/23/12	64,755	2,399	2,399
63	Improv#1 (HVAC, septic replacement/repair, e	7/29/13	16,560	1,104	1,104
64	Improv#2 (Roof, doors, HVAC, paint, tile, sew	8/14/13	23,627	1,575	1,575
65	Improv#3 (door upgrade)	8/15/13	600	0	0
66	Improv#4 (porch rebuild, paint, ceiling fans,	9/13/13	14,980	0	0
67	Improv#1, 2, 4 retainage	11/06/13	5,517	368	368
68	Improv#5 (porch floors-tiled, septic repair)	1/27/14	1,908	0	0

59-2981409

Future Depreciation Report FYE: 12/31/25

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
69	800 Fiske Blvd #203	12/30/11	26,020	1,301	1,301
70	Improv#1 (HVAC, cabinets, tile)	8/25/17	5,550	370	370
71	Bldg- Roxbury Ct	12/05/13	94,441	3,434	3,434
72	Improv #1 (HVAC)	6/13/17	3,250	217	217
73	Improv #2 (Metal Roof)	12/14/18	11,696	780	780
74	Bldg- 6090 Grissom Pkwy	9/28/20	131,793	4,792	4,301
75	Bldg- 2100-30 Woodland Hills Dr	9/28/20	142,972	5,199	5,199
76	Bldg- 1616-18 Tropic St	9/28/20	36,507	1,328	1,328
77	Bldg- 154 Park Ln	9/28/20	70,338	2,558	2,558
78	Bldg- 6027 Homestead Ave	9/28/20	137,854	5,013	5,013
79	Bldg- 703 Aurora St	9/28/20	77,521	2,818	2,818
80	Furniture and Equipment	7/02/18	21,095	1,507	1,507
81	Improv#3 -Garner (HVAC)	4/16/21	3,680	245	0
82	Improv#1 (HVAC)	2/24/21	3,400	227	0
83	Improv#1 - New Septic	5/10/22	9,660	1,932	0
84	Improv#2 - HVAC	11/10/22	3,850	257	0
85	Improv#7- HVAC (506 Abbey Ln Apt D)	3/22/22	8,000	533	0
86	Improv#4 (HVAC 1734 Hero Ln)	7/01/21	2,950	197	0
87	Improv#5 (HVAC 1726 Hero Ln)	5/05/22	3,800	253	0
88	Improv#6 (HVAC #1)	4/07/21	3,600	240	0
89	Improv#7 (HVAC #2)	3/17/22	3,850	257	0
90	Installation of new 2 ton AC Unit	4/22/24	4,350	290	290
91	Check AC Units, Freon Added	6/01/24	433	29	29
92	Check A/C Clog Drain/Dirty Condenser	7/17/24	290	19	19
93	Replaced Consdensor Motor	10/31/24	910	61	61
	Total Other Depreciation		6,665,071	252,640	247,646
	Total ACRS and Other Depreciation		6,665,071	252,640	247,646
	Grand Totals		6,665,071	252,640	247,646

59-2981409 **FL Future Depreciation Report FYE: 12/31/25**

Form 990, Page 1

Other Depreciation:

