Form	990
1 01111	220

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

AF	or th	and e 2021 calendar year, or tax year beginning and e	ending		
B c	Check if pplicab	e: C Name of organization		D Employer identific	ation number
	Addre	e HEARTS & HOMES FOR VETERANS INC.			
	Name Chang	e Doing business as		**-***064	.0
	Initial		Room/suite	E Telephone number	
	Final returr	2230 ALICIA STREET		239-939-8	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	947,120.
	Amer	FORI MIERS, FL 53901		H(a) Is this a group ret	urn
	Appli tion	F Name and address of principal officer: DAVID ZAPITII		for subordinates?	Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
		empt status: 🗴 501(c)(3) 🔄 501(c) ()◀ (insert no.) 🗌 4947(a)(1) o	r 🗌 527	If "No," attach a I	ist. See instructions
		te: VWW.HHVETERANS.COM		H(c) Group exemption	
KF	orm o	organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other ►	L Year of	of formation: 2013 M	State of legal domicile: FL
Pa	art I	Summary			
•	1	Briefly describe the organization's mission or most significant activities: \underline{TOEN}	ID HOM	ELESSNESS AM	ONG ALL
Governance		VETERANS IN SOUTHWEST FLORIDA AND TO LIFT	THEM	OUT OF POVER	RTY.
rna	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispose	ed of more	than 25% of its net asse	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			9
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
s 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5
vitie	6	Total number of volunteers (estimate if necessary)		6	35
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		789,441.	906,680.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	-955.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		789,441.	905,725.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		487,075.	591,777.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		16,058.	55,374.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
e d	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		154,980.	111,654.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		658,113.	758,805.
	19	Revenue less expenses. Subtract line 18 from line 12		131,328.	146,920.
OL			Be	ginning of Current Year	End of Year
Assets Balanc	20	Total assets (Part X, line 16)		931,293.	1,142,592.
AS	21	Total liabilities (Part X, line 26)		76,844.	65,332.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		854,449.	1,077,260.
Pa	art II	Signature Block			
Und	er pen	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, 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		Signature of	officer						Date	
Here		DAVID	ZAMMIT,	TREASURE	R					
		Type or prin	t name and title							
	Prin	t/Type prepare	er's name		Preparer's signati	ure		Date	Check	PTIN
Paid	KAI	REN MOS	STELLER							P00184438
Preparer	Firm	n's name 🕒	MARKHAM	NORTON M	OSTELLER	WRIGHT	& CO		Firm's EIN 🕨 **	-***8007
Use Only	Firm	n's address 🕨	8961 CON	NFERENCE 1	DRIVE, SU	JITE 1				
		-	FORT MY	ERS, FL 3	3919				Phone no. 239 -	433-5554
May the IF	RS di	scuss this re	turn with the pre	eparer shown abo	ve? See instructi	ons				X Yes No
132001 12-0	9-21	LHA For	Paperwork Red	duction Act Notic	e, see the sepa	rate instruction	ons.			Form 990 (2021)

	990 (2021) HEARTS & HOMES FOR VETERANS INC. **-**0640 Page 2 t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO END HOMELESSNESS AMONG ALL VETERANS IN SOUTHWEST FLORIDA AND TO
	LIFT THEM OUT OF POVERTY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 35,250. including grants of \$ 35,250.) (Revenue \$ PAYMENT OF RENTS, UTILITIES AND OTHER HOUSING EXPENSES FOR VETERANS.
4b	(Code:) (Expenses \$ 545,133. including grants of \$ 545,133.) (Revenue \$ PAYMENT FOR TRANSPORTATION, FOOD, CLOTHING AND OTHER NECESSITIES FOR
	VETERANS.
4c	(Code:) (Expenses \$94,174. including grants of \$11,394.) (Revenue \$
	PROVIDE VARIOUS TYPES OF ASSISTANCE TO VETERANS AT THE HEARTS & HOMES FOR VETERANS FACILITY, AS WELL AS PROVIDE STORAGE FOR GOODS THAT WILL
	BE DISTRIBUTED TO VETERANS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 674,557.
132002	2 12-09-21 3

2021.05000 HEARTS & HOMES FOR VETERA 44844__1

Form	990	(2021)

 Form 990 (2021)
 HEARTS & HOMES FOR VETERANS INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			I
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			I
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
32003	3 12-09-21	Form	990 (2021

132003 12-09-21

4

Form	aan	(2021)
FUIII	990	(2021)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
-	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
5	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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
132004	↓ 12-09-21	Form	990	(2021)

09191107 758741 44844

5 2021.05000 HEARTS & HOMES FOR VETERA 44844__1

	990 (2021) HEARTS & HOMES FOR VETERANS INC. **-**0	640	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		

6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit
	any contributions that were not tax deductible as charitable contributions?
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).		
а	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	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		
	to file Form 8282?	7c	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
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. Did a donor advised fund maintained by the		
	sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12 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:		
а	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		

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?	12	2a	
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.				
а	Is the organization licensed to issue qualified health plans in more than one state?			la	
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ration or			
	excess parachute payment(s) during the year?			5	X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	1	6	X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		1	7	
	If "Yes," complete Form 6069.				
32005	12-09-21 6				0 (2021)
)11	07 758741 44844 2021.05000 HEARTS &	HOMES F	OR VETER	RA 4	4844

x

6a

Form 990	(2021)
----------	--------

HEARTS & HOMES FOR VETERANS INC.

-<u>*0640</u> Page **6**

Form 990 (2						VETERANS				- ^ ^ ^ U		
Part VI	Governance, N	lanagemer	nt,	and Discl	osure.	For each "Yes" r	response	to lines 2 through 7b	b below,	and for a	"No"	response
	to line 8a, 8b, or 10	b below, desc	ribe	the circums	tances, p	orocesses, or char	nges on S	Schedule O. See inst	tructions.			

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section A. Governing Body and Management	

					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		<u>)</u>						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b)						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other							
	officer, director, trustee, or key employee?			2	Х					
3	Did the organization delegate control over management duties customarily performed by or under the									
	of officers, directors, trustees, or key employees to a management company or other person?			3		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?			6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap									
	more members of the governing body?			7a		x				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si									
	persons other than the governing body?			7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		e following:							
а	The governing body?	-		8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea									
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)							
			,		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a	Х					
b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cont	flicts?	12b	Х					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe							
	on Schedule O how this was done			120		X				
13	Did the organization have a written whistleblower policy?			13		X				
14	Did the organization have a written document retention and destruction policy?			14		X				
15	Did the process for determining compensation of the following persons include a review and approva	al by inc	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official			15a		X				
b	Other officers or key employees of the organization			15b		X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	i's							
0.00	exempt status with respect to such arrangements?			16b						
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright FL	ad 000								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	na 990	-1 (section 501(c)(3	is only	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.	_								
40	X Own website Another's website X Upon request Other (explain									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict c	of interest policy, an	d finar	icial					
00	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's boo PPP = PPP = PP	oks and	a records 🕨							
	THE ORGANIZATION - 239-939-8747									
	2230 ALICIA STREET, FORT MYERS, FL 33901									

09191107 758741 44844

132006 12-09-21

7						()	
2021.05000	HEARTS	&	HOMES	FOR	VETERA	$44844_{$	_1

Form **990** (2021)

Form	aan	(2021)
FUIII	990	(2021)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week			from	from related	other				
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120/	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key (Highest compensated employee	Former			
(1) HARVEY B CHARTER	8.00									
DIRECTOR		Х						0.	0.	0.
(2) MARSHA PAYTON	8.00									
DIRECTOR		Х						0.	0.	0.
(3) ANDREW LYNCH	8.00									
SERGEANT AT ARMS		х		X				0.	0.	0.
(4) TOM DONOGHUE	24.00									
PRESIDENT		х		х				0.	0.	0.
(5) DAVE SANTINI	24.00									
VICE PRESIDENT		х		х				0.	0.	0.
(6) DAVE ZAMMIT	8.00									
TREASURER		х		X				0.	0.	0.
(7) DAVID DECAROLIS	24.00									
RECORDING SECRETARY		х		х				0.	0.	0.
(8) ROGER SPENCER	8.00									
DIRECTOR		х						0.	0.	0.
(9) TONI BRASCH	8.00									
DIRECTOR		Х						0.	0.	0.
122007 12 00 21										Form 990 (2021)

8

Form 990 (2021)

Form 990	(2021) HEARTS &	HOMES F	OR	L V	ΈT	'ER	RAN	S	INC.	**_**	*0(640	Pa	age 8
Part VI		tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average			Pos	itior			Reportable	Reportable		Fs	timate	hd
	Name and the	hours per					than o is both		compensation	compensation	<u> </u>		nount	
		week					or/trus		from	from related			other	01
		(list any	tor						the	organizations	I		pensa	tion
		hours for	direct						organization	(W-2/1099-MIS			om the	
		related	e or .	stee			sated		(W-2/1099-MISC/	1099-NEC)	°		anizati	
		organizations	ruste	l tru:		ee,	mper		1099-NEC)	10001120)		•	d relate	
		below	dual t	Ition	_	lold	yee	5	· ·				anizatio	
		line)	Individual trustee or director	In stitutional trustee	Officer	ƙey employee	Highest compensated employee	Former				0.9		
			_	-	0	×	<u> </u>	ш.						
							<u> </u>							
							<u> </u>							
							+							
											$ \rightarrow $			
							1							
											_			
1b Sub	total								0.		0.			0.
c Tota	al from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Tota	al (add lines 1b and 1c)								0.		0.			0.
	al number of individuals (including but n					ove	e) wh	o re	eceived more than \$100.	000 of reportable				
	pensation from the organization						<i>,</i>		,					0
0011													Yes	No
0 D:4	the companying tight and former of the		1					. la : a			ſ			
	the organization list any former officer,											-		v
	1a? If "Yes," complete Schedule J for s										····	3		X
	any individual listed on line 1a, is the su	-		-					-	-				
and	related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4		X
	any person listed on line 1a receive or a													
rend	dered to the organization? If "Yes." corr	plete Schedule	ə.lf	or si	ıch ı	oers	on .		-			5		Х
	B. Independent Contractors			01 00		2010	011							
	nplete this table for your five highest co	mpensated inc	lono	ndor	nt co	ntr	acto	re th	nat received more than \$	100 000 of comp	oneat	ion fro	m	
			•							•	crisat		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	organization. Report compensation for	the calendar ye	ear e	nun	ig w									
	(A) Name and business	addraaa	37/	` ` ` `	-				(B) Description of s	onviooo	C)	 i) nsatioi 	~
	Name and business	audress	NC	ONE	4			_	Description of s			ompe	1541101	
2 Tota	al number of independent contractors (i	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	0,000 of compensation from the organi	-)							
φ.0		-								I		Form	990 (ź	2021)
												1 OUL		-uzi)

