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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2010

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
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SINGLE ROOM OCCUPANCY HOUSING CORPORATION

Doing Business As

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

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

D Employer identification number
95-3909215

E Telephone number
(213) 229-9640

G Gross receipts $ 12,549,828

F Name and address of principal officer
ANITA U NELSON
354 SOUTH SPRING STREET NO 400
LOS ANGELES, CA 90013

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW SROHOUSING ORG

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

L Year of formation 1984

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDING CLEAN, SAFE, AFFORDABLE HOUSING & NEEDED SUPPORTIVE SERVICES

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	4
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	234
6	Total number of volunteers (estimate if necessary)	**6**	8
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-488,722
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-488,722

Activities & Governance

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,488,515	760,347
9	Program service revenue (Part VIII, line 2g)	10,161,465	12,167,582
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,675	24,928
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	523,901	-403,029
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,219,556	12,549,828

Revenue

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,433,900	6,918,261
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	6,697,421	6,367,302
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,131,321	13,285,563
19	Revenue less expenses Subtract line 18 from line 12	-911,765	-735,735

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	22,756,112	23,862,575
21	Total liabilities (Part X, line 26)	54,787,556	56,629,754
22	Net assets or fund balances Subtract line 21 from line 20	-32,031,444	-32,767,179

Net Assets or Fund Balances

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

****** | 2012-03-07
Signature of officer | Date

MATHEW BROWN CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
LIOR TEMKIN	LIOR TEMKIN	2012-03-07	☐	

Firm's name ▶ SINGERLEWAK LLP — Firm's EIN ▶

Firm's address ▶ 10960 WILSHIRE BLVD STE 700
LOS ANGELES, CA 900243783 — Phone no ▶ (310) 477-3924

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SRO HOUSING CORP IS DEDICATED TO BUILDING A VIBRANT COMMUNITY FOR HOMELESS AND LOW-INCOME PERSONS WE PURSUE OUR MISSION OF COMMUNITY REVITALIZATION BY PROVIDING CLEAN, SAFE, AND AFFORDABLE HOUSING, ADMINISTERING NEEDED SOCIAL SERVICES, AND MANAGING PUBLIC SPACES

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 7,168,017 including grants of $) (Revenue $ 8,085,366)

SRO HOUSING CORPORATION PROVIDES SAFE AND AFFORDABLE EMERGENCY, TRANSITIONAL, AND PERMANENT-SUPPORTIVE HOUSING FOR HOMELESS AND VERY LOW-INCOME PERSONS WHO LIVE IN THE "SKID ROW" AREA OF LOS ANGELES SRO HOUSING IS THE ONLY AGENCY IN LOS ANGELES COUNTY THAT PROVIDES THIS FULL CONTINUUM OF HOUSING, AND THE ONLY ONE THAT PROVIDES ALL RESIDENTS WITH A PRIVATE ROOM EMERGENCY HOUSING SERVICES, INCLUDING MEALS AND SOCIAL SERVICES, ARE FREE TO ALL ELIGIBLE PARTICIPANTS TRANSITIONAL PROGRAMS TARGET SPECIAL-NEEDS POPULATIONS SRO HOUSING PROVIDES OVER 2,300 HOUSING UNITS IN 28 RESIDENTIAL FACILITIES, CREATING A REVITALIZED COMMUNITY WHERE THERE ONCE WAS BLIGHT

4b (Code) (Expenses $ 4,247,703 including grants of $) (Revenue $ 4,113,317)

SRO HOUSING'S SOCIAL SERVICES DIVISION IS COMPRISED OF FIVE MAJOR PROGRAMS THAT PROVIDE NUMEROUS SUPPORTIVE AND SPECIALTY SERVICES FOR THE ENTIRE CONTINUUM OF HOUSING, INCLUDING EMERGENCY, TRANSITIONAL AND PERMANENT SUPPORTIVE SRO'S SPECIALTY PROGRAMS ARE DESIGNED TO PROVIDE SERVICES FOR A WIDE RANGE OF SPECIAL-NEEDS POPULATIONS, INCLUDING PERSONS WITH MENTAL ILLNESSES, SUBSTANCE ADDICTIONS, AND HIV/AIDS OTHER SPECIALTY PROGRAMS FOCUS ON SENIORS, VETERANS, AND FRAIL/DEPENDENT ADULTS SEE SCHEDULE O FOR A COMPLETE DESCRIPTION OF OUR PROGRAMS

4c (Code) (Expenses $ 118,451 including grants of $) (Revenue $ 54,592)

SRO HOUSING OPERATES THE JAMES WOOD COMMUNITY CENTER, THE ONLY COMMUNITY CENTER IN THE SKID ROW AREA THIS 8,000-SQUARE-FOOT FACILITY OFFERS A SAFE, SOBER ENVIRONMENT THAT SERVES AS BOTH A CATALYST AND RESOURCE FOR COMMUNITY RECOVERY AND REVITALIZATION THE JWCC IS HOME TO A WIDE RANGE OF COMMUNITY-BASED PROGRAMS AND ACTIVITIES AND IS OPEN SEVEN DAYS A WEEK, AND IS UTILIZED BY THOUSANDS OF COMMUNITY MEMBERS EACH YEAR CONGREGATE MEALS FOR SENIOR ARE SERVED HERE, AND THE CENTER HOUSES AVENUES TO WORK, A JOBS PROGRAM (DESCRIBED BELOW) WE ALSO MANAGE THE ONLY TWO PARKS IN THE SKID ROW AREA, SAN JULIAN AND GLADYS PARKS BOTH OPEN DAILY SEVEN DAYS A WEEK AND ARE STAFFED BY TWO PARK WORKERS AND ONE SECURITY GUARD

