



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

2010

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable

C Name of organization
HOMES FOR INDEPENDENCE INC

D Address change

Doing Business As

E Name change

F Initial return
Number and street (or P O box if mail is not delivered to street address)
2735 WHITNEY DRIVE

Room/suite

G Terminated

H Amended return
City or town, state or country, and ZIP + 4
CLEARWATER, FL 337601610

I Gross receipts \$ 790,847

J Application pending

F Name and address of principal officer
JANET SAMUELSON
2735 WHITNEY DRIVE
CLEARWATER, FL 337601610H(a) Is this a group return for affiliates? Yes NoH(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) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ► WWW SERVICESOURCE.ORG

K Form of organization Corporation Trust Association Other ►

L Year of formation 1995

M State of legal domicile FL

Part I Summary

1	Briefly describe the organization's mission or most significant activities TO HELP PERSONS WITH DISABILITIES AND/OR ECONOMIC DISADVANTAGES TO OCCUPY SAFE, AFFORDABLE INTEGRATED HOUSING
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)
4	Number of independent voting members of the governing body (Part VI, line 1b)
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)
6	Total number of volunteers (estimate if necessary)
7a	Total unrelated business revenue from Part VIII, column (C), line 12
b	Net unrelated business taxable income from Form 990-T, line 34

3	5
4	3
5	0
6	0
7a	5,093
7b	-5,197

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		41,315	70,372
	9 Program service revenue (Part VIII, line 2g)	718,774	673,279
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	122,831	47,196
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	882,920	790,847

Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
		41,315	70,372
	14 Benefits paid to or for members (Part IX, column (A), line 4)	718,774	673,279
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	482,062	660,473
	b Total fundraising expenses (Part IX, column (D), line 25) ► 7,089	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	695,626	583,549
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,177,688	1,244,022
	19 Revenue less expenses Subtract line 18 from line 12	-294,768	-453,175

Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		2,836,337	2,779,311
	21 Total liabilities (Part X, line 26)	1,457,368	1,853,517
	22 Net assets or fund balances Subtract line 21 from line 20	1,378,969	925,794

Part II Signature Block

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

Sign Here	***** Signature of officer DAVID HODGE EXECUTIVE VP & CFO Type or print name and title	2012-03-01 Date

Paid Preparer Use Only	Print/Type preparer's name YONG ZHANG CPA	Preparer's signature YONG ZHANG CPA	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ► MCGLADREY & PULLEN LLP				Firm's EIN ►
	Firm's address ► 8000 TOWERS CRESCENT DR STE 500 VIENNA, VA 221826205				Phone no ► (703) 336-6400

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

THE MISSION OF HOMES FOR INDEPENDENCE, INC IS TO PROVIDE AFFORDABLE HOUSING TO LOW INCOME INDIVIDUALS AND THEIR FAMILIES AND TO INCREASE THE AVAILABILITY OF AFFORDABLE AND ACCESSIBLE HOUSING FOR INDIVIDUALS WITH DISABILITIES. HOMES FOR INDEPENDENCE, INC WILL STRIVE TO PROVIDE INDIVIDUAL CONSUMER CHOICE IN THE PROVISION OF AFFORDABLE, SAFE, AND SANITARY HOUSING WITHIN OUR COMMUNITY

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 \$ 425,640 including grants of \$) (Revenue \$ 363,417)

RENTAL HOMES FOR INDEPENDENCE CURRENTLY OWNS 88 RENTAL UNITS. THESE UNITS ARE LOCATED IN PINELLAS AND BREVARD COUNTIES IN FLORIDA. RENTS ARE UNSUBSIDIZED, HOWEVER, SECTION 8 VOUCHERS ARE ACCEPTED. RENTS ARE KEPT BELOW MARKET FOR AFFORDABILITY BY HOUSEHOLDS WITH ANNUAL INCOMES AT OR BELOW 80% OF THE MEDIAN FAMILY INCOME BY FAMILY SIZE AND MSA.

4b (Code) (Expenses \$ 109,372 including grants of \$) (Revenue \$ 93,383)

OWNER REHAB IN PINELLAS COUNTY, THE CITY OF ST. PETERSBURG AND THE CITY OF CLEARWATER, AN OWNER OCCUPIED REHAB PROGRAM IS AVAILABLE FOR LOW TO MODERATE INCOME HOME OWNERS. PROCESSING AND CONSTRUCTION OVERSIGHT IS PROVIDED TO THESE ENTITIES FOR A FEE. THE NUMBER OF HOMES REHABILITATED VARIES ANNUALLY BUT RARELY FALLS BELOW 25. AT TIMES GRANTS ARE MADE AVAILABLE FOR ELDERLY HOUSEHOLDS AND WHEN AVAILABLE, THE NUMBER OF HOMES ASSISTED INCREASES DRAMATICALLY. REHABILITATION INCLUDES MAJOR HOUSEHOLD SYSTEMS (ROOF, HVAC ETC) CODE UPDATES (ELECTRIC, PLUMBING) ENERGY EFFICIENCY AND WEATHERIZATION, BARRIER REMOVAL AND ACCESSIBILITY MODIFICATIONS.

