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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SINGLE ROOM OCCUPANCY HOUSING CORPORATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
354 SOUTH SPRING STREET No 400

City or town, state or country, and ZIP + 4
LOS ANGELES, CA 90013

D Employer identification number
95-3909215

E Telephone number
(213) 229-9640

G Gross receipts $ 12,219,556

F Name and address of principal officer
Matthew Brown
354 SOUTH SPRING ST
los angeles,CA 90013

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ www srohousing org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1984

M State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Providing clean, safe, affordable housing & administering needed supportive services

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	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of employees (Part V, line 2a)	5	221
6	Total number of volunteers (estimate if necessary)	6	8
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,848,916	1,488,515
	9	Program service revenue (Part VIII, line 2g)	9,425,173	10,161,465
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,949	45,675
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	216,880	523,901
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,530,918	12,219,556
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,991,899	6,433,900
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	6,408,112	6,697,421
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,400,011	13,131,321
	19	Revenue less expenses Subtract line 18 from line 12	1,130,907	-911,765
Net Assets or Fund Balances			**Beginning of Current Year**	**End of Year**
	20	Total assets (Part X, line 16)	27,806,877	22,756,112
	21	Total liabilities (Part X, line 26)	58,926,556	54,787,556
	22	Net assets or fund balances Subtract line 21 from line 20	-31,119,679	-32,031,444

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

****** | 2010-12-07
Signature of officer | Date

MATHEW BROWN CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Lior Temkin | Date 2010-12-06 | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SINGER LEWAK LLP
10960 WILSHIRE BLVD SUITE 1100
LOS ANGELES, CA 90024

EIN ▶

Phone no ▶ (310) 477-3924

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SRO Housing Corp is dedicated to building a vibrant community for homeless & low-income individuals We pursue our mission of community revitalization by providing clean, safe, & affordable housing, managing public spaces, and administering needed supportive services

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 7,523,700 including grants of $) (Revenue $ 7,901,116)

SRO Housing provides safe and affordable emergency, transitional, and permanent-supportive housing for homeless and very low-income persons who live in the "Skid Row" community In addition to providing the entire Continuum of Care, SRO Housing Corporation is the only housing service-provider in Los Angeles County that provides ALL persons entering into our system with their own private room All emergency housing services are free to participants who meet entry criteria In most cases, they receive free meals, case management services, money management assistance, special activities, transportation assistance, and ID-retrieval assistance SRO Housing offers several transitional and specialty programs to address the unique needs of special-needs populations These programs provide specialized services for clients with mental illnesses, substance addictions, and/or HIV/AIDS There are also specialty programs for Seniors, Veterans, and Frail/Dependent Adults In terms of available housing, SRO Housing's total portfolio provides over 2,300 units in 28 residential facilities, creating a revitalized community where there once was blight SRO Housing just opened the new Renato Apartments that provides 95 units of subsidized, affordable studio apartments for homeless and chronically homeless individuals - many of whom have special needs We are also in the process of rehabilitating the Ford Hotel which will provide another 150 units of affordable housing next year SRO Housing maintains an Occupancy Rate of 97% and has a Wait List of approximately 500 persons Over the past year, SRO Housing renovated the lobby of one of its Emergency Housing facilities and completed the upgrading of the kitchen area of the James Wood Community Center SRO Housing is proud to employ over 40% of its workforce (185 employees) directly from the "Skid Row" community, exemplifying the mission of the City of Los Angeles which is to create communities where one can "live, work, and play "In fact, a whole new program (Avenues to Work) has been added to the many ongoing programs at SRO Housing which provides for job training, counseling, and the placement of the clients and residents we serve into part-time or full-time employment

4b (Code) (Expenses $ 3,474,265 including grants of $) (Revenue $ 3,506,682)