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

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

4e **Total program service expenses** ▶ $ 11,534,171

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
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*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
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)	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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**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 ☑ 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	40		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	234		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 5		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 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?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

ANITA U NELSON
354 SO SPRING STREET
LOS ANGELES, CA 90013
(213) 229-9640

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

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	Former			
(1) ANDREA JACKSON TREASURER	1 00	X						0	0	0
(2) ROBERT PRATT DIRECTOR	1 00	X						0	0	0
(3) WESTLEY SHOLES CHAIRMAN	1 00	X						0	0	0
(4) ALTON WRIGHT VICE-CHAIRMAN	1 00	X						0	0	0
(5) TERESA COOPER SECRETARY	40 00	X		X				23,227	0	6,570
(6) MATTHEW BROWN CFO	40 00			X				100,260	0	21,680
(7) ANITA NELSON CEO	40 00			X				206,992	0	20,382
(8) JOSEPH CORCORAN DIR PLANNING & HOUSING DEV	40 00					X		109,889	0	9,544

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

(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	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								440,368	0	58,176

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 ▶ 3

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	602,989				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	157,358				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		760,347			
Program Service Revenue		Business Code				
	2a GOVERNMENT CONTRACTS	900099	5,028,475	5,028,475		
	b RENTAL INCOME	532000	3,916,370	3,916,370		
	c PROGRAM DEVELOPMENT FE	900099	2,214,225	2,214,225		
	d MANAGEMENT	561000	646,405	646,405		
	e MAINTENANCE REVENUE	900099	362,107	362,107		
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		12,167,582			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		24,928			24,928
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) . . . . . ▶					
Other Revenue	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	390,822	390,822		
	b LOSS ON PARTNERSHIP	900099	-793,851	-305,129	-488,722	
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		-403,029			
	12 **Total revenue.** See Instructions . . . ▶		12,549,828	12,253,275	-488,722	24,928

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	522,364	243,464	278,900	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,761,665	4,226,505	535,160	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	138,835	117,667	21,168	
9 Other employee benefits	1,082,405	978,138	104,267	
10 Payroll taxes	412,992	350,023	62,969	
a Fees for services (non-employees) Management				
b Legal	81,199	51,408	29,791	
c Accounting	78,195	49,506	28,689	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	460,992	372,613	88,379	
12 Advertising and promotion				
13 Office expenses	455,577	421,899	33,678	
14 Information technology	37,298	23,614	13,684	
15 Royalties				
16 Occupancy	913,953	712,167	201,786	
17 Travel	69,754	63,645	6,109	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,045,328	1,044,327	1,001	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	781,977	777,435	4,542	
23 Insurance	253,217	210,190	43,027	
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 EQUIPMENT MAINTENANCE	662,569	612,036	50,533	
b TENANT AMENITIES	499,113	499,113		
c OTHER OPERATING	336,166	271,180	64,986	
d SECURITY	179,222	147,816	31,406	
e PEST CONTROL & TRASH RE	127,067	127,067		
f All other expenses	385,675	234,358	151,317	
25 **Total functional expenses.** Add lines 1 through 24f	13,285,563	11,534,171	1,751,392	0
26 **Joint costs.** Check here ▶ ☐ 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		147,862	1	268,760
	2	Savings and temporary cash investments		5,108,964	2	5,817,290
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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		141,547	9	147,100
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 35,764,924			
	b	Less accumulated depreciation	10b 20,487,339	15,849,502	10c	15,277,585
	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		1,508,237	15	2,351,840
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		22,756,112	16	23,862,575
Liabilities	17	Accounts payable and accrued expenses		1,198,708	17	1,320,385
	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		34,796,171	23	34,754,968
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		18,792,677	25	20,554,401
	26	**Total liabilities.** Add lines 17 through 25		54,787,556	26	56,629,754
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-32,047,519	27	-32,835,179
	28	Temporarily restricted net assets		16,075	28	68,000
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-32,031,444	33	-32,767,179
	34	Total liabilities and net assets/fund balances		22,756,112	34	23,862,575

Part XI Reconcilliation of Net Assets

Check 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	12,549,828
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,285,563
3	Revenue less expenses Subtract line 2 from line 1	3	-735,735
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	-32,031,444
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	-32,767,179

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SINGLE ROOM OCCUPANCY HOUSING CORPORATION

Employer identification number
95-3909215

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches 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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
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 ")	279,373	98,799	2,148,916	76,014	157,358	2,760,460
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	279,373	98,799	2,148,916	76,014	157,358	2,760,460
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)						61,913
6 **Public Support.** Subtract line 5 from line 4						2,698,547

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	279,373	98,799	2,148,916	76,014	157,358	2,760,460
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,272	35,211	39,949	45,675	24,928	162,035
9 Net income from unrelated business activities, whether or not the business is regularly carried on					-793,851	-793,851
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	249,397	387,617	223,958	523,901	390,822	1,775,695
11 **Total support** (Add lines 7 through 10)						3,904,339

12	Gross receipts from related activities, etc (See instructions)	12	54,561,942

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	69 120 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	55 770 %

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 section501(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

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME 2006 OTHER INCOME $238,446 2006 RECOVERY OF BAD DEBT $10,951 2007 OTHER INCOME $337,817 2007 RECOVERY OF BAD DEBT $9,800 2008 OTHER INCOME $216,880 2008 RECOVERY OF BAD DEBT $7,078 2009 OTHER INCOME $523,901 2010 OTHER INCOME $390,822

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SINGLE ROOM OCCUPANCY HOUSING CORPORATION

Employer identification number
95-3909215

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,929,322		7,929,322
b Buildings		27,090,618	19,989,690	7,100,928
c Leasehold improvements				
d Equipment		567,452	347,204	220,248
e Other		177,532	150,445	27,087
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				15,277,585