Asset	Description	Date In Service	Cost	FL
1	Bldg-1526 Paradise Lane	10/20/95	29,246	0
2	Improv#1-Paradise Lane	8/23/96	78,538	2,095
3	Improv#2-Paradise Lane	10/27/06	104,826	3,812
4	Improv#3-Paradise Lane (Drainage, parking lot	10/17/12	26,250	0
5	Improv#4-Paradise Lane (Septice System)	11/17/14	1,889	0
6	Bldg-1690 Ashwood	2/25/02	65,000	2,363
7	Improv#1-Ashwood Ave (Roof, windows, wheel	3/09/12	26,537	1,327
8	Bldg-Tropic Hammock	2/25/02	1,868,991	67,963
9	Bldg-1895 Garner Avenue	4/26/96	46,836	0
10	Tile Replacement-Garner	3/29/99	1,464	0
11	Fay Rehab (Roof & Windows)	12/21/11	9,710	648
12	Improv#2-Garner (Windows, doors, painting ext	1/27/12	13,344	0
13	Bldg-227 Seminole	9/25/02	70,000	2,546
14	Improv#1-Seminole (roof, windows, doors)	9/25/12	38,763	1,938
15	Improv#2-Seminole (HVAC)	11/28/16	3,600	240
16	Bldg-306 Herring	7/25/02	55,000	2,000
17	Roof-306 Herring	3/31/03	10,754	398
18	Improv#2-306 Herring	1/01/07	43,005	1,592
19	Improv#3-306 Herring (Windows & Roof)	12/21/11	7,810	520
20	Improv#4-306 Herring (Windows & painting ext	1/30/12	12,227	815
21	Roof-306 Herring	12/30/12	-2,944	0
22	Improvements expensed	12/31/14	0	0
23	Roof-306 Herring - remove asset	12/31/18	-7,810	0
24	Bldg-3803 Goode	8/18/03	20,000	727
25	Improv#1-Goode Cir (Roof, windows, doors)	5/17/12	25,391	1,269
26	Bldg-1569 Minnie Str	10/08/10	60,293	2,192
27	Bldg-5665 Fairbridge Ave	8/03/10	49,205	1,790
28	Improv#1-Fairbridge Ave	12/09/11	43,749	2,188
29	Bldg-6557 Grissom Parkway	9/23/10	48,885	1,778
30	Improv #1	9/28/11	49,384	2,469
31	Bldg-456 Fern Ave	11/21/11	67,202	2,444
32	Bldg-2640 Via Napoli Ave	10/03/10	56,548	2,056
33	Improv #1 (Roof & Windows)	8/30/11	30,245	2,017
34	Bldg.-423 Rockpit Road	11/19/02	55,000	2,000
35	Improv#1-1727/1729 WinVet Ln (Roof, porch ce	3/09/12	36,805	2,453
36	Improv#2 (HVAC 1729 Win Vet Ln)	3/19/18	3,300	220
37	Bldg-506, 514, 522 Abbey Lane	11/14/03	258,741	9,409
38	Improv#1-Abbey Lane	10/25/04	55,938	2,072
39	Improv#2-Abbey Lane	12/30/09	426,257	15,788
40	Improv#3-Abbey Lane (Roofs, gutters, downspou	1/31/12	29,055	1,452
41	Improv#2-Abbey Lane (HVAC)	7/18/14	2,750	183
42	Improv#4-Roof (506 Abbey Ln)	11/05/19	13,835	503
43	Roof-506 Abbey- remove asset	12/31/19	-9,685	0
44	Improv#5-Roof (514 Abbey Ln)	4/04/20	14,950	997
45	Improv#6-Roof (522 Abbey Ln)	6/22/20	16,875	1,125
46	Bldg-627,629, Titus	11/22/02	78,000	2,837
47	Improv#1-Titus St (Windows, gutters, doors, r	3/09/12	23,932	0
48	Improv#2 627 Titus-A/C	9/18/20	3,200	213
49	Bldg-Fee & Columbus	2/19/97	59,648	0
50	Improv#1-Columbus (Roof & Windows)	12/21/11	8,550	570
51	Improv#2-Columbus (Windows, paint int.)	1/20/12	10,385	0
52	Improv#1-Fee Avenue	8/31/06	93,631	3,468
53	Improv#1-Fee Avenue (Roof & Windows)	12/21/11	4,180	278
54	Improv#2-Fee Avenue (Paint ext., fascia)	1/20/12	1,689	0
55	Bldg-Victory Village	8/31/06	1,486,920	55,071
56	Improv#1 (HVAC 1728 Hero Ln)	10/02/16	3,150	210
57	Improv#2 (HVAC 1732 Hero Ln)	8/03/18	3,500	234
58	Improv#3 (Partial roof replacement)	11/13/20	1,000	67
59	Bldg- Bridge Rd	8/23/12	53,338	1,976
60	Improv#1 (Roof, door, HVAC, ext paint, int pa	3/13/13	33,993	2,266
61	Retainage (Roof, door, HVAC, ext paint, int p	6/12/13	3,399	227
62	Bldg- Hudson Rd	8/23/12	64,755	2,399
63	Improv#1 (HVAC, septic replacement/repair, e	7/29/13	16,560	1,104
64	Improv#2 (Roof, doors, HVAC, paint, tile, sew	8/14/13	23,627	1,575
65	Improv#3 (door upgrade)	8/15/13	600	0
66	Improv#4 (porch rebuild, paint, ceiling fans,	9/13/13	14,980	0
67	Improv#1, 2, 4 retainage	11/06/13	5,517	368
68	Improv#5 (porch floors-tiled, septic repair)	1/27/14	1,908	0