4c (Code) (Expenses \$ 127,244 including grants of \$) (Revenue \$ 108,643)

PROPERTY MANAGEMENT PROPERTY MANAGEMENT IS OFFERED TO OWNERS OF RENTAL UNITS LOCATED WITHIN COMPLEXES WHERE ABILITIES/HFI ALSO OWN UNITS IN BREVARD COUNTY FL. NUMBER OF UNITS VARY, HOWEVER AVERAGE IS TYPICALLY 20-25. PROPERTY MANAGEMENT INCLUDES THE MANAGEMENT OF THE CONDO UNITS OWNED BY HFI AND THE UNITS PURCHASED THROUGH HUD GRANTS.

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

(Expenses \$ 265,661 including grants of \$) (Revenue \$ 107,836)

4e Total program service expenses \$ 927,917

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

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.

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

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

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.

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.

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

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.

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.

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

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

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.

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

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

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

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.

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

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

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, Parts I and IV.

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, Parts II and IV.

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, Parts III and IV.

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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.

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.

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

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

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 lines 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)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
34	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	34	Yes	
35	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		Yes	<input checked="" type="checkbox"/> 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

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
<p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
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 instructions for 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?	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).	7a	No
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
<p>Note. See the instructions for additional information the organization must report on Schedule O</p>			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

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

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

	Yes	No
1a		5
1b		3
2		No
3		No
4		No
5		No
6		No
7a		No
7b		No
8a	Yes	
8b	Yes	
9		No

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

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

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?

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?

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

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

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

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

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, 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?

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?

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a	Yes	
15b	Yes	
16a		No
16b		

Section C. Disclosure

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

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 ►

GENE THOMAS
2735 WHITNEY ROAD
CLEARWATER, FL 337601610
(727) 538-7370

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any. See instructions for definition of "key employee".

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) WILLIAM SANDONATO CHAIRMAN/PRESIDENT	1 00	X		X			0	0	0
(2) THOMAS NEVILLE SECRETARY/TREASURER	1 00	X		X			0	0	0
(3) GUY KLENKE CORP VP - FACILITIES MANAGEMENT	9 00	X		X			41,529	136,706	5,003
(4) DWIGHT GILBERT DIRECTOR	1 00	X					0	0	0
(5) THOMAS URBAN DIRECTOR	1 00	X					0	0	0
(6) JANET SAMUELSON PRESIDENT & CEO	1 00			X			10,625	293,372	14,706
(7) DAVID HODGE EXECUTIVE VP & CFO	2 00			X			12,281	251,276	7,276
(8) BRUCE PATTERSON EXECUTIVE VP & COO	1 00			X			8,126	224,382	14,706
(9) MARK HALL EXECUTIVE VP CORP DEV /SECRETARY	2 00			X			10,529	215,439	17,497
(10) THOMAS CHANG VP FINANCE	1 00				X		4,403	184,580	9,233
(11) LISA WARD EXECUTIVE VP COMMUN & COMMUNI	2 00					X	8,593	175,823	14,706
(12) BERTHA PARBEY SR VP HUMAN RESOURCES	1 00					X	3,568	149,553	11,294
(13) JEFF RING VP CONTRACTS ADMINISTRATIO	1 00					X	3,207	134,387	3,732
(14) LISA LONG VP INFORMATION MANAGEMENT	1 00					X	4,754	131,279	6,462

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

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 ►0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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

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	30,372				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	40,000				
	g Noncash contributions included in lines 1a-1f \$						
h Total. Add lines 1a-1f		70,372					
Program Service Revenue	2a HOUSING & MGT FEES		Business Code				
	b		531310	673,279	668,186	5,093	
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		673,279				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(I) Real	(II) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other					
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		900099	47,196			47,196	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		47,196					
12 Total revenue. See Instructions			790,847	668,186	5,093	47,196	