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
(1) CONTRACTS RECEIVABLE FROM GOVERNMENT AGENCIES	875,226
(2) CONTRACTS RECEIVABLE	74,368
(3) DUE FROM LIMITED PARTNERSHIPS	1,102,273
(4) REIMBURSABLE DEVELOPMENT COSTS	299,973
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	2,351,840

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFICIENCY IN PARTNERSHIP INVESTMENTS	1,289,405
ACCRUED INTEREST	19,264,996
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	20,554,401

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	12,549,828
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,285,563
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-735,735
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	-735,735

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	13,343,679
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	793,851		
e	Add lines **2a** through **2d**			2e	793,851
3	Subtract line **2e** from line **1**			3	12,549,828
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	12,549,828

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

1	Total expenses and losses per audited financial statements			1	14,079,414
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	793,851		
e	Add lines **2a** through **2d**			2e	793,851
3	Subtract line **2e** from line **1**			3	13,285,563
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	13,285,563

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 UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC NO 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" ("ASC 740"), WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE WITH FASB STATEMENT NO 109, "ACCOUNTING FOR INCOME TAXES," AND PRESCRIBES A MODEL FOR RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN ASC 740 ALSO PROVIDES GUIDANCE ON DE-RECOGNITION OF TAX BENEFITS, CLASSIFICATION ON THE STATEMENT OF FINANCIAL ACTIVITIES, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION THE ORGANIZATION HAS DETERMINED THAT THE ADOPTION OF ASC 740 DID NOT RESULT IN THE RECOGNITION OF ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS AND THAT THERE ARE NO UNRECOGNIZED TAX BENEFITS THAT WOULD, IF RECOGNIZED, AFFECT THE EFFECTIVE TAX RATE THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION FOR ALL TAX YEARS ENDED ON OR AFTER JUNE 30, 2007 WITH REGARDS TO ALL TAX POSITIONS AND THE RESULTS REPORTED
PART XII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON PARTNERSHIP 793,851
PART XIII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON PARTNERSHIP 793,851

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SINGLE ROOM OCCUPANCY HOUSING CORPORATION

Employer identification number
95-3909215

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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) ANITA NELSON	(i)	206,992	0	0	0	20,382	227,374	0
	(ii)	0	0	0	0	0	0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(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

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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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SINGLE ROOM OCCUPANCY HOUSING CORPORATION

Employer identification number
95-3909215

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A, PROGRAM SERVICES CONTINUED	IN 2010 SRO HOUSING OPENED THE RENATO APARTMENTS, PROVIDING 95 UNITS OF SUBSIDIZED, AFFORDABLE STUDIO APARTMENTS FOR HOMELESS AND CHRONICALLY HOMELESS INDIVIDUALS, MANY OF WHOM HAVE SPECIAL NEEDS IN LATE 2011 THE FORD HOTEL WILL OPEN, CREATING ANOTHER 150 UNITS SRO HOUSING MAINTAINS AN OCCUPANCY RATE OF 97% AND HAS A WAITING LIST OF APPROXIMATELY 500 SRO HOUSING IS PROUD TO EMPLOY OVER 40% OF ITS WORKFORCE (TOTAL OF 185 EMPLOYEES) DIRECTLY FROM THE "SKID ROW" COMMUNITY, EXEMPLIFYING THE MISSION OF THE CITY OF LOS ANGELES WHICH IS TO CREATE COMMUNITIES WHERE ONE CAN "LIVE, WORK, AND PLAY " EMERGENCY HOUSING SERVICES ARE FREE TO ALL ELIGIBLE RESIDENTS IN MOST CASES, THESE INCLUDE MEALS, CASE MANAGEMENT SERVICES, MONEY MANAGEMENT ASSISTANCE, SPECIAL ACTIVITIES, TRANSPORTATION ASSISTANCE, AND ID-RETRIEVAL ASSISTANCE SRO HOUSING OFFERS SEVERAL TRANSITIONAL AND SPECIALTY PROGRAMS TARGETING SPECIAL-NEEDS POPULATIONS, INCLUDING SENIORS AND FRAIL/DEPENDENT ADULTS, VETERANS, AND CLIENTS WITH MENTAL ILLNESSES, SUBSTANCE ADDICTIONS, AND/OR HIV/AIDS

