Form 99(]
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EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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. 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information					Inspection
AF					
B c a	D Employer identificati	on number			
X	Addr	FUND FOR PUBLIC HOUSING, INC.			
	Name Chan	e		47-4915755	
	Initia	I have a second se	Room/suite	e E Telephone number	
		200 BROADWAY	406	212-210-23	69
	termi ated	in-	•	G Gross receipts \$	4,687,120.
	Amer	NEW VORK NV 10039		H(a) Is this a group retur	n
	Appli				Yes X No
	pend	Ing SAME AS C ABOVE		H(b) Are all subordinates includ	
IT	ax-e>	kempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 📃 52		
J۷	Vebs			H(c) Group exemption n	umber
KF	orm o	of organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other	L Yea	r of formation: 2016 M Si	ate of legal domicile: ${f NY}$
Pa	irt I	Summary			
-	1	Briefly describe the organization's mission or most significant activities: \underline{TO}	ENHANC	E THE OPPORTUN	ITIES AND
Governance		QUALITY OF LIFE FOR NEW YORK CITY HOUSIN	G RESI	DENTS.	
rna	2	Check this box if the organization discontinued its operations or disp	osed of mor	e than 25% of its net assets	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			18
	4	Number of independent voting members of the governing body (Part VI, line 1b)			18
es 6	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
viti	6	Total number of volunteers (estimate if necessary)			18
Activities &		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>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		2,190,400.	4,665,357.
ent	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		135.	21,763.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,190,535.	4,687,120.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		207,653.	64,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		0.	0.
ens		Professional fundraising fees (Part IX, column (A), line 11e)	246	0.	0.
Expenses		•••••••••••••••••••••••••••••••••••••••		1,855,684.	1,013,732.
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,063,337.	1,077,732.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		127,198.	3,609,388.
- 2	19	Revenue less expenses. Subtract line 18 from line 12		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,013,121.	4,832,331.
Asse Bala	20 21			73,339.	283,161.
Vet /	21	Net assets or fund balances. Subtract line 21 from line 20		939,782.	4,549,170.
Pa	rt II	Signature Block		555,1024	1,515,1100

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

	Clep 3					\wedge	/ 11/06/202	3	
Sign	Signature of offi	cer					Date		
Here	ALEX ZAE	BLOCKI, EX	ECUTIVE DI	IRECTOR					
	Type or print na	me and title		-04					
	Print/Type prepa	arer's name		reparties signator	151	Date	Check	PTIN	
Paid	MIKE SCH	IALL	M	<u>JKE SCHUJ</u>	i pri	/11/06	/23 self-employed	P020241	84
Preparer	Firm's name	SAX LLP		΄ ί	1	(Firm's EIN 81-	2950760	
Use Only	Firm's address	1040 AVEN	UE OF THE	AMERICAS,	16TH FL	OOR			
		NEW YORK,	NY 10018				Phone no. 212-	661-864) (
May the II	RS discuss this	return with the pre	parer shown above	? See instructions				X Yes	No
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								
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	1 990 (2022) FUND FOR PUBLIC HOUSING, INC. 47-49157 rt III Statement of Program Service Accomplishments	55 _{Page} 2
Fai	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
•	THE FUND FOR PUBLIC HOUSING CREATES AND LEVERAGES RESOURCES AND	
	RELATIONSHIPS TO ENHANCE THE OPPORTUNITIES AND QUALITY OF LIFE FC	R NEW
	YORK CITY HOUSING RESIDENTS, WHILE UPLIFTING THE IMPORTANCE OF PU	
	HOUSING TO OUR CITY. (CONTINUED ON SCHEDULE O)	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exper	ises, and
	revenue, if any, for each program service reported.	
4a)
	THE FUND SUPPORTS PROGRAMS IN FOUR AREAS - LEADERSHIP DEVELOPMENT	
	WORKFORCE SKILLS & ECONOMIC MOBILITY, COMMUNITY HEALTH, AND FINAN	
	EMPOWERMENT - TO EMPOWER NYCHA RESIDENTS TO MAXIMIZE THEIR CAPABI AND FULFILL THEIR ASPIRATIONS.	LTTTES
	AND FULFILL THEIR ASPIRATIONS.	
	CONTINUED ON SCHEDULE O	
	CONTINUED ON SCHEDULE O	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
10		,
_		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 566, 580.	
		Form 990 (2022)
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Part IV Checklist of Required Schedules

FUND FOR PUBLIC HOUSING, INC.