132008 12-09-21

Pa	rt VII	Statement of Revenue				
		Check if Schedule O contains a response or note to any	(
				(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
			Total revenue		business revenue	from tax under
						sections 512 - 514
ts ts	1 a	Federated campaigns 1a				
iran Jun	b	Membership dues 1b				
Contributions, Gifts, Grants and Other Similar Amounts	с	Fundraising events 1c				
ar <i>F</i>	d	Related organizations 11				
s, G	е	Government grants (contributions) 1e				
i Si	f	All other contributions, gifts, grants, and				
but		similar amounts not included above 1f 906,680	•			
a o tri	g	Noncash contributions included in lines 1a-1f 1g \$ 580,796	•			
Col	h	Total. Add lines 1a-1f	906,680.			
		Business Cod				
e	2 a					
Program Service Revenue	b					
Ser	с					
am	d					
Be	e					
Pro	f	All other program service revenue				
	q	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				
	-	other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	-	(i) Real (ii) Personal				
	6 a	Gross rents 6a				
	b	Less: rental expenses 6b				
	c	Rental income or (loss) 6c				
	d					
		Gross amount from sales of (i) Securities (ii) Other				
	, a	assets other than inventory 7a 40 , 440				
	h	Less: cost or other basis	-			
e		and sales expenses 7b 41,395				
Revenue		Gain or (loss)				
eve			-955.	-955.		
5	u	Net gain or (loss) Gross income from fundraising events (not	555.	555.		
Othe	0 a					
0		contributions reported on line 1c). See				
	h	Bart IV, line 18 8a Less: direct expenses 8b	-			
	b					
	c Q	Gross income from gaming activities. See				
	9 a					
	h	Part IV, line 19 9a Less: direct expenses 9b	-			
	b					
		Net income or (loss) from gaming activities				
	iu a	Gross sales of inventory, less returns				
		and allowances 10a	-			
		Less: cost of goods sold 10b				
	c	Net income or (loss) from sales of inventory	•			
s		Business Cod				
eor	11 a					
lan	b					
Miscellaneous Revenue	С					
Mis	d	All other revenue				
		Total. Add lines 11a-11d		0.55		-
	12	Total revenue. See instructions	905,725.	-955.	0.	0.
13200	9 12-09	-21				Form 990 (2021)

HEARTS & HOMES FOR VETERANS INC.

132009 12-09-21

Form 990 (2021)

-*0640 Page 9

HEARTS & HOMES FOR VETERANS INC. Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (B) (D) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 591,777. 591,777. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50,804. 50,804. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 4,570. 4,570. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 11,971. 11,971. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 4,082. 4,082 column (A), amount, list line 11g expenses on Sch 0.) 1,317. 1,317. Advertising and promotion 12 3,537, 696. 2,841. Office expenses _____ 13 10,487. 9,871. 616. Information technology 14 15 Royalties 11,115. 10,448. 667. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 388. 388. Conferences, conventions, and meetings 19 2,272. 2,136. 136. 20 Interest Payments to affiliates 21 36,368. 34,186. 2,182. Depreciation, depletion, and amortization 22 11,805. 10,930. 875. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 7,494. 7,494. EQUIPMENT REPAIRS & MAI а BUILDING REPAIRS & MAIN 5,117. 4,810. 307. h 3,297. 3,297. MEALS С 1,310. SMALL EQUIPMENT 1,310. d 1.094. 892. 202. All other expenses е 758,805. 674,557. 84,248. 0. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

132010 12-09-21

11 2021.05000 HEARTS & HOMES FOR VETERA 44844__1

Form 990 (2021)

HEARTS & HOMES FOR VETERANS INC.

-*0640 Page 11

		Check if Schedule O contains a response or no			(A)		(B)
	1				Beginning of year	_	End of year
	1				177,933		261,446.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		······	169,589		235,907.
Ř	9	Prepaid expenses and deferred charges			6,051	• 9	11,483.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	693,634.			
	b	Less: accumulated depreciation	10b	93,954.	542,691	• 10c	599,680.
	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			35,029	• 14	34,076.
	15	Other assets. See Part IV, line 11		L		15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	931,293		1,142,592.
	17	Accounts payable and accrued expenses			292	• 17	3,372.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to any current or form	ner office	er, director,			
litie		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ns	76,552	• 22	61,960.
	23	Secured mortgages and notes payable to unrel	ated third	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	ayables t	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			76,844	• 26	65,332.
		Organizations that follow FASB ASC 958, che	eck here				
ces		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions			730,695		985,485.
Ba	28	Net assets with donor restrictions			123,754	• 28	91,775.
nd		Organizations that do not follow FASB ASC 9	958, che	ck here 🕨 🗌			
Ľ.		and complete lines 29 through 33.					
5 S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e	quipmen	t fund		30	
As	31	Retained earnings, endowment, accumulated in	ncome, o	r other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			854,449		1,077,260.
-	33	Total liabilities and net assets/fund balances			931,293	• 33	1,142,592.

Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

Form	1990 (2021) HEARTS & HOMES FOR VETERANS INC.	**_*	**0640	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	905		
2	Total expenses (must equal Part IX, column (A), line 25)	2	758		
3	Revenue less expenses. Subtract line 2 from line 1	3	146		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	854	4,4	<u>49.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	40),0	00.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	35	5,8	91.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,077	7,2	60.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				37
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	000	
			Form	990 ((2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name	of	the	organization
------	----	-----	--------------

Nar	ne of t	he organization					1		identification number
							*-**0640		
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	see instructions	•	
The	organi	zation is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(⁻	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz						iii). Enter	the hospital's name,
		city, and state:						-	
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	overnmental uni	t describe	ed in
		section 170(b)(1)(A)(iv). (C		0 ,	·	, ,			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	•				.,	o oneral r	ublic described in
'		section 170(b)(1)(A)(vi). (C			onna gove			general	
8		A community trust describe		1)(A)(vi) (Complete Par	ни у				
9	\square	•			-	nd in ooniu	unction with a k	and arout	
9		An agricultural research org							
		or university or a non-land-g	grant college of agric	ulture (see instructions).		lame, city	, and state of th	le college	
40		university:		11					1
10		An organization that norma							
		activities related to its exem							-
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the orga	inization a	fter June 30, 1975.
		See section 509(a)(2). (Con							
11		An organization organized a							
12		An organization organized a							
		more publicly supported or	-						Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and 1	I2g.	
a		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), typ	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	ctors or trustees	s of the su	ipporting
		organization. You must o	complete Part IV, Se	ections A and B.					
k		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage	e the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c	:] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally	integrate	d with,
		its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.		
c] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	vith its supporte	ed organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution red	quirement and a	an attentiv	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
e		Check this box if the orga		•	-			III eqvT	
		functionally integrated, or					51 7 51 7	51	
f	Ente	r the number of supported of							
		ide the following information	•						
	, <u>, , , , , , , , , , , , , , , , , , </u>) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of r	nonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)
				above (see instructions))					
Tot	al						1		

Schedule A (Form 990) 2021 Part II Support Sch

HEARTS & HOMES FOR VETERANS INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	543,311.	453,980.	592,981.	789,441.	906,680.	3286393.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	F 4 2 2 1 1	452 000	F00 001	700 441		2006202	
	Total. Add lines 1 through 3	543,311.	453,980.	592,981.	789,441.	906,680.	3286393.	
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)						3286393.	
	Public support. Subtract line 5 from line 4.						5200595.	
		(a) 2017	(1-) 2018	(a) 2010	(4) 2020	(a) 2021		
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2017 543,311.	(b) 2018 453,980.	(c) 2019 592,981.	(d) 2020 789,441.	(e) 2021 906,680.	(f) Total 3286393.	
	Gross income from interest,	<u>J1</u> J <u>1</u> J <u>1</u>	433,900.	552,501.	705,4410	500,000.	5200555.	
0	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
3	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)			r				
11	Total support. Add lines 7 through 10						3286393.	
	Gross receipts from related activities,	etc. (see instructio	ons)			12		
	First 5 years. If the Form 990 is for th			fourth, or fifth tax y	/ear as a section 5	01(c)(3)		
	organization, check this box and stor	J						
Sec	ction C. Computation of Publi							
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	100.00 %	
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	100.00 %	
16a	33 1/3% support test - 2021. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo>	and	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X	
b	33 1/3% support test - 2020. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,	
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶∟	
b	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets the							
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 🕨 📃							
						Schedule A	(Form 990) 2021	

132022 01-04-22

15 2021.05000 HEARTS & HOMES FOR VETERA 44844_1

Se	quality under the tests listed b	elow, please comp	olete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(2) = 2 + 2	(0) 20:0	(4) 2020		()
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
F							
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				/		
k	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.)						
Se	ction B. Total Support				-	-	1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						I
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizatio	on,
80	check this box and stop here	ic Support Par					····· >
	•			(f)		15	0/
	Public support percentage for 2021 (I Public support percentage from 2020			.,,		16	<u>%</u> %
	ction D. Computation of Inves						70
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						ind
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
1320	23 01-04-22					Schedule A	A (Form 990) 2021
			16				

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

09191107 758741 44844

2021.05000 HEARTS & HOMES FOR VETERA 44844__1

b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

HEARTS & HOMES FOR VETERANS INC.