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4B, PROGRAM SERVICES CONTINUED	THE ENHANCED EMERGENCY HOUSING PROGRAM (EEHP) HAS NEARLY 400 UNITS OF HOUSING AVAILABLE FO R HOMELESS PERSONS SRO HOUSING'S REHABILITATED SINGLE-ROOM- OCCUPANCY HOTELS, THE PANAMA AND THE RUSS, ARE UTILIZED AS EMERGENCY HOUSING FACILITIES ALL PROGRAM PARTICIPANTS ARE A SSIGNED A PRIVATE UNIT OF APPROXIMATELY 140 SQUARE FEET EACH UNIT IS FURNISHED WITH A BED , DRESSER, CHAIR, AND EITHER A WARDROBE OR CLOSET, AS WELL AS A SINK, MEDICINE CABINET, TE LEPHONE TO THE FRONT DESK, AND WINDOW TO THE OUTSIDE EACH PARTICIPANT RECEIVES A KEYCARD TO HIS/HER UNIT LINENS ARE EXCHANGED WEEKLY, OR MORE OFTEN IF NECESSARY, AND LAUNDRY FACI LITIES ARE AVAILABLE AT EACH FACILITY THE EMERGENCY HOUSING PROGRAM EMPLOYS A PROPERTY MA NAGER, TWO ASSISTANT PROPERTY MANAGERS, JANITORS, AND HOUSEKEEPING STAFF ADDITIONALLY, TH E PROGRAM EMPLOYS SUPPORTIVE SERVICES STAFF INCLUDING A PROGRAM MANAGER, PROGRAM ASSISTANT , THREE CASE MANAGERS, A DINING CENTER COORDINATOR, AND THREE DINING CENTER WORKERS TRAIN ED AND LICENSED SECURITY OFFICERS PATROL THESE FACILITIES AND THE SURROUNDING COMMUNITY TO HELP ENSURE THAT IT REMAINS A DRUG- AND ALCOHOL-FREE ZONE IN ADDITION TO HOUSING, ALL SU PPORTIVE SERVICES ARE PROVIDED FREE OF CHARGE, INCLUDING MEALS, CASE MANAGEMENT, HOUSING C OUNSELING/ASSISTANCE, PERSONAL AMENITIES, TRANSPORTATION ASSISTANCE (BUS TOKENS), COMMUNIT Y EVENTS, SOCIALIZATION/ RECREATIONAL ACTIVITIES ,MONEY MANAGEMENT ASSISTANCE, AND INFORMA TION/REFERRALS TO MENTAL HEALTH SERVICES, DRUG AND ALCOHOL TREATMENT FACILITIES, MEDICAL H EALTH SERVICES, SPECIALIZED TRAININGS AND CLASSES, JOB COUNSELING/JOB SEARCH ASSISTANCE, A ND MORE DURING THE 2010-11 REPORTING PERIOD, THE EEHP PROGRAM - SERVED 655 UNDUPLICATED, HOMELESS AND CHRONICALLY HOMELESS PARTICIPANTS WITH SUPPORTIVE SERVICES OF THESE 86 WERE CATEGORIZED AS CHRONICALLY HOMELESS, 56 WERE VETERANS AND 309 WERE DISABLED - SERVED 122 ,684 MEALS - PROVIDED 72,284 BED NIGHTS SRO HOUSING'S TRANSITIONAL PROGRAMS FOCUS ON THREE PRIMARY POPULATIONS CLIENTS WITH MENTAL ILLNESSES, CLIENTS WITH SUBSTANCE ADDICTIONS, AN D VETERANS ALL CLIENTS RECEIVE MEALS, CASE MANAGEMENT, TRANSPORTATION ASSISTANCE, MONEY M ANAGEMENT ASSISTANCE, SOCIALIZATION/RECREATIONAL ACTIVITIES, MENTAL HEALTH SERVICES, AND A CCESS TO VARIOUS SUPPORT GROUPS, ALL FREE OF CHARGE MEALS FOR RESIDENTS OF THE EMERGENCY AND TRANSITIONAL PROGRAMS ARE SERVED AT THE JAMES WOOD COMMUNITY CENTER DURING THE 2010-1 1 REPORTING PERIOD IN THE TRANSITIONAL PROGRAMS - 384 NEW, UNDUPLICATED CLIENTS WERE ADMI TTED INTO THESE PROGRAMS OF THESE - 159 WERE PLACED INTO PERMANENT-SUPPORTIVE HOUSING - 172 REMAINED IN THE PROGRAM, PROGRAM STAFF WILL CONTINUE TO WORK WITH THESE CLIENTS WITH T HE GOAL OF ASSISTING THEM TO BE PLACED INTO PERMANENT-SUPPORTIVE HOUSING AS WELL SRO HOUSI NG'S SENIORS PROGRAM, PROJECT HOTEL ALERT (PHA), PROVIDES A FULL RANGE OF SERVICES TO SENI ORS LIVING IN THE AREA NUTRITIOUS LUNCHES ARE PROVIDED MONDAY THROUGH FRIDAY AT THE JAMES WOOD COMMUNITY CENTER AND THE ELLIS HOTEL THE MENU IS APPROVED AND MONITORED BY THE CITY OF LOS ANGELES' DEPARTMENT OF AGING PHA ALSO DELIVERS MEALS TO HOME-BOUND SENIORS THROUG H ITS MEALS-ON-HEELS PROGRAM OTHER SERVICES FOR SENIORS INCLUDE GUEST SPEAKERS, RECREATIO NAL AND SOCIAL ACTIVITIES, FREE TICKETS TO SPORTING AND CULTURAL EVENTS, WII EXERCISE PROG RAM, OUTINGS TO MUSEUMS AND THEME PARKS, AND WEEKLY ART AND MOSAIC WORKSHOPS THE ART WORK SHOP HAS EXHIBITED ITS WORKS AT SEVERAL VENUES INCLUDING THE KOREAN CULTURAL CENTER, AND W AS FEATURED IN THE "BRIDGE GALLERY" AT CITY HALL AS WELL AS THE DEPARTMENT OF AGING CATALO G 2010 ONE OF THE WORKSHOP PARTICIPANTS SOLD A PAINTING TO A TELEVISION SHOW THIS YEAR F IELD TRIPS FOR SENIORS HAVE INCLUDED HUNTINGTON GARDENS, GETTY CENTER, GENE AUTRY MUSEUM, CALIFORNIA SCIENCE CENTER, NATURAL HISTORY MUSEUM, CONCERTS IN MACARTHUR PARK, CALIFORNIA AFRICAN-AMERICAN MUSEUM, GEFFEN PLAYHOUSE AND LOS ANGELES OPERA THE CRAFT AND FOLK ART MU SEUM OF LOS ANGELES HOSTED A FREE SCREENING OF HUMBLE BEAUTY, WHICH FEATURES SRO HOUSINGS ART WORKSHOP PAINTINGS BY THE ARTISTS WERE ON DISPLAY AT THIS SCREENING HUMBLE BEAUTY HA S BEEN FEATURED ON KCET-TV PUBLIC TELEVISION AS WELL AS SEVERAL FILM FESTIVALS, INCLUDING THE CARMEL FILM FESTIVAL IN 2011 CASE MANAGEMENT SERVICES ARE AVAILABLE MONDAY THROUGH FR IDAY FROM 8 00 A M TO 5 00 P M AT THE RUSS AND ELLIS HOTELS THESE FREE SERVICES INCLUDE COMPREHENSIVE ASSESSMENT, INFORMATION AND REFERRAL, MONITORING AND FOLLOW-UP, ADVOCACY FO R PUBLIC BENEFITS, COMPLETION OF FORMS, AND HOUSING ASSISTANCE DOOR-TO-DOOR TRANSPORTATIO N IS AVAILABLE MONDAY THROUGH FRIDAY FROM 8 00 A M TO 4 30 P M FOR SENIORS AND PERSONS W ITH DISABILITIES THROUGH PHA-TRANSPORTATION THE PHA PROGRAM ALSO HAS AN INTEGRATED CARE M ANAGEMENT COMPONENT THAT WORKS IN CONJUNCTION WITH THE COUNTY ADULT PROTECTIVE SERVICES TO ADDRESS THE NEEDS OF FRAIL/DEPENDENT ADULTS IN THE COMMUNITY INTENSIVE CASE MANAGEMENT I S PROVIDED FOR THESE AT-RISK CLIENTS IN 2010-11,