			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			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		х	
	Schedule D, Parts XI and XII	12a	A	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
α	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/1		x
45	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- 23
17	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	– "		<u> </u>
10		18		x
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"		1	
13		19		x
202	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
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FUND FOR PUBLIC HOUSING, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23		X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a		X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		X	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	28a 28b		X X	
	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				
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		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	30		X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
~~	Schedule N, Part II	32		X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v	
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x	
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		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	<u>35a</u>		- 23	
D	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?	330			
50	If "Yes," complete Schedule R, Part V, line 2	36		x	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
	Note: All Form 990 filers are required to complete Schedule O	38	х		
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V		<u></u> .		
			Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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Form 990 (2022)

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Form	990 (2022) FUND FOR PUBLIC HOUSING, INC. 47-4915	755	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 0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х	
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		Х	
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?	<u>5a</u>		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>			
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?	<u>6a</u>		Х	
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	
	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 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:				
a	Initiation fees and capital contributions included on Part VIII, line 12	-			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	-			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40			
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>			
	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				
C	Enter the amount of reserves on hand	44-		Х	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		v	
	excess parachute payment(s) during the year?	15		Х	
40	If "Yes," see the instructions and file Form 4720, Schedule N.	10		v	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х	
-	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.	<u>г.</u>	000	(0000)	
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Form **990** (2022)

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FUND FOR PUBLIC HOUSING, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	18			
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	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 read	ched a	t the			
	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	venue	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 body	/ befor	e filing the form?	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cont	licts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
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	l by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	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 arrangen	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 evaluat	•	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s	only) a	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	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	nflict c	f interest policy, and	financ	cial	
	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	oks and	t records			
	THE ORGANIZATION - 212-306-8210					
	250 BROADWAY, NEW YORK, NY 10007			-	000	(0000)
232006				Form	390	(2022)
	Public Disclosure Co	n)\/			
		<u> </u>	' Y			

Part VII	Со	mpensation of	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Em	ployees, and	Independe	ent Contra	ctors			

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 all of the organization of complete the heaves and the set of the heaves of the the set of the heaves and the set of the set o

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box,	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar	id a d	irecto	r/trus [.] I	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GREGORY RUSS	1.00			0	\geq	Ξæ	ш			
CHAIRMAN		х		x				0.	0.	0.
(2) DIALLO POWELL	1.00									
PRESIDENT		Х		х				0.	Ο.	0.
(3) SCOTT ANDERSON	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) LIZ NEUMARK	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) JOEY KOCH	1.00									
DIRECTOR		Х						0.	0.	0.
(6) UKAH BUSGITH	1.00									
DIRECTOR		Х						0.	0.	0.
(7) ROSINA ABRAMSON	1.00									
DIRECTOR		Х						0.	0.	0.
(8) BRANDON AYO-BRUMAIRE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) SUSAN BEANE	1.00									
DIRECTOR	1	Х						0.	0.	0.
(10) MICHELLE GOMEZ	1.00								•	
DIRECTOR	1	Х						0.	0.	0.
(11) MEREDITH KANE	1.00								•	
DIRECTOR	1	Х						0.	0.	0.
(12) JEFF LINDOR	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(13) IVY NEWMAN	1.00								0	0
DIRECTOR	1 0 0	X			<u> </u>			0.	0.	0.
(14) JOSUE PORTILLO	1.00								0	0
DIRECTOR	1 0 0	X						0.	0.	0.
(15) REGGIE THOMAS	1.00							0.	0.	0
DIRECTOR (16) JOANNE WILSON	1.00	X						0.	0.	0.
(16) JOANNE WILSON DIRECTOR	L 1.00	x						0.	0.	<u>م</u>
(17) ANGELA YEE	1.00	^			-	-		0.	υ.	0.
(17) ANGELA FEE DIRECTOR	L	x						0.	0.	0.
DIALCION	1	Λ						1 0.	0.	0

232007 12-13-22

Form 990 (2022)