59-2981409 **FL Future Depreciation Report FYE: 12/31/25**

Form 990, Page 1

Asset	Description	Date In Service	Cost	FL
69	800 Fiske Blvd #203	12/30/11	26,020	1,301
70	Improv#1 (HVAC, cabinets, tile)	8/25/17	5,550	370
71	Bldg- Roxbury Ct	12/05/13	94,441	3,434
72	Improv #1 (HVAC)	6/13/17	3,250	217
73	Improv #2 (Metal Roof)	12/14/18	11,696	780
74	Bldg- 6090 Grissom Pkwy	9/28/20	118,283	4,301
75	Bldg- 2100-30 Woodland Hills Dr	9/28/20	142,972	5,199
76	Bldg- 1616-18 Tropic St	9/28/20	36,507	1,328
77	Bldg- 154 Park Ln	9/28/20	70,338	2,558
78	Bldg- 6027 Homestead Ave	9/28/20	137,854	5,013
79	Bldg- 703 Aurora St	9/28/20	77,521	2,818
80	Furniture and Equipment	7/02/18	21,095	1,507
81	Improv#3 -Garner (HVAC)	4/16/21	0	0
82	Improv#1 (HVAC)	2/24/21	3,400	227
83	Improv#1 - New Septic	5/10/22	9,660	1,932
84	Improv#2 - HVAC	11/10/22	3,850	257
85	Improv#7- HVAC (506 Abbey Ln Apt D)	3/22/22	8,000	533
86	Improv#4 (HVAC 1734 Hero Ln)	7/01/21	2,950	197
87	Improv#5 (HVAC 1726 Hero Ln)	5/05/22	3,800	253
88	Improv#6 (HVAC #1)	4/07/21	3,600	240
89	Improv#7 (HVAC #2)	3/17/22	3,850	257
90	Installation of new 2 ton AC Unit	4/22/24	4,350	290
91	Check AC Units, Freon Added	6/01/24	433	29
92	Check A/C Clog Drain/Dirty Condenser	7/17/24	290	19
93	Replaced Consdensor Motor	10/31/24	910	61
	Total Other Depreciation		6,644,841	249,373
	Total ACRS and Other Depreciation		6,644,841	249,373
	Grand Totals		6,644,841	249,373

Form **990/990PF**

Rent Income and Deduction Worksheet

Description RENTS - RESIDENTIAL UNITS

2024

Name: HOUSING FOR HOMELESS, INC.

Taxpayer Identification Number: 59-2981409

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	**1.**	630,345
Expenses (see details on worksheets below):		
2. Fees for services	**2.**	
3. Depreciation Expense	**3.**	
4. Direct Expense	**4.**	
5. Total expenses. Add lines 8 through 12	**5.**	
6. Net Income/Loss. Line 7 minus Line 13	**6.**	630,345

Expense Details - Fees for Services:

Accounting	
Legal	
Commissions	
Management	
Other Professional Fees	
Total Fees for Services	

Expense Details - Depreciation Expense:

On non-investment property	
On investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Direct Expense:

Interest	
Taxes/licenses	
Occupancy Expenses	
Repairs & Maintenance	
Travel/conferences/meetings	
Printing & Publication	
Advertising	
Insurance	
Utilities	
Supplies	
Other expenses	
Total Direct Expense	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- ☐ Part IV, Rent Income
- ☐ Part V, Debt Financing
- ☐ Part VI, Controlled Org Income
- ☐ Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990EZ:

First	
Second	
Third	
All other	

Form **990**

Two Year Comparison Report

For calendar year 2024, or tax year beginning , ending

2023 & 2024

Name

HOUSING FOR HOMELESS, INC.