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 . . .	255,664	130,769	124,895	
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	322,989	221,181	97,021	4,787
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	10,310	10,310		
9 Other employee benefits . . .	49,789	36,061	13,405	323
10 Payroll taxes . . .	21,721	11,633	9,851	237
a Fees for services (non-employees) Management . . .				
b Legal . . .	11,000	11,000		
c Accounting . . .				
d Lobbying . . .				
e Professional fundraising services See Part IV, line 17 . .				
f Investment management fees . . .				
g Other . . .	7,291	7,291		
12 Advertising and promotion . . .	9,187	8,931	250	6
13 Office expenses . . .	34,023	23,795	9,801	427
14 Information technology . . .	1,176		1,176	
15 Royalties . . .				
16 Occupancy . . .	169,662	155,637	13,695	330
17 Travel . . .	11,844	6,100	5,609	135
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . .				
19 Conferences, conventions, and meetings . . .				
20 Interest . . .	1,303		1,182	121
21 Payments to affiliates . . .				
22 Depreciation, depletion, and amortization . . .	95,888	76,170	19,254	464
23 Insurance . . .	32,717	22,739	9,743	235
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a CONDO MAINTENANCE FEES	189,059	189,059		
b CHDO EXPENSES	8,029	8,029		
c OTHER EXPENSES	7,891	5,742	2,149	
d TRAINING	4,479	3,470	985	24
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,244,022	927,917	309,016	7,089
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	208,255	1 192,957
	2 Savings and temporary cash investments	3	2
	3 Pledges and grants receivable, net	4	3
	4 Accounts receivable, net	3,262	4 65,119
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	24,215	9 12,744
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,260,476	
	b Less accumulated depreciation	10b 751,985	10c 2,600,605 2,508,491
	11 Investments—publicly traded securities		11
	12 Investments—other securities See Part IV, line 11		12
	13 Investments—program-related See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets See Part IV, line 11		15
	16 Total assets. Add lines 1 through 15 (must equal line 34)	2,836,337	16 2,779,311
Liabilities	17 Accounts payable and accrued expenses	79,095	17 39,040
	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	1,244,170	23 1,222,785
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities Complete Part X of Schedule D	134,103	25 591,692
	26 Total liabilities. Add lines 17 through 25	1,457,368	26 1,853,517
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	354,995	27 748,725
	28 Temporarily restricted net assets	1,023,974	28 177,069
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	1,378,969	33 925,794
	34 Total liabilities and net assets/fund balances	2,836,337	34 2,779,311

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	790,847
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,244,022
3	Revenue less expenses Subtract line 2 from line 1	3	-453,175
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,378,969
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	925,794

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? <input type="checkbox"/>	2a	No
2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c 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 <input type="checkbox"/>	2c	Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? <input type="checkbox"/>	3a	No
3b 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 <input type="checkbox"/>	3b	

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2010**

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.

**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service
Name of the organization
HOMES FOR INDEPENDENCE INC**Employer identification number**

59-3342379

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 described in **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

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

f 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)

g 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

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

(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 supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

i 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			
Total							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	199,863	102,108	53,311	41,315	70,372	466,969
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	199,863	102,108	53,311	41,315	70,372	466,969
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						466,969

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	199,863	102,108	53,311	41,315	70,372	466,969
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	160					160
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	134,112	99,774	44,523	122,831	47,196	448,436
11 Total support (Add lines 7 through 10)						915,565
12 Gross receipts from related activities, etc (See instructions)					12	3,737,640
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 2010 (line 6 column (f) divided by line 11 column (f))	14	51 000 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	47 240 %
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

2010

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

Department of the Treasury
Internal Revenue Service**Name of the organization**
HOMES FOR INDEPENDENCE INC**Employer identification number**

59-3342379

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 for any other purpose conferring 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 a 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
2a	
2b	
2c	
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, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

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 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 the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
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	11,901,687	11,968,559	12,797,202		
b Contributions	500		2,700		
c Investment earnings or losses	1,492,691	446,623	-69,434		
d Grants or scholarships					
e Other expenditures for facilities and programs	409,619	438,048	687,736		
f Administrative expenses	21,407	75,447	74,173		
g End of year balance	12,963,852	11,901,687	11,968,559		

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

a Board designated or quasi-endowment ► 99.410 %

b Permanent endowment ► 0.590 %

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
3a(i) unrelated organizations		No
3a(ii) related organizations	Yes	

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

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) Accumulated depreciation	(d) Book value
1a Land					
b Buildings			3,234,003	739,495	2,494,508
c Leasehold improvements					
d Equipment					
e Other			26,473	12,490	13,983
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					2,508,491

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
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
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ►	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
SECURITY DEPOSITS	24,059
INTERCOMPANY PAYABLE	567,633
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	591,692

2. FIN 48 (ASC 740) Footnote 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 (ASC740)

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	790,847
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,244,022
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-453,175
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	-453,175

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	9,490,624
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	8,699,777
e	Add lines 2a through 2d	2e	8,699,777
3	Subtract line 2e from line 1	3	790,847
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	790,847

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

1	Total expenses and losses per audited financial statements	1	9,817,453
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	8,573,431
e	Add lines 2a through 2d	2e	8,573,431
3	Subtract line 2e from line 1	3	1,244,022
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	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,244,022