Pert VIII Section A. Officers, Directors, Trustese, Key Employees, and Highest Compensated Employees (continued) Name and title A) B Position Position </th <th></th> <th>990 (2022) FUND FOR</th> <th>PUBLIC</th> <th>HO</th> <th>US</th> <th>IN</th> <th>G,</th> <th>I.</th> <th>NC</th> <th>•</th> <th>47-49</th> <th>1575</th> <th>55</th> <th>Page 8</th>		990 (2022) FUND FOR	PUBLIC	HO	US	IN	G,	I.	NC	•	47-49	1575	55	Page 8
Name and title Average relevant week (bit any pours for relevant organizations (bit any bours for relevant (bit	Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
Item of the any methods for the angle of			Average hours per	Position (do not check more than one box, unless person is both an					an	Reportable compensation	Reportable compensation		Estima amour	ated nt of
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			hours for related organizations		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/	organizations (W-2/1099-MIS	s c	ompen from organiz and rel	sation the ation ated	
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization The organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Total number of independent Contractors I Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation A Total number of independent contractors (including but not limited to those listed above) who received more than 2 Total number of independent contractors (including but not limited to those listed above) who received more than	с	Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services 4 X 5 Did any person listed or line 1 a receive or accrue compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) 1 Complete this table for your five highest address NONE Description of services Compensation 1 Completa dual business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 4 4		Total number of individuals (including but n								-	000 of reportable			_
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on		Ye	s No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) Name and business address NONE Description of services Compensation Image: Complete the independent contractors (including but not limited to those listed above) who received more than 1 Compensation	4	For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	nsat	tion	and	oth	er compensation from th	ne organization		3	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 0 (B) (C) Compensation Compensation 0 0 Description of services Compensation 0 0 0 CO Compensation 0 0 0 CO Compensation 0 0 0 0 CO Compensation 0 0 0 0 CO Compensation 0 0 0 0 0 CO Compensation 0 0 0 0 0 0 CO Compensation 0	5	Did any person listed on line 1a receive or a	accrue compen	satio	on fr	om a	any	unre	late	ed organization or individ	lual for services			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 0 0 0 0 0 0 0 0	Sec		plete Schedule	<u>ə J fo</u>	or su	<u>ch p</u>	bers	on .				3	5	
(A) Name and business address (C) Description of services (C) Compensation Image: Comparison of services Image: Compensation Image: Compensation Image: Compensation of services Image: Compensation Image: Compensation Image: Compensation Image: Compensation of services Image: Compensation Image: Compensation Image: Compensation Image: Compensation Image: Compensation of services Image: Compensation Image: Compensation Image: Compensation		Complete this table for your five highest co	•	•							•	ensatior	n from	
			address	NC	ONE	2					ervices	Corr		ion
									_					
	2			ot lin	nited	l to t	-		ted	above) who received mo	ore than			

Form 990 (2022)

						JBL	IC HOUSI	NG, INC.		47-4915	755 Page 9
Pa	rt \	/	Statement of Re	ven	ue						
			Check if Schedule O	conta	ins a resp	onse	or note to any lin	1 /			
								(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total revenue		business revenue	from tax under
											sections 512 - 514
N N	1	а	Federated campaigns		1a						
ant	-	b Membership dues 1b				1					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events					-			
Α, ts,								1			
ia i		d	Related organizations					-			
js,			Government grants (conti					-			
rti voi		f	All other contributions, gifts,	grants	s, and						
l pu			similar amounts not included	l abov			<u>665,357.</u>	-			
o tr		g	Noncash contributions included in	lines 1a	a-1f 1g	\$					
S e		h	Total. Add lines 1a-1f					4,665,357.			
							Business Code				
~	2	а									
Program Service Revenue	2	b									
ue,											
s nev		C									
e Tar		d									
- Ser		е									
ā		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (inclue	ding c	lividends,	intere	st, and				
								21,763.			21,763.
	4		Income from investment of								
	5		Royalties			•					
	Ŭ				(i) Rea		(ii) Personal				
			a				(ii) i cisonai	-			
	6	a	Gross rents	6a				-			
		b Less: rental expenses 6b					-				
		С	Rental income or (loss)	6c							
		d	Net rental income or (loss	;) <u></u> (
	7	а	Gross amount from sales of		(i) Securi	ties	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis					1			
ē			and sales expenses	7b							
venue		~	Gain or (loss)	7c				1			
CD CD			Net gain or (loss)	· · · · ·							
Other R			• • • •								
the	ð	а	Gross income from fundraisi								
0			including \$								
			contributions reported on		-						
			Part IV, line 18					4			
		b	Less: direct expenses			8b					
		с	Net income or (loss) from	fundr	aising eve	nts					
	9	а	Gross income from gamir	ng act	ivities. See	•					
			Part IV, line 19	-							
		b	Less: direct expenses								
			Net income or (loss) from								
	10		Gross sales of inventory,								
		d				10					
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	sales	of invento	ory					
s							Business Code				
e on	11	а									
ane		b									
Miscellaneous Revenue		с									
lsc B		d	All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					4,687,120.	0.	0.	21,763.
				5110				,,==••			