Section A. All Supporting Organizations

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

17

132024 01-04-21

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Schedule A (Form 990) 2021 HEARTS & HOMES FOR VETERANS INC.

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			

- Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*By reason of the relationship described on line 2, above, did the organization's supported organizations have a
- significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If* "Yes," *describe in* **Part VI** *the role the organization*'s supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* line 3 *below.*

с		The organization si	upported a govern	mental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---------------------	-------------------	----------------	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2

3

2a

2b

3a

Yes No

09191107 758741 44844

```
18
```

	dule A (Form 990) 2021 HEARTS & HOMES FOR VETER			*-***0640 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in P	art VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	y integrat	ed Type III supporting organ	ization (see
	instructions).			

Schedule A (Form 990) 2021

132026 01-04-22

e Excess from 2021

Schedule A (Form 990) 2021

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

HEARTS & HOMES FOR VETERANS INC.

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		. 8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
d	Excess from 2020			

Schedule A (Form 990) 2021

Year Will Supplemental Information. Provide the explanation required by Part II, line 10; Part III, line 11: and TDC; Part III, line 12: and TDC; Part IIII, line 12: and TDC; Part IIII and TDC; Part IIII, line 12: and TDC; Part IIII and TDC; Part IIIII and TDC; Part IIII and TDC; Part IIIII and TDC; Part IIIIII and TDC; Part IIII and TDC; Par	Schedule A	(Form 990) 2021	HEARTS &	HOMES FOR	VETERANS	INC.	**-***0640	Page 8
xxxxxx	Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and	1, 2, 3b, 3c, 4b, 4c,), lines 2 and 3; Part	5a, 6, 9a, 9b, 9c, 1 IV, Section E, lines	1a, 11b, and 11c; F 1c, 2a, 2b, 3a, and	3b; Part V, line 1; Part	r 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Par	C,
21 Stetus A (Form 990/2021		(See instructions.)						
2012 2 12 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2								
200 Pt-42								
2000 Picture 2 21								
2022 12 ²								
2022 21								
2020 PT04-22 21								
2022 014-22 21 Schedule A (Form 990) 2021								
2022 0:4422 21 Schedule A (Form 990) 2021								
2022 1142 21 Stedul A Form 990 2021								
2022 01:04:22 21 Schedule A (Form 990) 2021								
2022 01-0-22 21								
2022 01-04-22 21								
2022 01-04-22 21 Schedule A (Form 990) 2021								
2022 01-04-22 2 21 Schedule A (Form 990) 2021								
2028 01-04-22 21 Schedule A (Form 990) 2021						>		
3222 01.04-22 Schedule A (Form 990) 2021								
3228 01-04-22 21 Schedule A (Form 990) 2021								
32028 01-04-22 21 Schedule A (Form 990) 2021								
32028 01-04-22 Schedule A (Form 990) 2021								
32028 01-04-22 Schedule A (Form 990) 2021								
32028 01-04-22 Schedule A (Form 990) 2021								
13228 01-04-22 Schedule A (Form 990) 2021								
32028 01-04-22 Schedule A (Form 990) 2021								
32028 01-04-22 Schedule A (Form 990) 2021								
32028 01-04-22 Schedule A (Form 990) 2021								
32028 01-04-22 Schedule A (Form 990) 2021								
32028 01-04-22 Schedule A (Form 990) 2021								
132028 01-04-22 Schedule A (Form 990) 2021								
¹³²⁰²⁸ 01-04-22 Schedule A (Form 990) 2021								
132028 01-04-22 Schedule A (Form 990) 2021								
132028 01-04-22 Schedule A (Form 990) 2021								
	132028 01-04-2	2			.1		Schedule A (Form 9	90) 2021

09191107 758741 44844

Schedule B

(Form 990)

Department of the Treasury

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

ber

Internal Revenue Service								
Name of the organizati	on	Employer identification numb						
	HEARTS & HOMES FOR VETERANS INC.	**-***0640						
Organization type (cho	eck one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Check if your organizat	tion is covered by the General Rule or a Special Rule.							
	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.						
General Rule								
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin any one contributor. Complete Parts I and II. See instructions for determining a contributo							
Special Rules								
sections 509(For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;							
	0-EZ, line 1. Complete Parts I and II.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
-	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled							

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B	(Form	990)	(2021)
------------	-------	------	--------

Name of organization

Employer identification number

-*0640

HEARTS & HOMES FOR VETERANS INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	MICHAEL DONOGHUE 8817 LAKE HILL DR. LORTON, VA 22079	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GEORGE PACHARIS 10240 IDLE PINE LANE BONITA SPRINGS, FL 34135	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	D&J CUNNINGHAM CHARITY FOUNDATION 165 TOWNSHIP LINE RD, STE 1200 JENKINTOWN, PA 19046	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b) Name, address, and ZIP + 4 LAROSE FAMILY 344 HIGHLAND COURT PLAINWELL, MI 49080		(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
<u>No.</u> <u>4</u> (a)	Name, address, and ZIP + 4 LAROSE FAMILY 344 HIGHLAND COURT PLAINWELL, MI 49080 (b)	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
<u>No.</u>	Name, address, and ZIP + 4 LAROSE FAMILY 344 HIGHLAND COURT PLAINWELL, MI 49080	Total contributions	Type of contribution Person X Payroll
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4 LAROSE FAMILY 344 HIGHLAND COURT PLAINWELL, MI 49080 (b) Name, address, and ZIP + 4 LEE COUNTY BOC 15190 ROYAL WINDSOR LANE FORT MYERS, FL 33919 (b)	Total contributions \$ 75,000. (c) Total contributions \$ 34,882. (c) (c)	Type of contribution Person X Payroll
No. 4 (a) No. 5 (a) No.	Name, address, and ZIP + 4 LAROSE FAMILY 344 HIGHLAND COURT PLAINWELL, MI 49080 (b) Name, address, and ZIP + 4 LEE COUNTY BOC 15190 ROYAL WINDSOR LANE FORT MYERS, FL 33919 (b) Name, address, and ZIP + 4	Total contributions \$ 75,000. (c) (c) Total contributions 34,882.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contribution Person X Payroll Image: Complete Part II for noncash contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution Image: Complete Part II for noncash contributions.)
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4 LAROSE FAMILY 344 HIGHLAND COURT 9LAINWELL, MI 49080 (b) Name, address, and ZIP + 4 LEE COUNTY BOC 15190 ROYAL WINDSOR LANE FORT MYERS, FL 33919 (b) Name, address, and ZIP + 4 NAME, address, and ZIP + 4	Total contributions \$ 75,000. (c) Total contributions \$ 34,882. (c) Total contributions	Type of contribution Person X Payroll Image: Contribution Noncash Image: Contribution (Complete Part II for noncash contributions.) Contribution Person X Payroll Noncash Image: Contribution Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) Contribution (d) Type of contributions.) (d) Type of contributions.) (d) Type of contribution Person X Person X Payroll Image: Contribution
No. 4 (a) No. 5 (a) No.	Name, address, and ZIP + 4 LAROSE FAMILY 344 HIGHLAND COURT PLAINWELL, MI 49080 (b) Name, address, and ZIP + 4 LEE COUNTY BOC 15190 ROYAL WINDSOR LANE FORT MYERS, FL 33919 (b) Name, address, and ZIP + 4	Total contributions \$ 75,000. (c) Total contributions \$ 34,882. (c) (c)	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contributions.) Complete Part II for noncash contributions.) (d) Type of contributions.) Question X Person X

09191107 758741 44844

23

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

-*0640

HEARTS & HOMES FOR VETERANS INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d)
<u>7</u>	Name, address, and ZIP + 4 SHADOW WOOD CHARITABLE FOUNDATION 24600 S TAMIAMI TRAIL BONITA SPRINGS, FL 34134	\$75,773.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	LEXINGTON VET ASSOCIATION 16257 WILLOW CREST WAY FORT MYERS, FL 33908	\$ 13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	UNITED WAY OF LEE COUNTY 7273 CONCOURSE DRIVE FORT MYERS, FL 33908	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 10</u>	FORT MYERS ELKS #1288 2180 W. FIRST STREET, STE 320 FORT MYERS, FL 33901	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	HOME DEPOT 14655 S TAMIAMI TRAIL FORT MYERS, FL 33912	\$8,061.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 123452 11-11	C. NICKOLSON 10007 RAMBLEWOOD CT. FORT MYERS, FL 33905	\$15,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

24

(c) FMV (or estimate) (See instructions.)	(d) Date received
FMV (or estimate)	
\$	
(c) FMV (or estimate) (See instructions.)	(d) Date received
\$	
(c) FMV (or estimate) (See instructions.)	(d) Date received
\$	
(c) FMV (or estimate) (See instructions.)	(d) Date received
\$	
(c) FMV (or estimate) (See instructions.)	(d) Date received
\$	
	(c) FMV (or estimate) (See instructions.) \$ \$ (c) FMV (or estimate) (see instructions.) (See instructions.) \$ \$ (c) FMV (or estimate) (see instructions.) \$ (c) FMV (or estimate) (see instructions.)

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Name of organization

HEARTS & HOMES FOR VETERANS INC.