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4B, PROGRAM SERVICES CONTINUED	THIS PROGRAM PROVIDED - CASE MANAGEMENT SERVICES FOR 338 SENIORS - TRANSPORTATION SERVICES FOR 160 SENIORS - 24,295 MEALS AT TWO CONGREGATE MEAL SITES FOR 455 SENIORS - 9,999 HOME-DELIVERED MEALS FOR 62 SENIORS - INTEGRATED CARE MANAGEMENT FOR 32 SENIORS SRO HOUSING PROVIDES COMPREHENSIVE SOCIAL SUPPORT SERVICES FOR PERSONS LIVING WITH HIV/AIDS THROUGH ITS HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM THIS PROGRAM IS COMPRISED OF THREE COMPONENTS EMERGENCY/TRANSITIONAL, PERMANENT-SUPPORTIVE HOUSING, AND HOUSING CASE MANAGEMENT HOPWA IS FUNDED BY THE FEDERAL DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) AND ADMINISTERED BY THE LOS ANGELES HOUSING DEPARTMENT (LAHD) THE HOPWA EMERGENCY/TRANSITIONAL COMPONENT PROVIDES EMERGENCY SHELTER TO APPROXIMATELY 120 HOMELESS, LOW-INCOME INDIVIDUALS WITH HIV/AIDS FOR UP TO 30 DAYS ELIGIBILITY REQUIREMENTS INCLUDE PROVEN DISABILITY WITH A RECENT DIAGNOSIS OF AIDS AND/OR HIV+ WITH OTHER RELATED DISEASES PARTICIPANTS ARE PROVIDED WITH MEALS, HYGIENE KITS, BUS TOKENS, AND REFERRALS TO OTHER COMMUNITY AGENCIES TO MEET THE UNIQUE NEEDS OF EACH PARTICIPANT THE HOPWA PERMANENT-SUPPORTIVE HOUSING COMPONENT PROVIDES SUPPORTIVE SERVICES TO APPROXIMATELY 80 LOW-INCOME PERSONS LIVING WITH HIV/AIDS AT TEN OF SRO'S 28 PERMANENT HOUSING FACILITIES SRO HOUSING'S EUGENE APARTMENTS AND RIVERS APARTMENTS PROVIDE SECTION 8 PERMANENT HOUSING TO PARTICIPANTS THROUGH THE SHELTER PLUS CARE PROGRAM AND MOD-REHAB PROGRAMS CASE MANAGEMENT SERVICES ARE PROVIDED TO ADDRESS PROGRAM PARTICIPANTS' NEEDS AND TO ASSIST THEM TO IDENTIFY AND ACCESS NECESSARY COMMUNITY RESOURCES ELIGIBLE PARTICIPANTS ARE ALSO ENCOURAGED TO COMPLETE AN APPLICATION WITH THE SHORT-TERM ASSISTANCE PROGRAM TO OBTAIN MOVE-IN GRANT ASSISTANCE OTHER AMENITIES PROVIDED FOR HOPWA CLIENTS INCLUDE HOUSEHOLD ITEMS, TRANSPORTATION ASSISTANCE, AND CHORE-WORKER ASSISTANCE THE HOPWA HOUSING CASE MANAGEMENT COMPONENT PROVIDES PERSONS LIVING WITH HIV/AIDS AND THEIR FAMILIES WITH HOUSING CASE MANAGEMENT, INCLUDING LOCATING, ACQUIRING, FINANCING AND MAINTAINING AFFORDABLE AND APPROPRIATE HOUSING THE HOUSING CASE MANAGER DEVELOPS RESOURCE LISTS AND MAINTAINS RELATIONSHIPS WITH A NETWORK OF LANDLORDS, INCLUDING SECTION 8 -ASSISTED UNITS DURING THE 2010-11 REPORTING PERIOD, THE HOPWA PROGRAM PROVIDES THE FOLLOWING SERVICES TO PERSONS LIVING WITH HIV/AIDS - THE HOUSING CASE MANAGEMENT COMPONENT SERVED 206 CLIENTS - THE PERMANENT-SUPPORTIVE HOUSING COMPONENT SERVED 94 - 149 CLIENTS WERE PROVIDED EMERGENCY AND TRANSITIONAL HOUSING AND SUPPORTIVE SERVICES SRO HOUSING'S PERMANENT-SUPPORTIVE HOUSING PROGRAMS HAS APPROXIMATELY 1,700 RESIDENTS LOCATED THROUGHOUT 22 PERMANENT HOUSING SITES MORE THAN HALF OF THESE CLIENTS ARE DESIGNATED WITH A DISABILITY INCLUDING MENTAL ILLNESS, SUBSTANCE ADDICTION, AND/OR HIV/AIDS SRO HOUSING OFFERS CASE MANAGEMENT AND MONEY MANAGEMENT ASSISTANCE ON A AS-NEEDED BASIS TO ALL OF ITS PERMANENT SUPPORTIVE HOUSING RESIDENTS AS WELL AS TO RESIDENTS OF OTHER FACILITIES IN THE AREA RESIDENTS WHO ARE CHALLENGED BY DISABILITIES ARE PROVIDED WITH REFERRALS TO VARIOUS COMMUNITY RESOURCES FOR ONGOING SPECIALTY SERVICES ACCOMPLISHMENTS IN 2010-2011 FOR THE PERMANENT SUPPORTIVE HOUSING PROGRAMS INCLUDE - CASE MANAGEMENT SERVICES WERE PROVIDED TO 334 SHELTER PLUS CARE (S+C) CLIENTS/RESIDENTS CASE MANAGERS PROVIDED THESE CLIENTS WITH OVER 8,400 HOURS OF CASE MANAGEMENT SERVICES, ACCUMULATING MORE THAN $4,900,000 IN SERVICE MATCH - IN ADDITION TO S+C CLIENTS/RESIDENTS, CASE MANAGERS PROVIDED ORIENTATION TO 198 INDIVIDUALS AND COMPLETED 297 REFERRALS