SRO Housing's Social Services Division is comprised of five major programs that provide numerous supportive and specialty services These programs provide supportive services for the entire Continuum of Housing from Emergency to Transitional to Permanent-Supportive SRO's specialty programs are designed to provide services for a wide range of special-needs populations to include persons with mental illnesses, substance addictions, and HIV/AIDS, other specialty programs focus on Seniors, Veterans, and Frail/Dependent Adults SRO Housing's Enhanced Emergency Housing Program (EEHP) has nearly 300 units of housing available for homeless persons SRO Housing uses rehabilitated single-room- occupancy (SRO) hotels - the Panama and the Russ - as its emergency housing facilities All program participants are assigned a private unit of approximately 140 square feet Each unit is furnished with a bed, dresser, chair, and either a wardrobe or closet In addition, each of these private units has a sink, medicine cabinet, telephone to the front desk, and a window to the outside Each participant receives a keycard to his/her private unit Linens are exchanged weekly, or more often if necessary, and laundry facilities are available at each facility The Emergency Housing Program employs a Property Manager, two Assistant Property Managers, janitors, and housekeeping staff Additionally, the Program employs supportive-services staff to include a Program Manager, Program Assistant, three Case Managers, a Dining Center Coordinator, and three Dining Center Workers Trained and licensed Security Officers patrol these facilities and the surrounding community to help ensure that it remains a drug- and alcohol-free zone In addition to free emergency housing, all supportive services are provided free of charge and include case management, housing counseling/assistance, food services, personal amenities, transportation assistance (bus tokens), community events, socialization/ recreational activities, money management assistance, and information/referrals to mental health services, drug and alcohol treatment facilities, medical health services, specialized trainings and in-services, job counseling/job search assistance, and more The James Wood Community Center is used to serve prepared, congregate meals to persons who are in various emergency and transitional programs During the 2009-10 reporting period, the EEHP Program - Served 972 unduplicated, homeless and chronically homeless participants with supportive services,- Served 197,321 meals, and - Provided 100,567 bed nights SRO Housing's Transitional Programs focus on three primary populations Clients with mental illnesses, clients with substance addictions, and veterans During the 2009-10 reporting period - 374 new, unduplicated clients were admitted into these programs - Of the 374 new clients, 144 were placed into permanent-supportive housing - Of the 374 new program participants admitted to the program, 175 remained in the program and will eventually strive to be placed into permanent-supportive housing as well - All clients received meals, case management, transportation assistance, money management assistance, socialization/recreational activities, mental health services, and access to various support groups, all free of charge SRO Housing Corporation's other Specialty Programs provide supportive-services for seniors, dependent/frail adults, and persons living with HIV/AIDS, as well as providing permanent housing 1 Senior Program Project Hotel Alert (PHA) provides a full range of services to seniors living in the area A nutritious lunch is provided Monday through Friday at the James Wood Community Center and the Ellis Hotel The menu is approved and monitored by the City of Los Angeles' Department of Aging PHA also delivers some meals to "home-bound" seniors through its Meals-on-Heels Program In addition to the lunch program, PHA provides other amenities for seniors such as guest speakers, recreational and social activities, free tickets to sporting and cultural events, Wii exercise program, outings to museums and theme parks, weekly art and mosaic workshops at the Rivers Apartments The Art Workshop moved to the new Rivers site on August 3, 2009 The workshop has exhibited its works at several venues including the Korean Cultural Center and was featured in the "Second Thursdays Downtown Art Walk" in August Case management services are available Monday through Friday from 8 00 a m to 5 00 p m at the Russ and Ellis Hotels These free services include comprehensive assessment, information and referral, monitoring and follow-up, advocacy for public benefits, completion of forms, and housing assistance The PHA Program also has an Integrated Care Management component that works in conjunction with the County Adult Protective Services to address matters with frail/dependent adults Intensive case management is provided through this component for these "at-risk clients " Door-to-door transportation is available Monday through Friday from 8 00 a m to 4 30 p m for seniors and persons with disabilities through PHA-Transportation Field trips for the seniors have included the Huntington Gardens, the Getty Center, Gene Autry Museum, California Science Center, Natural History Museum, concerts in Macarthur Park, California African-American Museum, the Geffen Playhouse and the Los Angeles Opera The Craft and Folk Art Museum of Los Angeles hosted a free screening of HUMBLE BEAUTY, which features the Art Workshop at SRO Housing Corporation, at dusk in the museum's courtyard A Q & A session with filmmakers Letitia Schwartz & Judith Vogelsang, along with several of the artists profiled in the film, followed the screening Paintings by the artists were on display at this screening Supportive Services provided in 2009-10 include - Case management services for 445 seniors- Transportation services for 155 seniors- 23,933 meals at two congregate meal sites for 480 seniors- 8,315 home-delivered meals for 40 seniors at various sitesThe Integrated Care Management component served 30 unduplicated clients2 Housing Opportunities for Persons with AIDS (HOPWA) Program SRO Housing provides comprehensive social support services for persons living with HIV/AIDS through its Housing Opportunities for Persons with AIDS (HOPWA) Program This program is comprised of three components - Emergency/Transitional, Permanent-Supportive Housing, and Housing Case Management HOPWA is funded by the Federal Department of Housing and Urban Development (HUD) and administered by the Los Angeles Housing Department (LAHD) The HOPWA Emergency/Transitional Component is designed to provide emergency shelter to approximately 120 homeless, low-income, HIV/AIDS individuals Emergency shelter, including three meals per day, may be provided to participants for up to thirty days, depending on the participant's Individual Action Plan Qualifying participants must prove disability with a recent diagnosis of AIDS and/or HIV+ with other related diseases Participants are given hygiene kits, bus tokens, and referrals to other community agencies that may assist in stabilizing the individual needs of the participant The HOPWA Permanent-Supportive Housing Component is designed to provide supportive services to persons in permanent housing This component provides services to approximately 80 low-income persons living with HIV/AIDS at ten of SRO's 28 residential facilities SRO Housing has specifically designated the Eugene Apartments and Rivers Apartments to provide Section 8, permanent housing to these participants through the Shelter Plus Care Program and Mod-Rehab Programs Long-Term case management is provided to eligible recipients and other assistance Case management services are provided to assist program participants to identify and access appropriate resources and to address other priority needs Eligible participants are also encouraged to complete an application with the Short-Term Assistance Program (STAP) to obtain move-in grant assistance Other amenities provided for HOPWA clients include household items, transportation assistance, and chore-worker assistance The HOPWA Housing Case Management Component is designed to provide eligible Persons Living with HIV/AIDS and their families with housing case management including locating, acquiring, financing and maintaining affordable and appropriate housing under the Housing Opportunities for Persons with AIDS (HOPWA) Program The Housing Case Manager assists in locating affordable housing units, builds resource lists and maintains relationships with a network of landlords, including Section 8-assisted units Each year, the Housing Case Manager provides services to approximately 215 unduplicated clients within the housing continuum