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. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	SERVICESOURCE, INC. INCOME FROM THE FUND IS USED TO PAY FOR THE DEFINED CONTRIBUTION RETIREMENT PLAN EXPENSES FOR DIRECT EMPLOYEES WHO ARE NOT OTHERWISE COVERED BY RETIREMENT PLANS, AND TO SUBSIDIZE THE WAGE DIFFERENTIAL BETWEEN COMMENSURATE WAGES (FROM PRODUCTIVITY MEASUREMENT) AND THE PREVAILING/MINIMUM WAGES, AND FOR THE BENEFIT OF EMPLOYEES WITH DISABILITIES OPPORTUNITY CENTER, INC. OCI'S ENDOWMENT REPRESENTS BOARD DESIGNATED NET ASSETS, THE INCOME FROM WHICH IS EXPENDED TO SUPPORT OCI'S OPERATIONS. OCI'S INVESTMENT OBJECTIVE IS TO EARN A RESPECTABLE, LONG-TERM, RISK-ADJUSTED TOTAL RETURN TO SUPPORT THEIR LONG-TERM PROGRAMS. CERTAIN INVESTMENTS ARE SUBJECT TO THE DESIGNATION OF THE BOARD OF DIRECTORS REQUIRING THAT THE ENDOWED PRINCIPAL AND INVESTMENT INCOME BE INVESTED IN A SEPARATE INVESTMENT PORTFOLIO. OCI IS PRIMARILY INVESTED IN EQUITY SECURITIES AND MONEY MARKET FUNDS. INVESTMENT EARNINGS IN EXCESS OF BOARD-DETERMINED BENCHMARKS CAN BE UTILIZED FOR BOARD-SPECIFIED OPERATING PURPOSES. THE BOARD HAS DESIGNATED NET ASSETS OF \$60,000 TO BE USED ANNUALLY FOR OPERATIONS ABILITIES. REHABILITATION CENTER FOUNDATION (A RELATED ORGANIZATION) THE EARNINGS FROM THE ENDOWMENT (ABLE TRUST ENDOWMENT) ARE AVAILABLE IN SUPPORT OF PROGRAMS OF THE FOUNDATION. THE FOUNDATION APPROPRIATES THE EARNINGS FROM THESE ENDOWMENTS, AS NECESSARY, ON AN ANNUAL BASIS FOR THE PROGRAMS SPECIFIED BY THE ENDOWMENT.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.
PART XII, LINE 2D - OTHER ADJUSTMENTS		INTEREST IN FOUNDATION 515,073 ABF REVENUE IN CONSOLIDATING FINANCIAL STATEMENTS 7,181,411 HUD REVENUE IN CONSOLIDATING FINANCIAL STATEMENTS 962,284 HFI SPACE COAST REVENUE IN HFI 41,009
PART XIII, LINE 2D - OTHER ADJUSTMENTS		ABF EXPENSES IN CONSOLIDATING FINANCIAL STATEMENTS 7,206,033 HUD EXPENSES IN CONSOLIDATING FINANCIAL STATEMENTS 1,339,468 HFI SPACE COAST EXPENSES IN HFI 27,930

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2010Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection**Name of the organization**
HOMES FOR INDEPENDENCE INC**Employer identification number**
59-3342379**Part I Questions Regarding Compensation**

1a Check the appropriate 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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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 or provision of all the expenses described above? If "No," complete Part III to explain

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?

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

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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 from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

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

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?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

For each individual whose compensation must be reported 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				
(1) GUY KLENKE	(i) 34,615 (ii) 113,946	6,757 22,243	157 517	0 0	1,607 5,290	43,136 141,996	0 0
(2) JANET SAMUELSON	(i) 8,613 (ii) 237,825	1,617 44,646	395 10,901	0 0	707 19,522	11,332 312,894	0 0
(3) DAVID HODGE	(i) 10,279 (ii) 210,308	1,864 38,136	138 2,832	0 0	420 8,602	12,701 259,878	0 0
(4) BRUCE PATTERSON	(i) 6,734 (ii) 185,927	1,188 32,812	204 5,643	0 0	650 17,944	8,776 242,326	0 0
(5) MARK HALL	(i) 8,900 (ii) 182,110	1,584 32,416	45 913	0 0	930 19,027	11,459 234,466	0 0
(6) THOMAS CHANG	(i) 3,836 (ii) 160,783	466 19,543	101 4,254	0 0	286 11,991	4,689 196,571	0 0
(7) LISA WARD	(i) 6,923 (ii) 141,646	1,398 28,602	272 5,575	0 0	758 15,520	9,351 191,343	0 0
(8) BERTHA PARBEY	(i) 3,480 (ii) 145,869	0 0	88 3,684	0 0	323 13,547	3,891 163,100	0 0
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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
------------	------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2010**Open to Public
Inspection****Name of the organization**
HOMES FOR INDEPENDENCE INC**Employer identification number**