Schedule B (Form 990) (2021)

Part II

Employer identification number

-*0640

09191107 758741 44844

2021.05000 HEARTS & HOMES FOR VETERA 44844__1

Schedule E	3 (Form 990) (2021)		Page 4		
Name of or			Employer identification number		
HEARTS	S & HOMES FOR VETERANS	INC.	**-**0640		
Part III		ions to organizations described in sect	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or les	ss for the year. (Enter this info. once.)		
(-) N -	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
			—		
-		(e) Transfer of gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift			
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
123454 11-11	21		Schedule B (Form 990) (2021)		

26 2021.05000 HEARTS & HOMES FOR VETERA 44844__1

SCHEDULE D)
------------	---

Supplemental Financial Statements

 Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service
Name of the organization

HEARTS & HOMES FOR VETERANS INC.

Employer identification number **-***0640

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Si	milar Funds o	or Accou	nts. Comple	te if the	
	organization answered "Yes" on Form 990, Part IV, lin	e 6.					
		(a) Donor advised	l funds	(b) Fu	inds and other	accounts	
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year			4			
5	Did the organization inform all donors and donor advisors in v	writing that the assets hele	d in donor advise	ed funds			
	are the organization's property, subject to the organization's	exclusive legal control?			🖂 Y	′es	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grar	nt funds can be u	used only			
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any	other purpose c	onferring			
	impermissible private benefit?					′es 🗌	No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, P	Part IV, line 7	7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of	a historicall	y important lan	d area	
	Protection of natural habitat		Preservation of	a certified h	istoric structur	е	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	tion in the form o	of a conserv	ation easemen	t on the la	ast
	day of the tax year.				Held at the Er	d of the T	ax Year
а	Total number of conservation easements			2a			
b							
С	Number of conservation easements on a certified historic stru	ucture included in (a)		<u>2c</u>			
d	Number of conservation easements included in (c) acquired a						
	listed in the National Register						
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or te	rminated by the	organizatior	n during the tax	(
	year ►						
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per		on, handling of			_	_
	violations, and enforcement of the conservation easements it					′es 🗌	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	d enforcing conse	ervation eas	ements during	the year	
_							
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and ento	orcing conservati	ion easemei	nts during the y	/ear	
•	▶ \$ Does each conservation easement reported on line 2(d) abov	a action the requirements	of costion 170/h)(4)(D)(i)			
8						′es 🗌	No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation					es _	
5	balance sheet, and include, if applicable, the text of the footr		•				
	organization's accounting for conservation easements.	iote to the organization of	interioral stateme				
Par		Art, Historical Trea	sures, or Oth	ner Simila	ar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	nue statement ar	nd balance s	sheet works		
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in fur	therance of	^f public		
	service, provide in Part XIII the text of the footnote to its finar						
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and b	alance shee	et works of		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthe	erance of pu	ublic service,		
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1			►	\$		
					\$		
2	If the organization received or held works of art, historical treater	asures, or other similar as	sets for financial	gain, provid	de		
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1	-		►	\$		
	Assets included in Form 990, Part X				\$		
	For Paperwork Reduction Act Notice, see the Instructions				Schedule D	Form 99	0) 2021
132051	10-28-21						
		27					

2021.05000 HEARTS & HOMES FOR VETERA 44844__1

Sche		& HOMES FOR				**-***06	
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, o	r Other Similar	Assets (co	ntinued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of th	e following that	make significant u	se of its	
	collection items (check all that apply):						
а	Public exhibition	d	Loan or e	xchange progra	am		
b	Scholarly research	e	Other				
с	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explair	n how they further	the organizatio	on's exempt purpos	e in Part XIII.	
5	During the year, did the organization solicit of	or receive donations o	of art, historical tre	easures, or othe	er similar assets		
_	to be sold to raise funds rather than to be ma					Yes	
Par	t IV Escrow and Custodial Arran		ete if the organiza	tion answered '	'Yes" on Form 990,	, Part IV, line 9	, or
	reported an amount on Form 990, Pa						
1a	Is the organization an agent, trustee, custod						
	on Form 990, Part X?						s 🗌 No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				<u> </u>
						Amo	bunt
С	Beginning balance						
	Additions during the year						
e	Distributions during the year						
T	Ending balance				1f		
	Did the organization include an amount on F					Yes	s 🛄 No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete						
		(a) Current year	(b) Prior year	(c) Two year		ears back (e) f	Four years back
1a	Beginning of year balance	(u) comon you	(2)		(4) 11100 9		
b	Contributions						
c	Net investment earnings, gains, and losses						
d	Grants or scholarships						
	Other expenditures for facilities						
-	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column	(a)) held as:		•	
а	Board designated or quasi-endowment		%				
b	Permanent endowment	%					
с	Term endowment	<u>%</u>					
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.					
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held	and administer	ed for the organiza	tion	
	by:					_	Yes No
	(i) Unrelated organizations					<u>3a</u>	<u>(i)</u>
	(ii) Related organizations						(ii)
b	If "Yes" on line 3a(ii), are the related organization			?		3	b
4	Describe in Part XIII the intended uses of the		wment funds.				
Par	t VI Land, Buildings, and Equipm		Deut IV/ Pare date	0	Deut X lie e 10		
	Complete if the organization answere						
	Description of property	(a) Cost or o		ost or other	(c) Accumulate	d (d) E	Book value
		basis (investn	Das	is (other)	depreciation		20 000
	Land			20,000.	E 2 0 0	1 4	20,000.
	Buildings		5	13,355.	52,90	<u>1 • 4</u>	60,454.
	Leasehold improvements			05 040		7	74 510
	Equipment			95,049.	20,53		74,512.
	Other			65,230.	20,51		44,714.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, column (B), line	10c.)			599,680.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 HEARTS & HOM Part VII Investments - Other Securities. Complete if the organization answered "Yes" of the organization answeree "Yes" of the	IES FOR VETER		**-***0640 Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			•
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets. Complete if the organization answered "Yes" of (a) E	n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		▶
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir	ne 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,		🕨
2. Liability for uncertain tax positions. In Part XIII, provide t		-	
organization's liability for uncertain tax positions under F	ASB ASC 740. Check h	ere if the text of the footnote has be	en provided in Part XIII 🛛 🛄 🗙

132053 10-28-21

_	dule D (Form 990) 2021 HEARTS & HOMES FOR VETERAN				***0640	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	levenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.				
1	Total revenue, gains, and other support per audited financial statements			1	, 890	990.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	, 890	990.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4			
b	Other (Describe in Part XIII.)	4b	14,735.			
с	Add lines 4a and 4b			4c	14,	735.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		725.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total expenses and losses per audited financial statements			1	744,	066.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	955.			
е	Add lines 2a through 2d			2e		955.
3	Subtract line 2e from line 1			3	743,	111.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	. 4b	15,694.			
с	Add lines 4a and 4b			4c		694.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	758,	805.
Pa	rt XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

30

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF ASSETS

132054 10-28-21

Schedule D (Form 990) 2021

-955.

Schedule D (Form 990) 2021 HEARTS & HOMES FOR VETERANS INC.	**-**0640 Page 5
Part XIII Supplemental Information (continued)	
DONATED MATTRESSES	15,690.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	14,735.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
LOSS ON DISPOSAL OF ASSETS	955.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DONATION OF MATTRESSES	15,690.
ROUNDING	4.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	15,694.
	Schodula D (Earm 000) 0001
	Schedule D (Form 990) 2021

SCHEDULE I (Form 990) Department of the Treasury		Gov	rants and Oth vernments, an ete if the organization	d Individua answered "Yes" Attach to For	ls in the Ŭni on Form 990, Pai m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Internal Revenue Service			Go to www.ir	s.gov/Form990 fo	or the latest inform	nation.		Inspection
Name of the organizatio		HOMES FOR	VETERANS II	NC.				Employer identification number **-***0640
Part I General In	formation on Grants a	nd Assistance						
•	ation maintain records t ward the grants or assis		•		• • • •			on X Yes No
	V the organization's pro							
	d Other Assistance to I hat received more than \$	-				anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any
. ,	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number	er of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table				
3 Enter total number	er of other organizations	listed in the line 1	table					
LHA For Paperwork	Reduction Act Notice,	see the Instruction	ons for Form 990.					Schedule I (Form 990) 2021

Schedule I (Form 990) 2021 HEARTS & HOMES FOR VETERANS INC.

-*0640

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASSISTANCE IS PROVIDED TO VETERANS FOR TRANSPORTATION, UTILITIES, RENT, AND HOUSEHOLD SUPPLIES.	260	90,662.	501,115.	FAIR MARKET VALUE	VARIOUS TYPES OF HOUSEHOLD SUPPLIES, AND DONATION OF THREE VEHICLES.
Part IV Supplemental Information. Provide the information requ	iired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
TO RECEIVE ASSISTANCE, VETERANS CAN	APPLY O	NLINE OR I	N PERSON B	Y	
APPOINTMENT. THE FOLLOWING ARE REQ					
	UIREMENI	S AND QUAL	IFICATIONS	IN ORDER 10	
RECEIVE ASSISTANCE:					
1) MUST PROVIDE A DD 214 (MUST HAVE	SIX MON	THS OF SER	VICE AND D	ISCHARGE	
ABOVE DISHONORABLE. IF UNDER SIX MO	NTHS OF	SERVICE, M	AY OUALIFY	IF UNDER A	
MEDICAL DISCHARGE).					

2) MUST PROVIDE A VA CARD PICTURE I.D.

3) MUST BE 130% OF THE POVERTY LEVEL OF 2014 FEDERAL GUIDELINES ELIGIBILITY FOR MEDICAID.

4) MUST PROVIDE A COPY OF THEIR LEASE (MUST BE IN THEIR NAME AND ACTIVE).

5) IF THERE ARE DEPENDENTS, THEY MUST BE UNDER THE AGE OF 18, OR STILL IN SCHOOL. BIRTH CERTIFICATE OR LETTER OF GUARDIANSHIP MUST BE PROVIDED.

6) MUST FILL OUT A FINANCIAL STATEMENT AND APPLICATION. ALL VETERANS MUST SIGN A RELEASE OF INFORMATION FORM FROM THE VA FOR HOUSING AND FINANCIAL DISCLOSURE.