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4C, PROGRAM SERVICES CONTINUED	THE PARKS AFFORD PERSONS LIVING IN SKID ROW THE OPPORTUNITY TO RECREATE THEIR COMMUNITY THROUGH ORGANIZING AND PARTICIPATING IN SPORTS AS WELL AS SOCIAL, RECREATIONAL, EDUCATIONAL, ARTISTIC, NUTRITIONAL, CIVIC, AND RECOVERY ACTIVITIES OUTREACH SERVICES MAKE A BROAD RANGE OF INFORMATION ABOUT RESOURCES AND SERVICES AVAILABLE TO HOMELESS PERSONS AND LOCAL RESIDENTS SRO'S GOAL IS TO CREATE A SAFE, SOBER, AND WELL MAINTAINED AREA THAT IS AVAILABLE TO ALL COMMUNITY GROUPS, PROVIDING TRANQUIL GREEN SPACE THE MIDST OF A DENSELY POPULATED URBAN AREA

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		THE ORGANIZATION'S ARTICLES OF INCORPORATION WERE AMENDED AND RESTATED ON JULY 06, 2011 THE AMENDING OF THE ARTICLES WAS TO INCLUDE THE PRIMARY PURPOSE OF THE ORGANIZATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE AUDIT COMMITTEE MEETS WITH THE AUDITORS TO REVIEW AND DISCUSS A DRAFT OF THE FORM 990 ONCE APPROVED BY THE AUDIT COMMITTEE, THE FORM IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS THE RETURN IS THEN ELECTRONICALLY FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, THE ORGANIZATION GIVES A CONFLICT OF INTEREST QUESTIONAIRE TO BOARD MEMBERS AND TOP MANAGEMENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S BOARD AND COMPENSATION COMMITTEE PERFORM SURVEYS OF COMPENSATION FROM COMPARABLE POSITIONS AND REVIEW THE FORM 990 OF OTHER ORGANIZATION IN ORDER TO ESTABLISH COMPENSATIONS AN APPROVAL FROM THE BOARD AND COMPENSATION COMMITTEE IS REQUIRED IN ORDER TO COMPLETE THE PROCESS OF ESTABLISHING COMPENSATIONS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	FORM 1023 AND ALL OTHER INFORMATIONAL RETURN DOCUMENTS ARE AVAILABLE TO THE PUBLIC EITHER THROUGH WWW GUIDESTAR ORG OR UPON WRITTEN REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE SINGLE ROOM OCCUPANCY HOUSING CORPORATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND INFORMATIONAL RETURNS AVAILABLE UPON WRITTEN REQUEST THE INFORMATIONAL RETURNS ARE ALSO MADE AVAILABLE TO THE PUBLIC THROUGH WWW GUIDESTAR ORG, A PUBLIC WEBSITE

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SINGLE ROOM OCCUPANCY HOUSING CORPORATION

Employer identification number
95-3909215

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) FORD APARTMENTS LP	K	1,140,000	
(2) LYNDON HOTEL LP	K	46,600	
(3) NEW TERMINAL HOTEL LP	K	56,214	
(4) RENATO APARTMENTS LP	K	971,411	
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