59-3342379

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		AFTER AN EXTENSIVE INTERNAL REVIEW, THE PRELIMINARY 990 TAX RETURN IS POSTED TO THE ORGANIZATION'S WEBSITE FOR INTERNAL USE. THE RETURNS ARE ALSO MADE AVAILABLE TO THE MEMBERS OF THE AUDIT COMMITTEE AND BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENTS AND REQUEST FOR A FORMAL MEETING PRIOR TO FILING, IF DEEMED NECESSARY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	IT IS THE POLICY OF SERVICESOURCE THAT ALL BUSINESS TRANSACTIONS, WHETHER WITHIN THE CORPORATION OR WITH CLIENTS, CUSTOMERS, OR VENDORS, MUST BE CONDUCTED WITH IMPARTIALITY AND INTEGRITY. CORPORATION EMPLOYEES, OFFICERS, AND AGENTS SHOULD AVOID BUSINESS OR PERSONAL RELATIONSHIPS THAT MAY COMPROMISE THEIR INTEGRITY AND OBJECTIVITY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	SERVICESOURCE ENGAGED MERCER CONSULTING IN 2008 TO DO A STUDY AND PROVIDE RECOMMENDATION ON THE EXECUTIVE PAY. THE STUDY TOOK ABOUT 6 MONTHS, AND IT INVOLVED IN THE COMPREHENSIVE COMPARISON OF RESPONSIBILITIES OF THE POSITION WITH SIMILAR POSITIONS IN OTHER NON-PROFIT ORGANIZATIONS, AND GOVERNMENT AGENCIES. ALSO IT TOOK INTO ACCOUNT OF THE GEOGRAPHIC DISPARITIES DUE OUR DISPERSED OPERATIONS. AS RESULT OF THE STUDY, SEVERAL VICE PRESIDENT LEVEL POSITIONS WERE CREATED, AND THERE WERE SOME SALARY ADJUSTMENTS MADE. SERVICESOURCE CONDUCTED AN EXECUTIVE PAY SURVEY THROUGH AN OUTSIDE CONSULTANT IN APRIL 2010 AND CONSISTENTLY WILL CONDUCT THE SALARY STUDY EVERY TWO YEARS WITH THE NEXT STUDY DUE IN FEBRUARY 2012

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY, ORGANIZATIONAL DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII	HFI SS ES ABF SSES OCI CFS JANET SAMUELSON 1 26 2 5 2 2 2 DAVID HODGE 2 16 6 6 2 6 2 MARK HALL 2 16 8 6 4 4 0 BRUCE PATTERSON 1 18 6 5 2 4 4 GUY KLENKE 9 0 0 31 0 0 0 BERTHA PARBEY 1 24 4 3 4 2 2 LISA WARD 2 14 6 6 4 6 2 THOMAS CHANG 1 24 4 3 2 4 2 JEFF RING 1 18 8 3 8 2 0 LISA LONG 1 16 6 5 6 4 2

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS

Identifier	Return Reference	Explanation
COMPENSATION METHODOLOGY	FORM 990, PART VII AND SCHEDULE J	<p>HFI DOES NOT COMPENSATE ANY ONE SHOWN IN PART VII OF THE FORM 990 OR SCHEDULE J, PART II THE COMPENSATION SHOWN IN THESE SECTIONS IS PAID BY THE SERVICESOURCE, INC, THE ORGANIZATION'S RELATED ORGANIZATION HFI RELIES ON THE COMPENSATION DETERMINATION METHODOLOGY OF THE SERVICESOURCE, INC THE FOLLOWING IS THE COMPENSATION METHODOLOGY USED BY SERVICESOURCE, INC SERVICESOURCE ENGAGED MERCER CONSULTING IN 2008 TO DO A STUDY AND PROVIDE RECOMMENDATION ON THE EXECUTIVE PAY THE STUDY TOOK ABOUT 6 MONTHS, AND IT INVOLVED IN THE COMPREHENSIVE COMPARISON OF RESPONSIBILITIES OF THE POSITION WITH SIMILAR POSITIONS IN OTHER NON-PROFIT ORGANIZATIONS, AND GOVERNMENT AGENCIES ALSO IT TOOK INTO ACCOUNT OF THE GEOGRAPHIC DISPARITIES DUE OUR DISPERSED OPERATIONS AS RESULT OF THE STUDY, SEVERAL VICE PRESIDENT LEVEL POSITIONS WERE CREATED, AND THERE WERE SOME SALARY ADJUSTMENTS MADE SERVICESOURCE CONDUCTED AN EXECUTIVE PAY SURVEY THROUGH AN OUTSIDE CONSULTANT IN APRIL 2010 AND CONSISTENTLY WILL CONDUCT THE SALARY STUDY EVERY TWO YEARS WITH THE NEXT STUDY DUE IN FEBRUARY 2012</p>