Schedule I (Form 990)

132291 04-01-21

Partial Reserve the treasury Partment of the treasury Partment of the treasury Part 1 EXCess Denefit Transactions (section 501(c)(2), section 501(c)(2), and section 501(c)(2)	SCHEDULE L		Tra	Insaction	ıs V	Vith	Inte	erested	Per	sons			O	MB No. ⁻	1545-00	47
Image: Construction Image: Construction Image: Construction Image: Construction Ident of the organization HEARTS & HOMES FOR VETERANS INC. Farly terminitation number Complete if the organization answerd Yes' on Form 300, Parl V, line 25, or 25, or 75m 300.E2, Parl V, line 40b. Ident of tansaction Ident of tansaction 1 (a) Name of disqualified person (b) Relationship between disqualified persons during the year under section 4068 Ident of tansaction Ident of tansaction 2 Enter the amount of tax, incurred by the organization managers or disqualified persons during the year under section 4088 S Ident of tax incurred by the organization managers or disqualified persons during the year under section 4088 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization S S Parl II Loans to add/or From Interested Persons. Complete if the organization answered Yies' on Form 300 EZ, Parl V, line 280 or Form 300, Parl N, line 26, or it the organization reported an amount on Form 500, Parl X, line 5, or 22. (a) Name of (b) Relationship (c) Parl Carl and amount (c) Parl and (c) Parl (c) Pa	(Form 990)	Complete if	the o	28b, or 28c, c	or For	m 990 [.]	-EZ, Pa	rt V, line 38a	or 40b	, ,	26, 27,	28a,				
HEARTS & HOMES FOR VETERANS INC. Image:	Department of the Treasury Internal Revenue Service		Go to v							information.						inc.
Part II Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990. Part IV, line 28 or 25b, or Form 990. Part IV, line 40b. Idd Corrected? Yes No. 1 (a) Name of disqualified person (b) Pelationship between disqualified person and organization (c) Description of transaction (d) Corrected? Yes No. 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 S S 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization reported an amount on form 990. Part IV, line 38a or Form 990. Part IV, line 28; orif the organization reported an amount on Form 990. Part IV, line 38a or Form 990. Part IV, line 28; orif the organization reported an amount on Form 990. Part IV, line 38a or Form 990. Part IV, line 28; orif the organization reported an amount on Form 990. Part IV, line 28; orif the organization reported an amount on Form 990. Part IV, line 38a or Form 990. Part IV, line 28; orif the organization reported an amount on Form 990. Part IV, line 28; orif the organization reported an amount on Form 990. Part IV, line 28; or Form 990. Part IV, line 28; orif the organization reported an amount on Form 990. Part IV, line 28; or Form 990. Part IV, line 28; orif the organization reported and amount on the organization answered 'Yes' on Form 990. Part IV, line 27; (a) Name of interested person and the organization amovered 'Yes' on Form 990. Part IV, line 27; (a) Name or interested pers	Name of the organization	n									Em	ploye	r ident	ificati	on nu	mber
Complete if the organization answered 'Yes' on Form 990, Part V, line 25a or 25b, or Form 990, Part V, line 40b. 1 (a) Name of disqualified person (b) Petationship between disqualified person and organization (c) Description of transaction (c) Cometed? 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4688 S S 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization (c) Organization reported an amount of Porm 990, Part X, line 5, or 22. S Part III Loans to and/or Form Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part X, line 5, or 22. (c) Organization (f) Balance due (g) In the 28 ori if the organization reported an amount on Form 990, Part X, line 5, or 22. ONALD PAYTON FORMER PBUILDING X A X X A X A A X A		HEARTS	&	HOMES FO	r v	ETEI	RANS	INC.			* *	_ * *	*06	40		
Complete if the organization answered 'Yes' on Form 990, Part V, line 25a or 25b, or Form 990, Part V, line 40b. 1 (a) Name of disqualified person (b) Petationship between disqualified person and organization (c) Description of transaction (c) Cometed? 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4688 S S 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization (c) Organization reported an amount of Porm 990, Part X, line 5, or 22. S Part III Loans to and/or Form Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part X, line 5, or 22. (c) Organization (f) Balance due (g) In the 28 ori if the organization reported an amount on Form 990, Part X, line 5, or 22. ONALD PAYTON FORMER PBUILDING X A X X A X A A X A	Part I Excess I	Benefit Trans	sactio	ONS (section 50	01(c)(3	s), sect	ion 501	(c)(4), and sec	ction 50	01(c)(29) orga	anizatio	ons on	ıly).			
(a) Name of disqualitied person Person and organization (c) Description of transaction Yes No 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization > \$ > \$ > \$ 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization > \$ > \$ > \$ Part II Loans to and/or From Interested Persons. Complete If the organization answerd "Yes' on Form 900-EZ, Part V, line 38 or Form 900, Part IV, line 28, or lift the organization reported an amount on form 900, Part X, line 5, 6, or 22. (c) Original mount (f) Balance due (g) In the organization of form 900, Part X, line 5, 6, or 22. (a) Name of tax induced by the organization of loan (f) Canser or form 900, Part X, line 27. (f) Balance due (g) In the organization of form 900, Part X, line 5, 6, or 22. (f) Balance due (g) In the organization (g) Wortten to the organization DONALD PAYTON FORMER PBUILDING X 200,000. 61,960. X	Complete i	f the organization	n ansv	vered "Yes" on F	Form S	990, Pa	art IV, lir	ne 25a or 25b	, or Foi	rm 990-EZ, P	Part V, I	line 40)b.			
Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4953 \$ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization > \$ Part II Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990. Fart IV, line 38a or Form 990, Part IV, line 26i, or if the organization reported an amount on Form 990. Part IV, line 26i, or if the organization reported an amount on Form 990. Part IV, line 26i, or if the organization reported an amount on Form 990. Part IV, line 26i, or if the organization reported an amount on Form 990. Part IV, line 26i, or if the organization reported an amount on Form 990. Part IV, line 26i, or if the organization reported an amount on Form 990. Part IV, line 26i, or if the organization reported an amount on Form 990. Part IV, line 26i, or if the organization reported an amount on Form 990. Part IV, line 26i, or if the organization reported an amount on Form 990. Part IV, line 26i, or if the organization reported an amount on Form 990. Part IV, line 26i, or if the organization reported an amount on Form 990. Part IV, line 26i, or if the organization reported an amount on Form 990. Part IV, line 26i, or if the organization reported person is the organization reported Persons. Connal.D PAYTON PORMER PBUILDING X 200, 000. 61, 960. X X X Part III Crants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested	1 (a) Name of discus	ified person	(b) F				lified	10		ription of tra	ocactic	n		(d)	Corre	cted?
section 4958		med person		person and or	ganiza	ation		(0) Desc		ISactic			Y	es	No
section 4958																
section 4958														_		
section 4958														_		
section 4958														_		
section 4958														_		
section 4958	• Frates the ended state	f tarri in arriva al larr	44				u ve lifi e el									
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$,		0	U				0	,						
Part II Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990-Ez, Part V, line 38 or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (e) Original principal amount of the organization of t																
Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship of loan (d) Longion for organization of loan (e) Original principal amount on Form 990. Part IV, line 28; or if the organization of loan (f) Balance due default? (g) In the 10 board of loan (h) Approved (h) Written agreement? DONALD PAYTON FORMER P BUILDING X 200,000. 61,960. X X X X DONALD PAYTON FORMER P BUILDING X 200,000. 61,960. X X X X Committee S 61,960. X X Interested person Interested person Interested person Interested person Interested Persons. Committee S 61,960. Interested person and the organization	3 Enter the amount o	of tax, if any, on i	ne 2, a	above, reimburs	ea by	the org	ganizati	on				▶ \$				
Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship of loan (d) Longion for organization of loan (e) Original principal amount on Form 990. Part IV, line 28; or if the organization of loan (f) Balance due default? (g) In the 10 board of loan (h) Approved (h) Written agreement? DONALD PAYTON FORMER P BUILDING X 200,000. 61,960. X X X X DONALD PAYTON FORMER P BUILDING X 200,000. 61,960. X X X X Committee S 61,960. X X Interested person Interested person Interested person Interested person Interested Persons. Committee S 61,960. Interested person and the organization	Part II Loans to	and/or Fror	n Int	erested Pers	ions.											
reported an amount on Form 990. Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose (c) I amount (f) Balance due (g) In (h) Approved (g) In (g) I							Part V	line 38a or E	orm QC	0 Part IV lir	10 26· 1	or if th		nizatio	'n	
(a) Name of interested person (b) Relationship with organization (c) Purpose of loan (e) Original organizativity proparativity organizativity (e) Original procession procession (b) Relationship procession (c) Relation (c) Rel		-					, i art v		onn oc	, i aitiv, iii	10 20,	or in un	ic orga	inzaiic	///	
interested person with organization of loan remained principal amount remained principal amount remained principal amount remained principal amount results of loan results of remained principal amount results of loan remained principal amount results of loan remained results of loan r					ŕ –		(e)	Original	(f) B	alance due	(a) In			(i) V	/ritten
To From Yes No Yes <	• • •								(1) 2					ard or argamont?		
DONALD PAYTON FORMER PBUILDING X 200,000. 61,960. X X X Image: Solution of the organization answered 'Yes' on Form 990, Part IV, line 27. Image: Solution of assistance Image: Solution of assistan											Yes	No			Yes	No
image: constraint of the organization image: constraint of the organization image: constraint of the organization image: constraint of the organization image: constraint of the organization image: constraint of the organization image: constraint of the organization image: constrai	DONALD PAYTO	N FORME	R P	BUILDING				0,000.	6	51,960.						
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: state of interested person Image: state of interested person and the organization Image: state of																
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: state of interested person Image: state of interested person and the organization Image: state of																
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: state of interested person Image: state of interested person and the organization Image: state of																
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: state of interested person Image: state of interested person and the organization Image: state of																
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: state of interested person Image: state of interested person and the organization Image: state of																
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: state of interested person Image: state of interested person and the organization Image: state of																
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: state of interested person Image: state of interested person and the organization Image: state of																
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: state of interested person Image: state of interested person and the organization Image: state of																
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Image: state of interested person Image: state of interested person and the organization Image: state of																
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance	Total		<u></u>					🕨 💲	6	51,960.						
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (c) Amount of assistance (c) Amount																
Image: Second and the organization assistance assistance assistance	· · · · · · · · · · · · · · · · · · ·		n ansv	vered "Yes" on F	Form 9	990, Pa	art IV, lir	ne 27.								
interpretation interpretation	(a) Name of intere	sted person						•					•			f
						d		assistance		assistar	ice			assista	ance	
			_	the organiza												
			_													
			_													
			_													
			_													
			_													
			_													
			_													
		_		-												