Taxpayer Identification Number

59-2981409

			2023	2024	Differences
Revenue	1. Contributions, gifts, grants	1.	137,122	189,551	52,429
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	1,080,012	1,326,211	246,199
	4. Program service revenue	4.	750,828	1,402,292	651,464
	5. Investment income	5.	30	2	-28
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	135,000		-135,000
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	116,961	24,162	-92,799
	12. **Total revenue.** Add lines 1 through 11	12.	2,219,953	2,942,218	722,265
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.		85,700	85,700
	16. Salaries, other compensation, and employee benefits	16.	980,732	943,756	-36,976
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	161,468	196,833	35,365
	19. Occupancy, rent, utilities, and maintenance	19.	170,413	201,619	31,206
	20. Depreciation and Depletion	20.	273,213	252,198	-21,015
	21. Other expenses	21.	602,217	900,662	298,445
	22. **Total expenses.** Add lines 13 through 21	22.	2,188,043	2,580,768	392,725
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	31,910	361,450	329,540
Other Information	24. Total exempt revenue	24.	2,219,953	2,942,218	722,265
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	1,002,819	1,426,456	423,637
	27. Total assets	27.	4,109,757	4,595,926	486,169
	28. Total liabilities	28.	118,132	201,571	83,439
	29. Retained earnings	29.	3,992,440	4,394,355	401,915
	30. Number of voting members of governing body	30.	11	9	
	31. Number of independent voting members of governing body	31.	11	9	
	32. Number of employees	32.		22	
	33. Number of volunteers	33.		31	

Form **990**

Tax Return History

2024

Name

HOUSING FOR HOMELESS, INC.

Employer Identification Number

59-2981409

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	1,977,004		1,206,417	1,217,134	1,515,762	
Membership dues						
Program service revenue	386,095		726,482	750,828	1,402,292	
Capital gain or loss				135,000		
Investment income	28		4	30	2	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	2,241		12,967	116,961	24,162	
Total revenue	2,365,368		1,945,870	2,219,953	2,942,218	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			81,994		85,700	
Other compensation	656,231		747,799	980,732	943,756	
Professional fees	149,715		170,830	161,468	196,833	
Occupancy costs	48,668		142,810	170,413	201,619	
Depreciation and depletion	235,341		252,198	273,213	252,198	
Other expenses	612,963		693,717	602,217	900,662	
Total expenses	1,702,918		2,089,348	2,188,043	2,580,768	
Excess or (Deficit)	662,450		-143,478	31,910	361,450	
Total exempt revenue	2,365,368		1,945,870	2,219,953	2,942,218	
Total unrelated revenue						
Total excludable revenue	388,364		739,453	1,002,819	1,426,456	
Total Assets	4,470,255	3,134,797	4,170,066	4,109,757	4,595,926	
Total Liabilities	360,617		177,620	118,132	201,571	
Net Fund Balances	4,109,638	3,858,118	3,992,446	3,992,440	4,394,355	

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PAYROLL PROCESSING FEES	$ 21,390	$	$ 21,390	$
CONTRACT LABOR	30,199	30,199		
SECURITY SERVICES	103,506	103,506		
TOTAL	$ 155,095	$ 133,705	$ 21,390	$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
DUES AND SUBSCRIPTIONS	$ 1,865	$ 160	$ 1,705	$
LAB AND DIAGNOSTIC TESTS	455		455	
TOTAL	$ 2,320	$ 160	$ 2,160	$ 0

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
CONTR.RECV.-FED.CMPGN-(CASH)-	$ 56,862
GOVERNMENT GRANTS	1,326,211
CASH CONTRIBUTIONS	132,689
TOTAL	$ 1,515,762

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
UNITED WAY OF BREVARD	$	$
SPACE COAST HEALTH FOUNDATION		
JAN PRIDMORE		
FLORIDA LIFESTYLE REALTY	7,195	
HEALTH FIRST		
STEWARD FAMILY HOSPITAL		
TOTAL	$ 7,195	$ 0

Schedule A, Part II, Line 12 - Current year

Description	Amount
ORCHID LAKE PROJECT	$ 590,632
FOX POINTE PROJECT	130,049
FOREST GLENN PROJECT	51,266
TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS	2
MISC. REVENUE	24,162
RENTS - RESIDENTIAL UNITS	630,345
TOTAL	$ 1,426,456