Identifier	Return Reference	Explanation
OVERVIEW	FORM 990, PART III	<p>HOMES FOR INDEPENDENCE, INC (HFI) WAS FOUNDED IN 1995 AS THE HOUSING DIVISION OF ABILITIES, INC OF FLORIDA, (DBA "SERVICESOURCE FLORIDA REGIONAL OFFICE"), A 501(C)(3) NOT-FOR-PROFIT CORPORATION BASED IN CLEARWATER, FL HOMES FOR INDEPENDENCE SERVES MORE THAN 400 INDIVIDUALS BY PROVIDING AFFORDABLE, ACCESSIBLE AND SAFE HOUSING OPTIONS FOR INDIVIDUALS WITH DISABILITIES AND LOW INCOME FAMILIES HFI PROVIDES MULTIPLE PROGRAM OFFERINGS, INCLUDING HOME OWNERSHIP FOR LOW TO MODERATE INCOME INDIVIDUALS, AFFORDABLE RENTALS, LOW INTEREST HOME IMPROVEMENT LOANS, ENERGY EFFICIENCY UPGRADES AND PROPERTY MANAGEMENT SERVICES IN BREVARD COUNTY INCLUSION IS THE CORNERSTONE OF ALL OF THE HOUSING PROGRAMS, WITH A FOCUS ON INTEGRATING INDIVIDUALS INTO ESTABLISHED CONDOMINIUM COMMUNITIES WITH EASY ACCESS TO SHOPPING AND TRANSPORTATION CURRENTLY, THERE ARE 271 AFFORDABLE RENTAL UNITS IN OPERATIONS THROUGH HOMES FOR INDEPENDENCE SUBSIDIZED CONDOMINIUM UNITS ARE AVAILABLE IN PINELLAS, POLK AND BREVARD COUNTIES IN FLORIDA, AND IN CUMBERLAND COUNTY, NORTH CAROLINA HOMES FOR INDEPENDENCE ACCOMPLISHES ITS MISSION BY FORMING A VARIETY OF COMMUNITY PARTNERSHIPS IN FY 2011, HFI WAS AWARDED GRANTS FROM HOUSING AND HUMAN SERVICES IN BREVARD COUNTY AND THE CITY OF MELBOURNE TO PURCHASE FOUR FORECLOSED CONDOMINIUMS TO RENOVATE AND RENT TO INDIVIDUALS WITH LOW INCOMES, ONE CONDOMINIUM TO BE RENOVATED AND SOLD TO AN INDIVIDUAL WITH A LOW INCOME AND A DISABILITY AND FOUR HOUSES TO BE SOLD TO INDIVIDUALS WITH LOW INCOMES HOMES FOR INDEPENDENCE WAS ALSO ABLE TO OBTAIN FUNDING IN FY 2011 TO PERFORM ENERGY EFFICIENCY UPGRADES ON 75 HUD RENTAL UNITS AND STORM PROTECTION ON HOUSES IN PINELLAS COUNTY, FLORIDA HOMES FOR INDEPENDENCE IS PART OF THE SERVICESOURCE CORPORATION AN AFFILIATION OF FIVE NOT-FOR-PROFIT 501(C)(3) ORGANIZATIONS GOVERNED BY A COMMON MEMBER VOLUNTEER BOARD OF DIRECTORS THE FIVE REGIONAL OFFICES REMAIN SEPARATE LEGAL ENTITIES BUT ARE COMMONLY BRANDED AS "SERVICESOURCE" GENERAL CORPORATE AND OVERHEAD EXPENSES AND SALARIES ARE SPREAD ACROSS ALL REGIONAL OFFICES ACCORDING TO APPROPRIATE ALLOCATION METHODOLOGY AND BASED ON THE PERCENTAGE OF SUPPORT TO THE SPECIFIC REGIONAL OFFICE THIS STRUCTURE ALLOWS FOR MAINTENANCE OF MUCH LOWER CORPORATE OVERHEAD RATE AS A PERCENTAGE OF REVENUE TO ENSURE THAT ADEQUATE FUNDS ARE DIRECTED SPECIFICALLY TO PROGRAM OPERATIONS IN ADDITION TO THE FLORIDA REGIONAL OFFICE, OTHER OFFICES INCLUDE THE VIRGINIA REGIONAL OFFICE FOR REHABILITATION AND EMPLOYMENT SERVICES IN ALEXANDRIA, VIRGINIA, THE VIRGINIA REGIONAL OFFICE FOR HABILITATION SERVICES IN SPRINGFIELD, VIRGINIA, THE NORTH CAROLINA REGIONAL OFFICE IN FAYETTEVILLE, NORTH CAROLINA, AND THE DELAWARE REGIONAL OFFICE IN WILMINGTON, DELAWARE WITH OPERATIONS IN NINE STATES AND THE DISTRICT OF COLUMBIA, SERVICESOURCE COLLECTIVELY EMPLOYED MORE THAN 1,600 PEOPLE WITH DISABILITIES AND PROVIDED EMPLOYMENT AND OTHER SUPPORT SERVICES TO MORE THAN 13,000 INDIVIDUALS IN FY 2011 THE FIVE REGIONAL OFFICES SHARE A MISSION OF PROVIDING EXCEPTIONAL SERVICES TO INDIVIDUALS WITH DISABILITIES THROUGH INNOVATIVE AND VALUED EMPLOYMENT, TRAINING, HABILITATION, HOUSING AND SUPPORT SERVICES</p>