SEE PART V FOR CONTINUATIONS

132131 11-02-21

Part IV	Business Transactions Involvi	ng Interested Persons.			• - •	r age z	
	Complete if the organization answered		8b, or 28c.				
(4	a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's		
					scription of saction (e) Sharir organizat revenue	No	
Part V	Supplemental Information.	l	noturetions)	1	1	I	
	Provide additional information for respo						
SCHEDU	ILE L, PART II, LOANS	TO AND FROM INTERES	TED PERSONS	5:			
(A) NA	ME OF PERSON: DONALD	PAYTON					
(B) RE	LATIONSHIP WITH ORGAN	NIZATION: FORMER PRE	SIDENT				
(C) PU	RPOSE OF LOAN: BUILD						
<u>(C) 10</u>	MICON OF HOMME DUTID.						
				Schedule L	(Form 99	0) 2021	

09191107 758741 44844

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

►

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

mployer	identification	number

ſ ZUZ

Nam	e of the organization				Employer iden			mber
	HEARTS & HOM	ES FOR	VETERANS	INC.	**_*	***0	640	
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermin	0	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		564,796.	FAIR MARKET	' VA	LUE	
6	Cars and other vehicles	X	3	16,000.	FAIR MARKET	' VA	LUE	
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co					
20	for which the organization completed Form 82							
	for which the organization completed rolling	00, i uit v, E	once / totthe wiedg				Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part L lines 1 throug	h 28_that it		100	110
554	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		x
b		•				- 00a		
31	Does the organization have a gift acceptance p	oolicy that re	quires the review (of any nonstandard contribut	ions?	31		x
	Does the organization have a girt acceptance p Does the organization hire or use third parties	•	-	•				<u> </u>
JZd	contributions?	or related Of	ganizations to 5010			32a		x
						I UZa		1 22

b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2021

132141 11-17-21

- · · ·	(Form 990) 2021	IIEAKIS &	HOMES FO	R VETERANS	S INC.	**-***0640	Page
Part II	Supplemental	I Information. t I. column (b). the	Provide the inform number of contril	mation required by butions, the numbe	Part I, lines 30 er of items rece	b, 32b, and 33, and whether the organiza ived, or a combination of both. Also comp	tion olete
	this part for any a	dditional informatio	on.			,	
						4	
			~				
	1					Schedule M (Form	000) 00

SCH	IEDULE O	
<i>(</i> _		

(Form	990)
-------	------

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

HEARTS & HOMES FOR VETERANS INC.



Employer identification number **-***0640

FORM 990, PART VI, SECTION A, LINE 2:

MARSHA PAYTON IS THE SPOUSE OF DONALD PAYTON, WHO HOLDS A MORTGAGE WITH THE

ORGANIZATION AND IS THE FORMER PRESIDENT.

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

A DRAFT COPY OF THE 990 IS PROVIDED TO BOARD MEMBERS FOR REVIEW PRIOR TO

THE FILING OF THE RETURN.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE

FOR PUBLIC INSPECTION UPON REQUEST. FORM 1023 AND FORM 990 IS AVAILABLE

FOR PUBLIC INSPECTION ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ACCOUNTING METHOD CHANGE TO ACCRUAL BASIS 35,891.

FORM 990, PART XII, LINE 1:

HEARTS & HOMES FOR VETERANS, INC. IS FILING FORM 3115 TO CHANGE IT'S

TAX REPORTING BASIS FROM THE CASH TO ACCRUAL METHOD OF ACCOUNTING.

<u>FORM</u>990

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

HEARTS & HOMES FOR VETERANS, INC.

2230 ALICIA STREET

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

Schedule O (Form 990) 2021

09191107 758741 44844

39

Schedule O (Form 990) 2021	Page 2
Name of the organization HEARTS & HOMES FOR VETERANS INC.	Employer identification number **-**0640
FORT MYERS, FL 33901	
EMPLOYER IDENTIFICATION NUMBER: 46-2570640	
FOR THE YEAR ENDING: DECEMBER 31, 2021	
HEARTS & HOMES FOR VETERANS, INC. IS MAKING THE DE MINIMIS	S SAFE HARBOR
ELECTION UNDER REG. SEC. 1.263(A)-1(F).	
	*
132212 11-11-21	Schedule O (Form 990) 2021
40	

Form 3115
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

STMT 1 **Application for Change in Accounting Method**

Go to www.irs.gov/Form3115 for instructions and the latest information.

Internal Revenue S						_
Name of filer (name of parent corporation if a consolidated group) (see instructions)			Identification number (see instructions) **-**0640			
			Principal business activity code number (see instructions)			
HEARTS & HOMES FOR VETERANS INC.			624100			
	and room or suite no. If a P.O. box		Tax year of change begins (MM/DE		21	
2230 AL	ICIA STREET		Tax year of change ends (MM/DD/	YYYY)		
City or town, sta	ate, and ZIP code		Name of contact person (see instru	uctions)		
	ERS, FL 33901		DAVID ZAMMIT			
Name of applica	nt(s) (if different than filer) and ide	entification number(s) (see instructions)		Contact person's telephone n	umber	
If the applican	t is a member of a consolidated	d group, check this box				
If Form 2848,	Power of Attorney and Declara	ation of Representative, is attached	(see instructions for when Form 2	2848 is required),		
check this box	κ			►		
Check the bo	ox to indicate the type of appli	cant.	Check the appropriate box to	indicate the type of acc	ounting	g
Individu	al	Cooperative (Sec. 1381)	method change being reques	sted. See instructions.		
Corpora	ation	Partnership				
	ed foreign corporation	S corporation	Depreciation or Amortizat			
(Sec. 95	,	Insurance co. (Sec. 816(a))	Financial Products and/or	^r Financial Activities of		
	orporation (Sec. 904(d)(2)(E))	Insurance co. (Sec. 831)	Financial Institutions			
	d personal service	Other (specify) ►	X Other (specify) ► CASH	I IO ACCRUAL P		50
	tion (Sec. 448(d)(2)) organization. Enter Code section	on $\blacktriangleright 501(C)(3)$				
		quested change in method of accord	unting, the taxpayer must provide	all information that is rele	evant to	the
		ige in method of accounting. This ir				
		relevant information, even if not spo		j.		
	ver must attach all applicable nformation for Automat	statements requested throughout	it this form.			
			where ("DCNI") for the requested a	utomotio obongo	Vas	No
		atic accounting method change nu ed for in guidance published by the			103	
		n of the change and a citation of the				
	tructions.					
a (1) DCN	: <u>122</u> (2) DCN:	(3) DCN: (4) D	CN: (5) DCN:	(6) DCN:		
(7) DCN		(9) DCN: (10) D	CN: (11) DCN:	(12) DCN:		
b Other						
		e applicant from filing the requested	d change using the automatic cha	inge		
	ures (see instructions)? If "Yes,"					X
		n and statements required (a) on t		iomatic	x	
0		requesting a change? See instruction			Δ	
	nformation for All Regu	his form, and, Schedules A through	E, if applicable.		Yes	No
		ill the applicant (a) cease to engag	o in the trade or business to which	the requested	100	
•		stence? See instructions.		•		x
		o the principal method in the tax ye				
) 				x
	go to line 6a.					
lf "Yes,"	' the applicant cannot file a For	m 3115 for this change. See instruc	ctions.			
		I have examined this application, including acc s relating to the application, and it is true, correct				
Sign of which preparer has any knowledge. Signature of filer (and spouse, if joint return) Date Name and title (print		Name and title (print or type)				
Here						
		B	x'a aignatura	DAVID ZAMMI	<u>г, т</u>	RE
Preparer	Print/Type preparer's name	Prepare	r's signature	Date		
(other than						
filer/applicant)	KAREN MOSTELLER					
		NORTON MOSTELLER W		- 0145		
LHA For Priv	vacy Act and Paperwork Redu	uction Act Notice, see the instruct	tions.	Form 3115 (Rev. 12	-2018)