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

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BROWNSTONE HOTEL LP 354 S SPRING STREET SUITE 400 LOS ANGELES, CA90013 03-0381070	LOW-INCOME HOUSING FACILITIES	CA	N/A	INVESTMENT				No		Yes		
COURTLAND HOTEL LP 354 S SPRING STREET SUITE 400 LOS ANGELES, CA90013 95-4424724	LOW-INCOME HOUSING FACILITIES	CA	N/A	INVESTMENT				No		Yes		
EUGENE HOTEL LP 354 S SPRING STREET SUITE 400 LOS ANGELES, CA90013 95-4751613	LOW-INCOME HOUSING FACILITIES	CA	N/A	INVESTMENT				No		Yes		
FORD APARTMENTS LP 354 S SPRING STREET SUITE 400 LOS ANGELES, CA90013 27-0165952	LOW-INCOME HOUSING FACILITIES	CA	N/A	INVESTMENT	1,140,000			No		Yes		
GATEWAYS APARTMENTS LP 354 S SPRING STREET SUITE 400 LOS ANGELES, CA90013 26-3617835	LOW-INCOME HOUSING FACILITIES	CA	N/A	INVESTMENT				No		Yes		
JAMES M WOOD APARTMENTS LP 354 S SPRING STREET SUITE 400 LOS ANGELES, CA90013 75-3253132	LOW-INCOME HOUSING FACILITIES	CA	N/A	INVESTMENT				No		Yes		
LYNDON HOTEL LP 354 S SPRING STREET SUITE 400 LOS ANGELES, CA90013 61-1506390	LOW-INCOME HOUSING FACILITIES	CA	N/A	INVESTMENT	46,600			No		Yes		
NEW TERMINAL HOTEL LP 354 S SPRING STREET SUITE 400 LOS ANGELES, CA90013 45-0514235	LOW-INCOME HOUSING FACILITIES	CA	N/A	INVESTMENT	56,214			No		Yes		

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
RENATO APARTMENTS LP 354 S SPRING STREET SUITE 400 LOS ANGELES, CA90013 26-3165549	LOW-INCOME HOUSING FACILITIES	CA	N/A	INVESTMENT	971,411			No		Yes		
RIVERS HOTEL LP 354 S SPRING STREET SUITE 400 LOS ANGELES, CA90013 95-4787941	LOW-INCOME HOUSING FACILITIES	CA	N/A	INVESTMENT				No		Yes		
ROSSLYN HOTEL APARTMENTS LP 354 S SPRING STREET SUITE 400 LOS ANGELES, CA90013 27-2531547	LOW-INCOME HOUSING FACILITIES	CA	N/A	INVESTMENT				No		Yes		
SOUTHERN HOTEL LP 354 S SPRING STREET SUITE 400 LOS ANGELES, CA90013 95-4709894	LOW-INCOME HOUSING FACILITIES	CA	N/A	INVESTMENT				No		Yes		
WALL STREET PALMER HOUSE LP 354 S SPRING STREET SUITE 400 LOS ANGELES, CA90013 95-4662608	LOW-INCOME HOUSING FACILITIES	CA	N/A	INVESTMENT				No		Yes		
YANKEE HOTEL LP 354 S SPRING STREET SUITE 400 LOS ANGELES, CA90013 35-2221086	LOW-INCOME HOUSING FACILITIES	CA	N/A	INVESTMENT				No		Yes		
SRO COMMERCIAL LLC 354 S SPRING STREET SUITE 400 LOS ANGELES, CA90013 45-1211111	LOW-INCOME HOUSING FACILITIES	CA	N/A	INVESTMENT				No			No	