4c (Code) (Expenses $ 262,284 including grants of $) (Revenue $ 259,628)

SRO Housing Corporation operates the only Community Center (James Wood Community Center) in the Central City East (Skid Row) area of downtown Los Angeles This 8,000-square-foot facility offers a safe, sober environment that serves as both a catalyst and resource for community recovery and community-building efforts The JWCC is home to a wide range of community-based programs and activities and is open seven days a week Thousands of community members who live in the area use the Center for vital services and activities such as free nutritious meals for seniors, various support groups, art and mosaic workshops, movie screenings, community events, recreational/socialization activities, and more In 2010, the entire second floor of the JWCC was used to establish a new Avenues-to-Work Program that provides job training, counseling, and job search services for hundreds of community members In addition to the James Wood Community Center, SRO Housing staffs and manages the only two parks in the "Skid Row" area San Julian and Gladys Parks Both parks are open from 9 00 a m to 5 00 p m seven days a week The parks are used daily as a respite for homeless individuals and serve as a green space for persons living in the Central City East community Each park is staffed by two Park Workers and one Security Guard The parks afford persons living in "Skid Row" the opportunity to rebuild their community through organizing and participating in sports as well as social, recreational, educational, artistic, nutritional, civic, and recovery activities SRO's goal is to create a safe, sober and well-maintained space that is available to all community groups, providing a tranquil, green space in the midst of a densely populated urban area More than 100 different meetings and activities are held each month in addition to seasonal or special events Outreach services performed in the Community Center and the parks make readily available a broad range of supportive-services information for homeless persons and local residents