232009 12-13-22

Form **990** (2022)

FUND FOR PUBLIC HOUSING, 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).

Secu	Check if Schedule O contains a reasons				X
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	1.5 - 5 - 5 - 5	4.6 - 6.6		
	individuals. See Part IV, line 22	16,500.	16,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	47,500.	47,500.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
•	, , , , , , , , , , , , , , , , , , ,				
9 10	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):	EDD 07E	16 010	205 610	271 246
а	F	522,875.	46,010.	205,619.	271,246.
b	F				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	335,649.	305,649.	30,000.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20					
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,233.		4,233.	
23		4,433.		4,433.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	140.000	140.000		
а	PROGRAM CONSULTANTS	143,200.	143,200.		
b	MISCELLANEOUS	7,775.	7,721.	54.	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,077,732.	566,580.	239,906.	271,246.
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)				
-			1		Farm 990 (0000)

Form 990 (2022)

	990 (2	E2022) FUND FOR PUBLIC HOUSING, INC. Balance Sheet		4/-	4915755 Page 1
rai	17				
		Check if Schedule O contains a response or note to any line in this Part X		 I	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	2,914,567
	2	Savings and temporary cash investments		2	279117307
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	1,917,764
	5	Loans and other receivables from any current or former officer, director,			1/51///01
	5	trustee, key employee, creator or founder, substantial contributor, or 35%			
				5	
	6	controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined		5	
	0	· · · ·		6	
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		7	
Assets	7	Notes and loans receivable, net		8	
Ass	8	Inventories for sale or use		<u> </u>	
	9	Prepaid expenses and deferred charges		9	
	iua	Land, buildings, and equipment: cost or other			
	L .	basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b		10-	
				10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1 1 010 101	15	4,832,331
	16	Total assets. Add lines 1 through 15 (must equal line 33)	P 2 220	16 17	283,161
	17	Accounts payable and accrued expenses			205,101
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
ilit		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		05	
	26	of Schedule D	73,339.	25 26	283,161
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X	15,559.	20	203,101
ŝ		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
nce	07	• • • • •	26,909.	27	520,106.
ala	27	Net assets without donor restrictions		21	4,029,064
Б В	28	Net assets with donor restrictions	512,075	20	4,025,004
'n		Organizations that do not follow FASB ASC 958, check here			
or F	20	and complete lines 29 through 33.		20	
ets	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	4,549,170
ž	32	Total net assets or fund balances	1 010 101	32	4,832,331
	33	Total liabilities and net assets/fund balances	, UI3, IZI.	33	Form 990 (2022

_	990 (2022) FUND FOR PUBLIC HOUSING, INC.	47-49	15755	Pag	_{je} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,687				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,077				
3	Revenue less expenses. Subtract line 2 from line 1	3	3,609				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	939	,78	32.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
_	column (B))	10	4,549	,17	70.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2 b	X			
	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	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits						

Form **990** (2022)