Additional Data

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

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

4d. Other program services

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

SRO HOUSING ALSO PROVIDES A LARGE NUMBER OF FREE SERVICES TO RESIDENTS OF THE AGENCY'S HOUSING FACILITIES AND OTHER COMMUNITY MEMBERS THESE INCLUDE -QUILTING CLASS - HELD WEEKLY AT THE NEW TERMINAL APARTMENTS AND OPEN TO ALL COMMUNITY MEMBERS -MOVIES ON THE NICKEL - MOVIES ARE SHOWN EVERY SUNDAY NIGHT AT THE JAMES WOOD COMMUNITY CENTER, FREE TO ALL RESIDENTS OF THE COMMUNITY -MONEY MANAGEMENT WORKSHOPS - HELD WEEKLY, A DESIGNED TO ASSIST INDIVIDUALS TO LEARN TO MANAGE THEIR PERSONAL FINANCES AND SAVE FOR THE FUTURE -FINE ARTS WORKSHOP - WEEKLY WORKSHOP, LED BY RENOWNED ARTIST LILLIAN ABEL-CALAMARI, THAT OFFERS SKID ROW RESIDENTS AN OUTLET FOR THEIR ARTISTIC CREATIVITY AND STRIVES TO BRING JOY AND MEANING TO THEIR LIVES THROUGH ART ARTISTS ARE OFTEN ABLE TO SELL THEIR ART, AND DISPLAY THEIR WORK AT LOCAL GALLERIES - MOSAIC ART PROJECT - WORKSHOP THAT ENCOURAGES PARTICIPANTS TO CREATE INDIVIDUAL OR GROUP MOSAIC ART PROJECTS THE WORKS ARE OFTEN SHOWN AND SOLD IN LOCAL GALLERIES -HYGIENE KITS - PROVIDED TO ALL NEW CLIENTS IN THE EMERGENCY PROGRAMS, KITS INCLUDE SOAP, TOOTHBRUSH, TOOTHPASTE, RAZOR BLADES, SHAVING CREAM, AFTERSHAVE, DEODORANT, SHAMPOO, AND CONDOMS -WELCOME ABOARD PACKETS - PROVIDED TO ALL NEW CLIENTS IN THE HOPWA PERMANENT-HOUSING PROGRAM, THESE PACKETS INCLUDE POTS AND PANS, COOKING UTENSILS, BATH TOWEL, FACE TOWEL, BLANKET, BED SHEETS, PILLOW, PILLOW-CASE, SILVERWARE, CUP, PLATE, AND OTHER HOUSEHOLD AMENITIES -DOCUMENT ASSISTANCE - DESIGNED TO ASSIST THOSE CLIENTS WHO HAVE HAD DIFFICULTY OBTAINING NEEDED DOCUMENTS SUCH AS A BIRTH CERTIFICATE, CALIFORNIA ID, DRIVER LICENSE, MTA DISABLED BUS PASS -SHORT-TERM ASSISTANCE PROGRAM (STAP) MOVE-IN GRANT - ELIGIBLE CLIENTS ARE ASSISTED TO OBTAIN A MOVE-IN GRANT TO COVER COSTS OF MOVING INTO THEIR NEW HOUSING UNIT -CLINICAL TRIALS - RESIDENTS ARE INFORMED ABOUT NEW MEDICAL RESEARCH PROJECTS AND WHEN APPROPRIATE ARE PROVIDED WITH DIRECT REFERRALS TO CLINICAL TRIALS WHERE THEY MAY RECEIVE FREE MEDICATIONS OR MONETARY INCENTIVES -CHORE WORKER ASSISTANCE - CLIENTS WHO ARE RECOVERING FROM SURGERY OR AN ILLNESS AND ARE TEMPORARILY UNABLE TO PERFORM DAILY ACTIVITIES MAY BE PROVIDED WITH CHORE WORKER SERVICES TO ASSIST THEM WITH LIGHT COOKING, BATHING, MAKING THEIR BEDS, CLEANING, AND SHOPPING -COOKING CLASS - DESIGNED TO INSTRUCT DISABLED PARTICIPANTS IN THE TRANSITIONAL PROGRAMS ON MEAL PLANNING, BUDGETING, WISE SHOPPING, AND FOOD PREPARATION -AVENUES TO WORK - OFFERS EDUCATIONAL/ VOCATIONAL TRAINING, EMPLOYMENT PLACEMENT AND JOB RETENTION SERVICES WITH THE GOAL OF INCREASING ECONOMIC OPPORTUNITY FOR HOMELESS PERSONS PARTICIPANTS ARE ALSO OFFERED TRANSITIONAL HOUSING IN SRO HOUSING'S FACILITIES SOME PARTICIPANTS MAY RECEIVE ON-THE-JOB TRAINING IN SRO HOUSING'S FOOD SERVICES, MAINTENANCE, SECURITY, OR PROPERTY MANAGEMENT DEPARTMENTS -LAUNDRY CLASS - OFFERED TO RESIDENTS OF THE TRANSITIONAL PROGRAMS, TO ASSIST THEM TO RE-LEARN THE SKILLS THEY NEED TO MAINTAIN THEIR PERSONAL HYGIENE AND DEVELOP INDEPENDENT- LIVING SKILLS -SPECIAL EVENTS - IN ADDITION TO THE COMMUNITY EVENTS ROUTINELY HELD AT THE JAMES WOOD COMMUNITY CENTER, SRO HOUSING FREQUENTLY ARRANGES FOR RESIDENTS OF THE CENTRAL CITY EAST COMMUNITY TO ATTEND SPORTS EVENTS, MOVIES, PLAYS, ART GALLERIES, MUSEUMS, CONCERTS, AND MORE -RECOVERY MEETINGS - MEETINGS PROVIDE A SAFE AND CONFIDENTIAL ENVIRONMENT IN WHICH PARTICIPANTS CAN EXPLORE ISSUES THAT MIGHT HELP THEM IN THEIR RECOVERY -SUPPORT GROUPS - SRO HOUSING WORKS IN CONJUNCTION WITH THE LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH TO PROVIDE ONGOING SUPPORT GROUPS FOR PERSONS WITH MENTAL ILLNESSES -TRANSPORTATION SERVICES - DOOR-TO-DOOR TRANSPORTATION SERVICES IS PROVIDED FOR SRO HOUSING RESIDENTS WHO ARE IN NEED OF SUPPORT WHILE SEARCHING FOR HOUSING, OBTAINING MEDICAL AND/OR LEGAL SERVICES, PUBLIC BENEFITS, ETC -EDUCATION/VOCATIONAL PROGRAMS - RESIDENTS ARE LINKED WITH CLASSES AND WORKSHOPS INCLUDING GED COMPLETION, CALIFORNIA STATE DEPARTMENT OF REHABILITATION SERVICES, EMPLOYMENT DEVELOPMENT DEPARTMENT PROGRAMS, CHRYSALIS ENTERPRISES (LABOR CONNECTION), AND GOODWILL INDUSTRIES SOME CLASSES MAY BE OFFERED ON SITE BY INSTRUCTORS FROM LOS ANGELES COMMUNITY COLLEGE -DOLLS OF HOPE - AN ANNUAL EVENT OPEN TO ALL CLIENTS/RESIDENTS AT SRO, WHICH GIVES PARTICIPANTS THE OPPORTUNITY TO MAKE DOLLS THAT WILL BE SENT TO CHILDREN IN AFRICA WHO ARE AFFECTED BY HIV/AIDS THE EVENT IS ALSO USED TO DISSEMINATE INFORMATION ABOUT HIV/AIDS TO PARTICIPANTS -SOCIALS - EVENTS THAT GIVE RESIDENTS AN OPPORTUNITY TO MEET OTHERS FROM SRO HOUSING FACILITIES RESIDENTS MIGHT GET TOGETHER TO PLAY DOMINOES, WATCH SCARY MOVIES FOR HALLOWEEN, HAVE A FALL DANCE, CELEBRATE OTHER HOLIDAYS TOGETHER, OR MANY OTHER POSSIBILITIES NUMEROUS FRIENDSHIPS AND SUPPORTIVE RELATIONSHIPS HAVE DEVELOPED FROM THESE SOCIALS -FOOD BANK PROGRAM - EACH WEEK, SRO HOUSING CORPORATION DELIVERS OVER 8,000 POUNDS OF FOOD TO ITS PERMANENT-HOUSING SITES, PROVIDING VERY LOW-INCOME RESIDENTS WITH NUTRITIOUS FOOD THAT THEY MIGHT OTHERWISE BE UNABLE TO AFFORD