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

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

4e **Total program service expenses** ▶$ 11,260,249

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A: Yes [ ] No: No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
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*	17		No
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		No
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		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
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) and 501(c)(4) 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable*	1a	41			
b	Enter the number of Forms W-2G included in 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	Yes	
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	221			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			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?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
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		No
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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the 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				

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body . .	1a 7			
b	Enter the number of voting members that are independent . .	1b 7			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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 in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in 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	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MATTHEW BROWN
354 SO SPRING STREET
LOS ANGELES, CA 90013
(213) 229-9640

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
ANDREA JACKSON DIRECTOR	1 00	X						0	0	0
ROBERT PRATT DIRECTOR	1 00	X						0	0	0
ROBERT J MACKIN JR VICE-CHAIRMAN	1 00	X						0	0	0
WESTLEY SHOLES AUDIT COMMITTEE CHAIR	1 00	X						0	0	0
ALTON WRIGHT CHAIRMAN	1 00	X						0	0	0
crystal m breedlove TREASURER	1 00	X		X				0	0	0
RICHARD THOR SECRETARY	1 00	X		X				3,540	0	0
MATTHEW BROWN CFO	40 00			X				97,332	0	20,707
ANITA NELSON CEO	40 00			X				191,292	0	19,121

1b Total . . . . ▶	292,164	0	39,828

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶1

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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

(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 in compensation from the organization ▶0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e 1,412,501				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 76,014				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		1,488,515			
Program Service Revenue			Business Code				
	2a	GOVERNMENT CONTRACTS	900,099	4,070,925	4,070,925		
	b	RENTAL INCOME	532,000	4,070,746	4,070,746		
	c	PROGRAM DEVELOPMENT FE	900,099	1,404,407	1,404,407		
	d	MANAGEMENT	561,000	435,207	435,207		
	e	MAINTENANCE REVENUE	900,099	180,180	180,180		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		10,161,465			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		45,675			45,675
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . ▶					
	8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances .	a				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900,099	523,901	523,901		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . . ▶		523,901			
	12	**Total revenue.** See Instructions . . . ▶		12,219,556	10,685,366	0	45,675

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) but are not required to complete columns (B), (C), and (D).

	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 governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	347,450	68,676	278,774	
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	4,609,230	4,048,302	560,928	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	115,498	95,356	20,142	
9	Other employee benefits	972,049	866,334	105,715	
10	Payroll taxes	389,673	321,718	67,955	
11	Fees for services (non-employees)				
a	Management				
b	Legal	58,611	35,857	22,754	
c	Accounting	64,255	39,310	24,945	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	385,813	300,249	85,564	
12	Advertising and promotion				
13	Office expenses	406,117	363,615	42,502	
14	Information technology	12,523	7,661	4,862	
15	Royalties . .				
16	Occupancy	945,559	743,533	202,026	
17	Travel	50,613	46,909	3,704	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,051,599	1,049,508	2,091	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	792,260	790,761	1,499	
23	Insurance	262,493	226,794	35,699	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	EQUIPMENT MAINTENANCE	534,059	474,462	59,597	
b	TENANT AMENITIES	445,858	445,858		
c	SECURITY	423,370	390,268	33,102	
d	IMPAIRMENT LOSS ON CONS	271,326	271,326		
e	BAD DEBT EXPENSE	253,078	253,078		
f	All other expenses	739,887	420,674	319,213	
25	**Total functional expenses.** Add lines 1 through 24f	13,131,321	11,260,249	1,871,072	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet**