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
2022

Open to Public Inspection
 the second se

Nan	ne of t	the organization					Empl	over identification num	nber
Pa	nrt I	Reason for Public (C HOUSING, II		nis nart) S	see instructions	47-4915755	
		ization is not a private found							
1		A church, convention of ch					1)(A)(i)		
2	\square	A school described in sect	•				•,,,-,,,,,		
3	\square	A hospital or a cooperative)(b)(1)(A)(i	ii).		
4	\square	A medical research organiz					•	inter the hospital's name	e,
		city, and state:							
5		An organization operated for		ollege or university owned	l or operat	ed by a go	overnmental unit des	cribed in	
•		section 170(b)(1)(A)(iv). (C							
6	X	A federal, state, or local gov	•				.,	aval vevelia ala a avila a liva	
'		•	-	antial part of its support fi	om a gove	ernmental	unit or from the gen	eral public described in	
8		section 170(b)(1)(A)(vi). (C A community trust describe		V1VAVvi) (Complete Par	н II)				
9	\square	An agricultural research org	-		-	ed in coni	inction with a land-o	rant college	
3		or university or a non-land-					-	-	
		university:	frank conego or agri			name, eng			
10		An organization that norma	Ily receives (1) more	e than 33 1/3% of its supp	ort from c	ontributio	ns, membership fees	s, and gross receipts from	m
		activities related to its exen	npt functions, subje	ct to certain exceptions; a	and (2) no	more than	33 1/3% of its supp	ort from gross investme	ent
		income and unrelated busir	ness taxable income	e (less section 511 tax) fro	m busines	sses acqui	red by the organizat	ion after June 30, 1975.	
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclus	sively to test for public sa	fety. See	section 5	09(a)(4).		
12		An organization organized a	•	•	•			•	
		more publicly supported or	-					(3). Check the box on	
		lines 12a through 12d that							
а		Type I. A supporting orga		-	•	-			
		the supported organization			majority o	of the direc	ctors or trustees of th	ne supporting	
h		organization. You must o	-		ion with it	o ou poort	d organization(a) by	, hoving	
b		_ Type II. A supporting org control or management or	-					-	
		organization(s). You mus		-	ame perso	ns that co	nitor or manage the	supported	
с		Type III functionally inte	-		in connec	tion with	and functionally inter	arated with	
Ū	·	its supported organization	• •				, ,	grated with,	
d		Type III non-functionally	. , .				-	ganization(s)	
-		that is not functionally int							
		requirement (see instruct			•		-		
е		Check this box if the orga	-	-				e III	
		functionally integrated, or							
f	Ente	er the number of supported o	organizations						
g		vide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount of monet	•	
		organization		above (see instructions))	Yes	No	support (see instruction	ons) support (see instructi	ions)
Tota									
LHA	For F	Paperwork Reduction Act N						Schedule A (Form 990)	2022
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Schedule A	Eorm	000	0000
Schedule A	(FOIIII	990)) 2022

Part II

FUND FOR PUBLIC HOUSING, 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	601,253.	657,462.	1765142.	2190400.	4665357.	9879614.			
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									
4	Total. Add lines 1 through 3	601,253.	657,462.	1765142.	2190400.	4665357.	9879614.			
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)						4618914.			
6	Public support. Subtract line 5 from line 4.						5260700.			
	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 4	601,253.	657,462.	1765142.	2190400.	4665357.	9879614.			
	Gross income from interest,									
Ŭ	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	1,581.	4,289.	515.	135.	21,763.	28,283.			
9	Net income from unrelated business	1,301.	4,205.	515.	100.	21,703.	20,205.			
9										
	activities, whether or not the									
40	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)						9907897.			
	Total support. Add lines 7 through 10		`			10	9901091.			
	Gross receipts from related activities,		,							
13	First 5 years. If the Form 990 is for th	-	st, second, third, i	ourth, or fifth tax y	ear as a section 5	U1(C)(3)				
800	organization, check this box and stor									
	tion C. Computation of Publi						53.10 %			
	Public support percentage for 2022 (I					14				
	Public support percentage from 2021					15	%			
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this boy				
	stop here. The organization qualifies		-							
b	33 1/3% support test - 2021. If the o				line 15 is 33 1/3%	or more, check thi	s box			
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test	-								
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization					
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or			
	more, and if the organization meets the	ne facts-and-circum	istances test, cheo	ck this box and st	op here. Explain i	n Part VI how the				
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation				
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions				

Schedule A (Form 990) 2022

Schedule A				-			
Part III	Support	Schedule	for Organi	zation	s Describe	ed in Section	509(a)(2)

FUND FOR PUBLIC HOUSING, INC.