_	3115 (Rev. 12-2018)		Page 2				
Par	t II Information for All Requests (continued)	Yes	No				
6a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the						
	applicable tax year(s)) have any federal income tax return(s) under examination (see instructions)?		X				
	If "No," go to line 7a.						
b							
	either the applicant or any present or former consolidated group in which the applicant was a member during the						
	applicable tax year(s))? See instructions						
С	Enter the name and telephone number of the examining agent and the tax year(s) under examination.						
	Name ▶ Telephone no. ▶ Tax year(s) ▶						
	Has a copy of this Form 3115 been provided to the examining agent identified on line 6c?		x				
<i>1</i> a	Does audit protection apply to the applicant's requested change in method of accounting? See instructions	·					
	If "No," attach an explanation. If "Yes," check the applicable box and attach the required statement. SEE STATEMENT 2						
a							
	Not under exam 3-month window 120 day: Date examination ended ▶ Not under exam Nexting adjustment 0.04D; Date membra isigned around	-					
		-					
0-	Audit protection at end of exam Other Does the applicant (or any present or former consolidated group in which the applicant was a member during the						
8a			x				
	applicable tax year(s)) have any federal income tax return(s) before Appeals and/or a federal court?		- 23				
b	Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or						
D	a federal court (for either the applicant or any present or former consolidated group in which the applicant was a						
	If "Yes," attach an explanation.						
с	If "Yes," enter the name of the (check the box) Appeals officer and/or counsel for the government,						
•	telephone number, and the tax year(s) before Appeals and/or a federal court.						
	Name ▶ Telephone no. ▶ Tax year(s) ▶						
d	Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified						
	on line 8c?						
9	If the applicant answered "Yes" to line 6a and/or 8a with respect to any present or former consolidated group,						
	attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and						
	(d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office,						
	and/or before a federal court.						
10	If for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as						
	a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under						
	consideration in an examination, before Appeals, or before a federal court, with respect to a federal income tax						
	return of a partner, member, or shareholder of that entity?		X				
11a	Has the applicant, its predecessor, or a related party requested or made (under either an automatic or						
	non-automatic change procedure) a change in method of accounting within any of the five tax years ending with						
	the tax year of change?		X				
	If "No," go to line 12.						
b	If "Yes," for each trade or business, attach a description of each requested change in method of accounting						
	(including the tax year of change) and state whether the applicant received consent.						
С	If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not						
	signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach						
	an explanation.						
12	Does the applicant, its predecessor, or a related party currently have pending any request (including any		v				
	concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice?		X				
	If "Yes," for each request attach a statement providing (a) the name(s) of the taxpayer, (b) identification number(s),						
	(c) the type of request (private letter ruling, change in method of accounting, or technical advice), and (d) the						
10	specific issue(s) in the request(s).	x					
13	Is the applicant requesting to change its overall method of accounting?	^					
	If "Yes," complete Schedule A on page 4 of the form. Form 3115	(Boy 10	2019				
	Follion	1100.12	~010)				

	3115 (Rev. 12-2018) t II Information for All Requests (continued)	Yes	No
14	If the applicant is either (i) not changing its overall method of accounting, or (ii) changing its overall method of		
	accounting and changing to a special method of accounting for one or more items, attach a detailed and		
	complete description for each of the following (see instructions):		
а	The item(s) being changed.		
b	The applicant's present method for the item(s) being changed.		
с	The applicant's proposed method for the item(s) being changed.		
d	The applicant's present overall method of accounting (cash, accrual, or hybrid).		
15a	Attach a detailed and complete description of the applicant's trade(s) or business(es). See section 446(d).		
b	If the applicant has more than one trade or business, as defined in Regulations section 1.446-1(d), describe		
	(i) whether each trade or business is accounted for separately; (ii) the goods and services provided by each trade		
	or business and any other types of activities engaged in that generate gross income; (iii) the overall method of		
	accounting for each trade or business; and (iv) which trade or business is requesting to change its accounting		
	method as part of this application or a separate application.		
	Note: If you are requesting an automatic method change, see the instructions to see if you are required to		
	complete lines 16a-16c.		
16a	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a		
	detailed and complete description of the facts that explains how the law specifically applies to the applicant's		
	situation and that demonstrates that the applicant is authorized to use the proposed method.		
b	Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method.		
С	Include either a discussion of the contrary authorities or a statement that no contrary authority exists.		
17	Will the proposed method of accounting be used for the applicant's books and records and financial statements?		
	For insurance companies, see the instructions	X	
	If "No," attach an explanation.		
18	Does the applicant request a conference with the IRS National Office if the IRS National Office proposes an adverse response?		X
19a	If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of		
	accounting for any property subject to section 263A, any long-term contract subject to section 460 (see 19b), or		
	inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change.		
	1st preceding year ended: mo. 12 yr2020 2nd preceding year ended: mo. 12 yr2019 3rd preceding year ended: mo. 12 yr2019 yr2019		
		-	
		-	
b	If the applicant is changing its method of accounting for any long-term contract subject to section 460, in addition		
	to completing 19a, enter the applicant's gross receipts for the 4th tax year preceding the tax year of change:		
	4th preceding year ended: mo yr \$		
Pa	t III Information for Non-Automatic Change Request	Yes	No
20	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or		
	other published guidance as an automatic change request?		
	If "Yes," attach an explanation describing why the applicant is submitting its request under the non-automatic		
	change procedures.		
21	Attach a copy of all documents related to the proposed change (see instructions).		
22	Attach a statement of the applicant's reasons for the proposed change.		
23	If the applicant is a member of a consolidated group for the year of change, do all other members of the		
	consolidated group use the proposed method of accounting for the item being changed?		
	If "No," attach an explanation.		
24a	Enter the amount of user fee attached to this application (see instructions). • \$		
LIU			

Form **3115** (Rev. 12-2018)

Form	3115 (Rev. 12-2018)		I	Page 4
Pa	rt IV Section 481(a) Adjustment		Yes	Ňo
25	Does published guidance require the applicant (or permit the applicant and the applicant is electing) to implement the)		
	requested change in method of accounting on a cut-off basis?			X
	If "Yes," attach an explanation and do not complete lines 26, 27, and 28 below.			
26	Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (·) in			
	income. S + 35,891 Attach a summary of the computation and an explanation of the method	ology		
	used to determine the section 481(a) adjustment. If it is based on more than one component, show the			
	computation for each component. If more than one applicant is applying for the method change on the			
	application, attach a list of the (a) name, (b) identification number, and (c) the amount of the section 481(a)			
	adjustment attributable to each applicant. SEE STATEMEN	1T 3		
27	Is the applicant making an election to take the entire amount of the adjustment into account in the tax year of change	?	X	
	If "Yes," check the box for the applicable elective provision used to make the election (see instructions).			
	X \$50,000 de minimis election Eligible acquisition transaction election			
28	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a			
	consolidated group, a controlled group, or other related parties?			X
	If "Yes," attach an explanation.			
Sch	edule A - Change in Overall Method of Accounting (If Schedule A applies, Part I below must be comp	leted.)		
Pa	rt I Change in Overall Method (see instructions)			
1	Check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting.			
	Present method: X Cash Accrual Hybrid (attach description)			
	Proposed method: Cash X Accrual Hybrid (attach description)			
2	Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also,	attach a		
	statement providing a breakdown of the amounts entered on lines 2a through 2g.			
		Ar	nount	
а	Income accrued but not received (such as accounts receivable)	\$	32,4	10.
b	Income received or reported before it was earned (such as advanced payments). Attach a description of			
	the income and the legal basis for the proposed method			IONE
С	Expenses accrued but not paid (such as accounts payable)			72.
d	Prepaid expenses previously deducted			53.
e	Supplies on hand previously deducted and/or not previously reported			IONE IONE
f	Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II		IN	ONE
g	Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of		N	IONE
	the section 481(a) adjustment.		IN	ONE
n	Net section 481(a) adjustment (Combine lines 2a -2g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV,			
		\$	35,8	91.
	line 26	Ψ	3370	<u> </u>
3	Is the applicant also requesting the recurring item exception under section 461(h)(3)?	Yes	XN	ю
4	Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable			-
	the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method use	-		
	preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted wit	h the		
	federal income tax return or other return (such as, tax-exempt organization returns) for that period. If the amounts in F			
	lines 2a through 2g, do not agree with the amounts shown on both the profit and loss statement and the balance she	et, attach		
	a statement explaining the differences.			
5	Is the applicant making a change to the overall cash method as a small business taxpayer (see			
	instructions)?	Yes	XN	о
	rt II Change to the Cash Method for Non-Automatic Change Request (see instructions)			
	icants requesting a change to the cash method must attach the following information:	·		
1	A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and mater	ials and		
2	supplies used in carrying out the business.	aulations		
-	An explanation as to whether the applicant is required to use the accrual method under any section of the Code or re	gulations. Form 3115	(Roy 10	0.2010
			(1100.12	2010)

Schedule B - Change to the Deferral Method for Advance Payments (see instructions)

- 1 If the applicant is requesting to change to the deferral method for advance payments, as described in the instructions, attach the following information:
- a Explain how the advance payments meet the definition of advance payment, as described in the instructions.
- b Does the taxpayer use an applicable financial statement as described in the instructions and, if so, identify it.
- c Describe the taxpayer's allocation method, if there is more than one performance obligation, as defined in the instructions.
- d Describe the taxpayer's legal basis for deferral. See instructions.

e If the applicant is filing under the non-automatic change procedures, see the instructions for the information required.

Schedule C - Changes Within the LIFO Inventory Method (see instructions)

Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970**, Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
- a Valuing inventory (for example, unit method or dollar-value method).
- **b** Pooling (for example, by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).
- c Pricing dollar-value pools (for example, double-extension, index, link-chain, link-chain index, IPIC method, etc.).
- **d** Determining the current-year cost of goods in the ending inventory (such as, most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, rolling-average cost, or other permitted method).
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970.