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		234,455	1	147,862
	2	Savings and temporary cash investments		3,970,941	2	5,108,964
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		103,218	9	141,547
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 35,561,331			
	b	Less accumulated depreciation	10b 19,711,829	16,425,744	10c	15,849,502
	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		7,072,519	15	1,508,237
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		27,806,877	16	22,756,112
Liabilities	17	Accounts payable and accrued expenses		1,217,570	17	1,198,708
	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	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		39,778,021	23	34,796,171
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		17,930,965	25	18,792,677
	26	**Total liabilities.** Add lines 17 through 25		58,926,556	26	54,787,556
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-31,194,679	27	-32,047,519
	28	Temporarily restricted net assets		75,000	28	16,075
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-31,119,679	33	-32,031,444
	34	Total liabilities and net assets/fund balances		27,806,877	34	22,756,112

Part XI Financial Statements and Reporting

			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 in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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 in Schedule O . . .	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

SCHEDULE A
(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SINGLE ROOM OCCUPANCY HOUSING CORPORATION

Employer identification number
95-3909215

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 11, check only one box)

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

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

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 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)

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

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	48,385	279,373	98,799	2,148,916	76,014	2,651,487
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	48,385	279,373	98,799	2,148,916	76,014	2,651,487
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)						72,519
6 **Public Support.** Subtract line 5 from line 4						2,578,968

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	48,385	16,272	98,799	2,148,916	76,014	2,651,487
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,516	16,272	35,211	39,949	45,675	147,623
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	440,070	249,397	387,617	223,958	523,901	1,824,943
11 **Total support** (Add lines 7 through 10)						4,624,053

12 Gross receipts from related activities, etc (See instructions) | **12** | 50,728,424

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	**14**	55 770 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	**15**	59 060 %

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** 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 IV 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 IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(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)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(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 in 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 IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 95-3909215
Name: SINGLE ROOM OCCUPANCY HOUSING CORPORATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