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HOMES FOR INDEPENDENCE INC

Employer identification number

59-334237

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.)

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.)

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.)

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n	Yes	
1o		No
1p		No
1q		No
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	(d) Method of determining amount involved
(1)	ABILITIES REHABILITATION CENTER FOUNDATION	C	30,372	CASH
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
	PART II	<p>HOMES FOR INDEPENDENCE IS PART OF THE SERVICESOURCE CORPORATION AN AFFILIATION OF FIVE NOT-FOR-PROFIT 501(C)(3) ORGANIZATIONS GOVERNED BY A COMMON MEMBER VOLUNTEER BOARD OF DIRECTORS. THE FIVE REGIONAL OFFICES REMAIN SEPARATE LEGAL ENTITIES BUT ARE COMMONLY BRANDED AS "SERVICESOURCE" GENERAL CORPORATE AND OVERHEAD EXPENSES AND SALARIES ARE SPREAD ACROSS ALL REGIONAL OFFICES ACCORDING TO APPROPRIATE ALLOCATION METHODOLOGY AND BASED ON THE PERCENTAGE OF SUPPORT TO THE SPECIFIC REGIONAL OFFICE. THIS STRUCTURE ALLOWS FOR MAINTENANCE OF MUCH LOWER CORPORATE OVERHEAD RATE AS A PERCENTAGE OF REVENUE TO ENSURE THAT ADEQUATE FUNDS ARE DIRECTED SPECIFICALLY TO PROGRAM OPERATIONS. IN ADDITION TO THE FLORIDA REGIONAL OFFICE, OTHER OFFICES INCLUDE THE VIRGINIA REGIONAL OFFICE FOR REHABILITATION AND EMPLOYMENT SERVICES IN ALEXANDRIA, VIRGINIA, THE VIRGINIA REGIONAL OFFICE FOR HABILITATION SERVICES IN SPRINGFIELD, VIRGINIA, THE NORTH CAROLINA REGIONAL OFFICE IN FAYETTEVILLE, NORTH CAROLINA, AND THE DELAWARE REGIONAL OFFICE IN WILMINGTON, DELAWARE. WITH OPERATIONS IN NINE STATES AND THE DISTRICT OF COLUMBIA, SERVICESOURCE COLLECTIVELY EMPLOYED MORE THAN 1,600 PEOPLE WITH DISABILITIES AND PROVIDED EMPLOYMENT AND OTHER SUPPORT SERVICES TO MORE THAN 13,000 INDIVIDUALS IN FY 2011. THE FIVE REGIONAL OFFICES SHARE A MISSION OF PROVIDING EXCEPTIONAL SERVICES TO INDIVIDUALS WITH DISABILITIES THROUGH INNOVATIVE AND VALUED EMPLOYMENT, TRAINING, HABILITATION, HOUSING AND SUPPORT SERVICES.</p>