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations sections 1.472-8(b)(1) and (2):
- a A description of the types of products produced by the applicant. If possible, attach a brochure.
- b A description of the types of processes and raw materials used to produce the products in each proposed pool.
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
- **d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
- **f** A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- **g** A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

45

	3115 (Rev. 12-2018)						Pa	age 6
	edule D - Change in the Treatment of Long-Term Contracts Under	r Se	ction 460, In	ventories, or C)the	؛r		
-	ion 263A Assets (see instructions)							
Par	t I Change in Reporting Income From Long-Term Contracts (A	Also c	omplete Part III	on pages 7 and 8.)				
1	To the extent not already provided, attach a description of the applicant's present and	l prop	osed methods f	or reporting incom	е			
	and expenses from long-term contracts. Also, attach a representative actual contract ((witho	out any deletion)	for the requested				
	change. If the applicant is a construction contractor, attach a detailed description of it	ts cor	struction activit	ies.				
2a	Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see in	struc	tions)?	L	`	Yes		No
b	If "Yes," do all the contracts qualify for the exception under section 460(e) (see instruct	tions)?	L	'	Yes		No
	If line 2b is "No," attach an explanation.							
С	Is the applicant requesting to use the percentage-of-completion method using cost-to-			Г				1
	Regulations section 1.460-4(b)?			L		Yes		No
d	If line 2c is "Yes," in computing the completion factor of a contract, will the applicant of			Г	—,			1
	cost-to-cost method described in Regulations section 1.460-5(c)?			L		Yes		No
е	If line 2c is "No," is the applicant requesting to use the exempt-contract percentage-of			Г	,	Vaa		N
	method under Regulations section 1.460-4(c)(2)?			L		Yes		No
	If line 2e is "Yes," attach an explanation of what method the applicant will use to deter completion factor.	mme	a contract s					
	If line 2e is "No," attach an explanation of what method the applicant is using and the	auth	arity for its use					
3a	Does the applicant have long-term manufacturing contracts as defined in section 460(-		Г	,	Yes		No
b	If "Yes," attach a description of the applicant's manufacturing activities, including any			L		100		
2	of manufactured goods.	loqu						
4a	Does the applicant enter into cost-plus long-term contracts?			Г	٦,	Yes		No
b	Does the applicant enter into federal long-term contracts?				Ξ,	Yes		No
Par		ange	S (Also compl	ete Part III on page	es 7 a	and 8.)		
1	Attach a description of the inventory goods being changed.							
2	Attach a description of the inventory goods (if any) NOT being changed.	P		_				_
3a	Is the applicant subject to section 263A? If "No," go to line 4a			[Yes		No
b	Is the applicant's present inventory valuation method in compliance with section 263A	۱ (see	instructions)?	_				
	If "No," attach a detailed explanation			L	<u> </u>	Yes		No
			Inventory Metho	d Being Changed	In	ventory I Being (
4a	Check the appropriate boxes in the chart.	-				-		
	Identification methods:	\vdash	Present method	Proposed method		Present	t meth	od
	Specific identification	-			_			
	FIFO	\vdash			+			
	LIFO	-			-			
	Other (attach explanation) Valuation methods:							
								_
	Cost Cost or market, whichever is lower				+			
	Retail cost				+			
	Retail, lower of cost or market							
	Other (attach explanation)							
b	Enter the value at the end of the tax year preceding the year of change			\$				
5	If the applicant is changing from the LIFO inventory method to a non-LIFO method, atl		he following info	ormation				
	(see instructions).		5					
а	Copies of Form(s) 970 filed to adopt or expand the use of the method.							
b	Only for applicants requesting a non-automatic change. A statement describing w	/heth	er the applicant i	is changing to the				
	method required by Regulations section 1.472-6(a) or (b), or whether the applicant is p	oropo	sing a different r	nethod.				
	- · · · · · · · · · · · · · · · · · · ·							

c Only for applicants requesting an automatic change. The statement required by section 23.01(5) of Rev. Proc. 2018-31 (or its successor).

Form **3115** (Rev. 12-2018)

Form 3115 (Rev. 12-2018)

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject

to section 263A or long-term contracts as described in section 460.) See instructions.

Section A - Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate direct and indirect costs required to be allocated to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to allocation of such costs to long-term indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (for example, specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (for example, direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 Except for long-term contract accounting methods, the method of capitalizing additional section 263A costs (for example, simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B - Direct and Indirect Costs Required to be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits		
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs		
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle		
12	Depletion		
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental expenses)		
19	Rework labor, scrap, and spoilage		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	Capitalizable service costs (including mixed service costs)		
25	Administrative costs (not including any costs of selling or any return on capital)		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs.)		
		Form 31	15 (Rev. 12-20

09191107 758741 44844

Form 3115 (Rev. 12-2018)

Part III	Method of Cost Allocation	(continued) See instructions.
----------	---------------------------	-------------------------------

Section C - Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.)								
		Present method	Propos	ed method				
1	Marketing, selling, advertising, and distribution expenses							
2	Research and experimental expenses not included in Section B, line 26							
3	Bidding expenses not included in Section B, line 22							
4	General and administrative costs not included in Section B							
5	Income taxes							
6	Cost of strikes							
7	Warranty and product liability costs							
8	Section 179 costs							
9	On-site storage							
10	Depreciation, amortization, and cost recovery allowance not included in Section B, line 11							
11	Other costs (Attach a list of these costs.)							
Sche	edule E - Change in Depreciation or Amortization. See instructions.							
Appl	icants requesting approval to change their method of accounting for depreciation or amortization complete this	section.						
Appl	icants must provide this information for each item or class of property for which a change is requested.							
	e: See the Summary of the List of Automatic Accounting Method Changes in the instructions for information							
auto	matic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. Do not file Form 3115 v	with respect to						
certa	in late elections and election revocations. See instructions.		-					
1	Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)?	L	Yes	No No				
	If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).							
2	Is any of the depreciation or amortization required to be capitalized under any Code section, such as		٦.,	<u> </u>				
	section 263A?	L	Yes	└── No				
-	If "Yes," enter the applicable section							
3	Has a depreciation, amortization, expense, or disposition election been made for the property, such as							
	the election under sections 168(f)(1), 168(i)(4), 179, 179C, or Regulations section 1.168(i)-8(d)?	L	Yes	└── No				
4-	If "Yes," state the election made							
4a	To the extent not already provided, attach a statement describing the property subject to the change. Include							
	the type of property, the year the property was placed in service, and the property's use in the applicant's trac income-producing activity.							
b	If the property is residential rental property, did the applicant live in the property before renting it?		Yes	No				
c			Yes					
5	To the extent not already provided in the applicant's description of its present method, attach a statement exp							
Ŭ	property is treated under the applicant's present method (for example, depreciable property, inventory proper							
	under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current e	• • • • •						
6	If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts							
	proposed change to depreciate or amortize the property.	5						
7	If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the fo	llowing						
	information for both the present (if applicable) and proposed methods:	Ū						
а	The Code section under which the property is or will be depreciated or amortized (for example, section 168(g)).						
b	The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section	168 (MACRS) or						
	under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depre	ciated under						
	former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset of	lass has not						
	been identified by the applicant.							
с	The facts to support the asset class for the proposed method.							
d	The depreciation or amortization method of the property, including the applicable Code section (for example,	200% declining						
	balance method under section 168(b)(1)).							
е	The useful life, recovery period, or amortization period of the property.							
f	The applicable convention of the property.							
g	Whether the additional first-year special depreciation allowance (for example, as provided by section 168(k), 1	68(l), 168(m),						
	168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to	why no special						
	depreciation allowance was or will be claimed.							
h	Whether the property was or will be in a single asset account, a multiple asset account, or a general asset acc	count.						

Form **3115** (Rev. 12-2018)

FORM 3115

EXPLANATION

STATEMENT 1

PART II, LINE 15A:

HEARTS AND HOMES FOR VETERANS, INC. IS A FLORIDA NONPROFIT CORPORATION THAT WAS CREATED ON MARCH 25, 2013. ITS PURPOSE IS TO SUPPORT HOMELESS VETERANS, AND THEIR FAMILIES, WHO FIND THEMSELVES WITHOUT THE NECESSITIES OF EVERYDAY LIFE. THE ORGANIZATION IS COMMITTED TO EMPOWERING THESE VETERANS TO LIFT THEMSELVES OUT OF POVERTY AND THEN, IN TURN, REACH BACK AND HELP OTHER VETERANS DO THE SAME. TODAY, THE ORGANIZATION ACTIVELY SUPPORTS HOMELESS AND LOW INCOME VETERANS AND THEIR FAMILIES IN THE FOLLOWING WAYS: -FINANCIAL ASSISTANCE FOR SHORT TERM RENTAL AND UTILITY COSTS -COUNSELING AND ADVOCACY WITH LOCAL, REGIONAL AND NATIONAL SUPPORT NETWORKS FOR VETERANS -ARRANGING FOR AND PROVIDING SHORT TERM FUNDS FOR TRANSPORTATION -HOLIDAY OUTREACH PROGRAMS -HH PHYSICAL INVENTORY WHICH IS ROUTINELY STOCKED AND DISTRIBUTED INCLUDES FOOD, CLOTHING, BEDDING, HOUSEHOLD APPLIANCES, FURNITURE, BICYCLES, PERSONAL HYGIENE ITEMS, SLEEPING BAGS -AUTOMOBILES (DONATED TO HH, PUT IN WORKING ORDER, AND PASSED ON TO A **OUALIFYING VETERAN**) -DENTAL CARE WORKING WITH AFFORDABLE DENTURES -INTERNET ACCESS (5) STATIONS FOR VETERANS TO USE

FORM	3115	EXPLA	NATION 1	IF AUDIT	PROTECTION	DOES 1	NOT APPLY	STATEMENT	2
				EXPLAN	NATION				
NONE	OF THE	ITEMS IN P	PART II,	7B APPLY	Ζ.				
FORM	3115		PART IN	7 - SECTI	CON 481(A) 2	ADJUSTN	MENT	STATEMENT	3
LINE			DES	SCRIPTION	J OR EXPLANA	ATION			

26 BALANCE DIFFERENCES BETWEEN THE AUDITED 2020 FINANCIAL STATEMENT BALANCES ON THE ACCRUAL BASIS AND 2020 BALANCES REPORTED ON THE TAX RETURN ON CASH BASIS MAKE UP THE 481(A) ADJUSTMENT. THE FOLLOWING BALANCE DIFFERENCES OCCURRED BETWEEN THE TWO BASES: ACCOUNTS RECEIVABLE \$32,410, PREPAID EXPENSES \$3,853, AND ACCRUED FICA TAXES (\$372), FOR A TOTAL ADJUSTMENT OF \$35,891.