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

In addition to the many formal, long-term programs and services noted above, SRO Housing Corporation provides numerous other services for members of the community Some of these services include Quilting Class - Held weekly at the New Terminal Apartments and is open to all community members Classes are free Movies on the Nickel - A movie is shown every Sunday night at the James M Wood Community Center This event is free to all residents of the community and gives the residents of "Skid Row" an opportunity to enjoy a film for one evening each week Money Management Workshops - Free workshops are held every Wednesday at 10 00 a m These workshops assist individuals with learning how to manage their personal finances and save for the future Fine Arts Workshop - SRO Housing offers a Fine Arts Workshop that gives "Skid Row" residents an outlet for their artistic creativity Renowned artist, Lillian Abel-Calamari, teaches this workshop which brings joy and meaning to residents through art Artists often display their works at local galleries as well as sell many of their pieces Mosaic Art Project - This is a project that is open to all clients/residents to participate in creating individual and/or group mosaic art projects The works are often shown and sold in local galleries Hygiene Kits - All new clients in Emergency Programs are provided with hygiene kits which include soap, toothbrush, toothpaste, razorblades, shaving cream, aftershave, deodorant, shampoo, and condoms Welcome Aboard Packets - New clients in the HOPWA Permanent-Housing Program are provided with Welcome Aboard Packets which include pots and pans, cooking utensils, bath towel, face towel, blanket, bed sheets, pillow, pillow-case, silverware, cup, plate, etc Document Assistance - This service is designed to assist those clients who for some reason are unable to obtain needed documents such as a Birth Certificate, California ID, Driver License, and/or MTA Disabled Bus Pass Short-Term Assistance Program (STAP) Move-in Grant - Eligible clients are assisted to obtain a Move-in Grant to cover the cost of moving into their new housing unit Clinical Trials - Clients/residents are informed about new medical research projects and are provided with direct referrals to Clinical Trials where they receive free medications and/or monetary incentives Chore Worker Assistance - Clients who are temporarily recovering from surgery or an illness and are unable to perform their daily activities are provided with Chore Worker services to assist them with light cooking, bathing, making their beds, cleaning their rooms, and shopping Cooking Class - Designed to instruct disabled participants in the various Transitional-Living Programs on how to do meal planning, budgeting, wise shopping, and food preparation On-the-Job Training - Participants of the Avenues to Work Program can participate in specialized OTJ training in SRO Housing's Food Services, Maintenance, Security, Property Management, and more Laundry Class - This class is offered for transitional participants so that they can re-develop the necessary skills to keep up their personal hygiene and maintain independent- living skills Special Events - In addition to the community events routinely held at the James Wood Community Center, SRO Housing frequently arranges for residents of the Central City East community to attend sports events, movies, plays, art galleries, museums, concerts, and more Recovery Meetings - SRO Housing provides a safe and confidential environment where participants can share their innermost feelings that help them in their recovery Feelings such as incest, child abuse, rape, domestic violence, loneliness, and anything that may hinder them from staying drug and alcohol free Support Groups - SRO Housing works in conjunction with the Los Angeles County Department of Mental Health to provide ongoing support groups for persons with mental illnesses and/or other who want to participate in these emotional support groups Special Arts and Crafts Classes - Several arts and craft classes such as "Dolls for Hope" are offered for persons living in the community in hopes of stimulating their interpersonal and socialization skills, as well as to get them in touch with their feelings Transportation Services - SRO Housing provides door-to-door transportation services for those who are in need of support while searching for housing, obtaining medical and/or legal services, public benefits, etc Park Workers - The Park Workers are responsible for ensuring that the parks (San Julian and Gladys) remain clean and safe at all times for the Central City East residents The Parks provide a wide range of recreational and socialization activities each day Work-Training Program - This Transitional Program offers on-site training in the area of food services, reception, thrift store, maintenance, and clerical It is a special 90-day program designed to teach participants skills in order to obtain competitive employment Education/Vocational Program - Program participants are offered several Continuing Education Opportunities including completion of the GED and various Employment Development Department (EDD) programs, participants also receive referrals to the Department of Vocational Rehabilitation, Chrysalis Enterprises (Labor Connection), and Goodwill Industries Other special classes are also offered on site by instructors from Los Angeles Community College Room Inspections - The Housing Management and Social Services Divisions conduct monthly room inspections and assist participants on how to keep their rooms clean and safe Dolls of Hope - This is an annual event open to all clients/residents at SRO They make dolls to be sent to children in Africa who are affected by HIV/AIDS Clients/residents are also provided information about HIV/AIDS at this workshop Socials - Numerous socials are held each month that gives clients an opportunity to meet clients from other residential facilities within SRO Housing Clients/residents take advantage of this time to sit down and play dominos with other residents in neighboring facilities, watch scary movies for Halloween, have a fall dance, celebrate other holidays together, etc This Social continues to increase in size and, more importantly, numerous friendships and supportive relationships have developed from these Socials Food Bank Program - Each week, SRO Housing Corporation delivers over 8,000 pounds of food to all permanent-housing sites This assists very low-income individuals, who are on a fixed income, to obtain nutritious food that might otherwise be eliminated from their diets The Food Bank Program has two components 1 Produce Distribution Every Monday, Tuesday, and Wednesday, SRO delivers produce to its residential facilities, which includes vegetables and fruits 2 Food Distribution Every Thursday, SRO delivers items such as snacks, meat products, juices, canned vegetable, rice, beans, etc This enables residents to get through the rest of the month with some food on the table

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
GOVERNMENT CONTRACTS	900,099	4,070,925	4,070,925		
RENTAL INCOME	532,000	4,070,746	4,070,746		
PROGRAM DEVELOPMENT FE	900,099	1,404,407	1,404,407		
MANAGEMENT	561,000	435,207	435,207		
MAINTENANCE REVENUE	900,099	180,180	180,180		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	**(A) Total expenses**	**(B) Program service expenses**	**(C) Management and general expenses**	**(D) Fundraising expenses**
EQUIPMENT MAINTENANCE	534,059	474,462	59,597	
TENANT AMENITIES	445,858	445,858		
SECURITY	423,370	390,268	33,102	
IMPAIRMENT LOSS ON CONS	271,326	271,326		
BAD DEBT EXPENSE	253,078	253,078		