Software ID:
Software Version:
EIN: 59-3342379
Name: HOMES FOR INDEPENDENCE INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
ABILITIES AT BARTONS LANDING INC 2735 WHITNEY ROAD CLEARWATER, FL33760 51-0614539	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT BRIARCLIFF INC 2735 WHITNEY ROAD CLEARWATER, FL33760 34-1979530	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT CASABLANCA INC 2735 WHITNEY ROAD CLEARWATER, FL33760 59-3555080	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT COLLEGE PINES INC 2735 WHITNEY ROAD CLEARWATER, FL33760 22-3849262	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT CRESTVIEW INC 2735 WHITNEY ROAD CLEARWATER, FL33760 31-1765941	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT CUMBERLAND TOWERS INC 2735 WHITNEY ROAD CLEARWATER, FL33760 26-1686054	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT EAGLES NEST-LAKE BENTLEY 2735 WHITNEY ROAD CLEARWATER, FL33760 51-0530353	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT ENGLISH PARK(EAGLES NEST) 2735 WHITNEY ROAD CLEARWATER, FL33760 51-0530355	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT FOUNTAIN SQUARE INC 2735 WHITNEY ROAD CLEARWATER, FL33760 59-3317443	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT MORNINGSIDE II INC 2735 WHITNEY ROAD CLEARWATER, FL33760 27-3201131	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT MORNINGSIDE INC 2735 WHITNEY ROAD CLEARWATER, FL33760 59-3317445	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT PARKLANE INC 2735 WHITNEY ROAD CLEARWATER, FL33760 59-3617978	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
ABILITIES AT SAN JAUN II INC 2735 WHITNEY ROAD CLEARWATER, FL33760 51-0491999	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT SAN JAUN INC 2735 WHITNEY ROAD CLEARWATER, FL33760 55-0807511	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT ST ANDREWS COVE INC 2735 WHITNEY ROAD CLEARWATER, FL33760 22-3849222	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT WINDJAMMER II INC 2735 WHITNEY ROAD CLEARWATER, FL33760 59-3352353	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT WINDJAMMER INC 2735 WHITNEY ROAD CLEARWATER, FL33760 59-3352353	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT WINDOVER INC 2735 WHITNEY ROAD CLEARWATER, FL33760 59-3555082	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES AT WOODSIDE INC 2735 WHITNEY ROAD CLEARWATER, FL33760 59-3352350	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
ABILITIES REHABILITATION CENTER FOUNDATION 2735 WHITNEY ROAD CLEARWATER, FL33760 59-2293228	TO SERVE THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 11D, III-O	N/A		No
ABILITIES INC OF FLORIDA 2735 WHITNEY ROAD CLEARWATER, FL33760 59-0874493	TO SERVE THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
CENTRAL FAIRFAX SERVICES FOUNDATION INC 6860 COMMERCIAL DRIVE SPRINGFIELD, VA22151 27-3235569	TO SERVE THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 11A, I	CENTRAL FAIRFAX SERVICES INC		No
CENTRAL FAIRFAX SERVICES INC 6860 COMMERCIAL DRIVE SPRINGFIELD, VA22151 54-0855731	TO SERVE THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 2	SERVICESOURCE INC		No
COMMUNITY THRIFT INC 6295 EDSALL ROAD STE 175 ALEXANDRIA, VA22312 54-1957154	TO SERVE THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 9	SERVICESOURCE INC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
EMPLOYMENT SOURCE INC 600 AMES STREET FAYETTEVILLE, NC28301 56-2253814	PROVIDE EMPLOYMENT, TRAINING & OTHER SERVICES TO PERSONS WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESOURCE INC		No
HOMES FOR INDEPENDENCE PROPERTIES INC 2735 WHITNEY ROAD CLEARWATER, FL33760 26-2775108	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
HOMES FOR INDEPENDENCE SPACE COAST INC 2735 WHITNEY ROAD CLEARWATER, FL33760 26-2799386	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC		No
HOMES FOR INDEPENDENCE INC (DELAWARE) 2735 WHITNEY ROAD CLEARWATER, FL33760 27-4867827	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	DE	501(C)(3)	LINE 9	SERVICESOURCE INC		No
HOMES FOR INDEPENDENCE INC (VIRGINIA) 2735 WHITNEY ROAD CLEARWATER, FL33760 27-4868301	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 9	SERVICESOURCE INC		No
OPPORTUNITY CENTER INC 3030 BOWERS STREET WILMINGTON, DE19802 51-0079778	TO SERVE THOSE WITH DISABILITIES	DE	501(C)(3)	LINE 9	SERVICESOURCE INC		No
OPPORTUNITY SOCIETY FOUNDATION 3030 BOWERS STREET WILMINGTON, DE19802 20-2588808	TO SERVE THOSE WITH DISABILITIES	DE	501(C)(3)	LINE 9	SERVICESOURCE INC		No
SERVICESOURCE EMPLOYMENT SERVICES INC 6295 EDSALL ROAD STE 175 ALEXANDRIA, VA22312 56-2226062	TO SERVE THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESOURCE INC		No
SERVICESOURCE FOUNDATION INC 6295 EDSALL ROAD STE 175 ALEXANDRIA, VA22312 20-1438270	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 9	SERVICESOURCE INC		No
SERVICESOURCE INC 6295 EDSALL ROAD STE 175 ALEXANDRIA, VA22312 54-0901256	TO SERVE THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 9	N/A		No

Additional Data

Software ID:

Software Version:

EIN: 59-3342379

Name: HOMES FOR INDEPENDENCE INC

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

4d. Other program services

(Code	(Expenses \$	265,661 including grants of \$) (Revenue \$	107,836)
OTHER PROGRAMS				