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
SINGLE ROOM OCCUPANCY HOUSING CORPORATION	95-3909215

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to 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 (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

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

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a Revenues included in 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 accession and other records, check any of the following that are a 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 programs
e ☐ Other

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

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 Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶

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)		
	(ii) related organizations	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		7,929,322		7,929,322
b Buildings		27,020,978	19,277,137	7,743,841
c Leasehold improvements				
d Equipment		453,116	287,977	165,139
e Other		157,915	146,715	11,200
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				15,849,502

Part VII Investments—Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
CONTRACTS RECEIVABLE FROM GOVERNMENT AGENCIES	999,239
CONTRACTS RECEIVABLE	290,228
DUE FROM LIMITED PARTNERSHIPS	137,847
REIMBURSABLE DEVELOPMENT COSTS	80,923
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	1,508,237

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
deficiency in partnership investments	495,554
accrued interest	18,297,123
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	18,792,677

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,219,556
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,131,321
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-911,765
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-911,765

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	11,948,230
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-271,326		
e	Add lines **2a** through **2d**			2e	-271,326
3	Subtract line **2e** from line **1**			3	12,219,556
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	12,219,556

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	12,859,995
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	12,859,995
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 XIV)	4b	271,326		
c	Add lines **4a** and **4b**			4c	271,326
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	13,131,321

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	Effective July 1, 2009, the Organization adopted Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic No 740, "Accounting for Uncertainty in Income Taxes" ("ASC 740") ASC 740 clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements in accordance with FASB Statement No 109, "Accounting for Income Taxes," and prescribes a model for recognition and measurement of a tax position taken or expected to be taken in a tax return ASC 740 also provides guidance on de-recognition of tax benefits, classification on the statement of financial activities, interest and penalties, accounting in interim periods, disclosure and transition The Organization has determined that the adoption of ASC 740 did not result in the recognition of any liability for unrecognized tax benefits and that there are no unrecognized tax benefits that would, if recognized, affect the effective tax rate
Part XII, Line 2d - Other Adjustments		IMPAIRMENT LOSS ON CONSTRUCTION IN PROGRESS - 271326
Part XIII, Line 4b - Other Adjustments		IMPAIRMENT LOSS ON CONSTRUCTION IN PROGRESS 271326

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SINGLE ROOM OCCUPANCY HOUSING CORPORATION

Employer identification number
95-3909215

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Independent compensation consultant ☑ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ANITA NELSON	(i)	191,292	0	0	0	19,121	210,413	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SINGLE ROOM OCCUPANCY HOUSING CORPORATION

Employer identification number
95-3909215

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The audit committee meets with the auditors to review and discuss a draft of the form 990 Once approved by the audit committee, the form is presented to the entire Board of Directors The return is then electronically filed
Form 990, Part VI, Section B, line 12c		ON AN ANNUAL BASIS, THE ORGANIZATION GIVES A CONFLICT OF INTEREST QUESTIONAIRE TO BOARD MEMBERS AND TOP MANAGEMENT
Form 990, Part VI, Section B, line 15		The organization's board and compensation committee perform surveys of compensation from comparable positions and review the form 990 of other organization in order to establish compensations An approval from the board and compensation committee is required in order to complete the process of establishing compensations
Form 990, Part VI, Section C, line 18		Form 1023 and all other informational return documents are available to the public either through www guidestar org or upon written request
Form 990, Part VI, Section C, line 19		The Single Room Occupancy Housing Corporation makes its governing documents, conflict of interest policy, financial statements, and informational returns available upon written request The informational returns are also made available to the public through www guidestar org, a public website
		FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUATION) The housing continuum refers to the full-service delivery system including prevention, outreach, assessment, emergency shelter, supportive services, transitional housing, and permanent-supportive housing During the 2009-10 reporting period - The Housing Case Management component served 235 clients - 89 clients living with HIV/AIDS moved into permanent housing These clients were provided with case management, household items, Chore Worker services, food bank services, and transportation - 150 clients living with HIV/AIDS were provided emergency and transitional housing These clients were provided case management, free meals, toiletries, and transportation - All clients received specialized case management services 3 Permanent-Supportive Housing Programs SRO Housing provides case management and money management assistance on a need-basis to all of its permanent-supportive housing clients/residents as well as to other residential facilities in the immediate area SRO Housing has approximately 1,700 permanent-supportive housing clients/residents located throughout 22 permanent housing sites More than half of these clients are designated with a disability including mental illness, substance addiction, and/or HIV/AIDS All services are provided on a continuing basis to clients/residents who request various supportive services Accomplishments in 2009-2010 for Permanent-Supportive Housing Programs - Case management services were provided to 356 Shelter Plus Care (S+C) clients/residents Case Managers provided these clients with over 7,000 hours of case management services, accumulating more than $4,820,000 in service match In addition to S+C clients/residents, Case Managers provided intensive point-in-time and re-stabilization case management services at 15 other permanent housing sites, serving 196 more clients/residents throughout the year for a total of 552 persons served in permanent housing -Clients/residents who presented with a disability such as mental illness, alcohol/drug abuse, and/or HIV/AIDS were provided with referrals to various community resources for ongoing specialty services for their disabilities
		FORM 990, PART IV, LINE 28A During the fiscal year ending 06/30/10 SRO Housing compensated Richard Thorn, a licenses clinical social worker, who is also on the organization's board of directors The compensation of $3,540 was for clinical consultation services
		schedule r, part iii related organization taxable as partnership SRO Housing receives management, development, and maintenance revenues from Renato Apartments limited partnership

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SINGLE ROOM OCCUPANCY HOUSING CORPORATION

Employer identification number
95-3909215

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
RENATO APARTMENTS LIMITED PARTNERSHIP 354 SOUTH SPRING STREET SUITE 400 LOS ANGELES, CA90013 26-3165549	LOW-INCOME HOUSING FACILITIES	CA	N/A	INVESTMENT	93,800			No		Yes	

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

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

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1	During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	**1a**		No
b	Gift, grant, or capital contribution to other organization(s)	**1b**		No
c	Gift, grant, or capital contribution from other organization(s)	**1c**		No
d	Loans or loan guarantees to or for other organization(s)	**1d**		No
e	Loans or loan guarantees by other organization(s)	**1e**		No
f	Sale of assets to other organization(s)	**1f**		No
g	Purchase of assets from other organization(s)	**1g**		No
h	Exchange of assets	**1h**		No
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		No
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	Yes	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		No
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		No
n	Sharing of paid employees	**1n**		No
o	Reimbursement paid to other organization for expenses	**1o**		No
p	Reimbursement paid by other organization for expenses	**1p**		No
q	Other transfer of cash or property to other organization(s)	**1q**	Yes	
r	Other transfer of cash or property from other organization(s)	**1r**		No

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 other organization	**(b)** Transaction type(a-r)	**(c)** Amount involved
(1)	RENATO APARTMENTS LIMITED PARTNERSHIP	Q	6,155,345
(2)	RENATO APARTMENTS LIMITED PARTNERSHIP	K	93,800
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete ıf the organızatıon answered "Yes" on Form 990, Part IV, lıne 37.)

Provıde the followıng ınformatıon for each entıty taxed as a partnershıp through whıch the organızatıon conducted more than fıve percent of ıts actıvıtıes (measured by total assets or gross revenue) that was not a related organızatıon See ınstructıons regardıng exclusıon for certaın ınvestment partnershıps

(a) Name, address, and EIN of entıty	(b) Prımary actıvıty	(c) Legal domıcıle (state or foreıgn country)	(d) Are all partners section 501(c)(3) organızatıons? Yes	No	(e) Share of end-of-year assets	(f) Dısproprtıonate allocatıons? Yes	No	(g) Code V—UBI amount ın box 20 of Schedule K-1 (Form 1065)	(h) General or managıng partner? Yes	No