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

Sec	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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						
5	The value of services or facilities furnished by a governmental unit to						
~	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disgualified persons						
t	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.)						
	ction B. Total Support	1 () == 1					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Amounts from line 6 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						
	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.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgai	nization,
0.0		ie Cuenent Der					<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2022 (.,,		15	%
	Public support percentage from 2021 ction D. Computation of Invest					16	%
	•		•	10 1 (0)			
	Investment income percentage for 2					17	<u>%</u>
	Investment income percentage from					18	%
198	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a	-	•				
i:	33 1/3% support tests - 2021. If the	-					
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	JIT UIU HOL CHECK A		a, of 190, check t	THE DUX AND SEE INS		
2320	23 12-09-22					Schee	dule A (Form 990) 2022

FUND FOR PUBLIC HOUSING, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 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 disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **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.*
 - **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.)

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Schedule A (Form 990) 2022 FUND FOR PUBLIC HOUSING, INC. Part IV Supporting Organizations (continued)

2

No

	_		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.	1		
-				

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

			Yes
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		
		4	

110 30	pponted orga	112011011131.	
Section D	D. All Type	III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
•		(000 110 1 00 1010)

- **a** The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see 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.*

2a ______ 2b _____ 3a _____ 3b _____

Yes No

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Schedule A (Form 990) 2022

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	All other Type III non-functionally integrated supporting organizations mus	t complete S	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		
	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		
ect	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-functiona	Ilv integrated	Type III supporting orga	- inization (see

FUND FOR PUBLIC HOUSING, INC.

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions.

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

instructions).

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1

1

Section E - Distribution Allocations (see instructions)

Distributable amount for 2022 from Section C, line 6

2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.

3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			
			Sc	hedule A (Form 990) 2022
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Sche	edule A (Form 990) 2022 FUND FOR PUBL	IC HOUSING, IN	с.	4	7- 4 915755 _Р
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Sect	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - DI	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior	าร	(iii) Distributable

Excess Distributions

Page 7

Amount for 2022

Pre-2022

Schedule A	(Form 990) 2022	FUND FO	R PUBLIC	HOUSING,	INC.	47-4915755	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Prov , 2, 3b, 3c, 4b, lines 2 and 3; F	vide the explanati 4c, 5a, 6, 9a, 9b, Part IV, Section E	ions required by P 9c, 11a, 11b, and , lines 1c, 2a, 2b, 3	art II, line 10; Part II, l 11c; Part IV, Sectio 3a, and 3b; Part V, lii	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section ne 1; Part V, Section B, line 1e; Pa any additional information.	C,
232028 12-09-2	20					Schedule A (Form 9	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022

Employer identification number

FU	ND FOR PUBLIC HOUSING, INC.	47-4915755
Organization type (check o	ne):	
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	organizatior
--	--	-----	-----------	--------------

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Form 990-PF

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions $_{exclusively}$ for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an $_{exclusively}$ religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received $_{nonexclusively}$ religious, charitable, etc., contributions totaling \$5,000 or more during the year $_{nonexclusively}$ \$

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.

Name, address, and ZIP + 4

Name of organization Employer identification nur PUND_FOR_PUBLIC_HOUSING, INC. 47-4915755 Part1 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Name, address, and ZIP + 4 Total contributions Person X (a) Name, address, and ZIP + 4 Total contributions Type of contributions Complete Part II for non-eash contributions (a) Name, address, and ZIP + 4 Total contributions Type of contributions Yee of contributions (a) Name, address, and ZIP + 4 Total contributions Type of contributions Person X (b) Name, address, and ZIP + 4 Total contributions Type of contributions Complete Part II for non-eash contributions Complete Part II for non-eash contributions Complete Part II for non-eash contributions (a) Name, address, and ZIP + 4 Total contributions Yee of contributions Complete Part II for non-eash contributions (b) Name, address, and ZIP + 4 Total contributions Yee of contributions Complete Part II for non-eash contributions (a) Name, address, and ZIP + 4 Total contributions Yee of contributions Complete Part II for non-eash contributions </th <th>Schedule</th> <th>B (Form 990) (2022)</th> <th></th> <th>Pag</th>	Schedule	B (Form 990) (2022)		Pag
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) Total contributions Type of contributions 1				Employer identification numbe
(a) Name, address, and ZIP + 4 Total contributions Type of contributions 1	FUND	FOR PUBLIC HOUSING, INC.		47-4915755
No. Name, address, and ZIP + 4 Total contributions Type of contributions 1	Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
a				
No. Name, address, and ZIP + 4 Total contributions Type of contributions 2	1		\$267,7	Payroll 50. Noncash
a Bayroll Bayroll Boncash (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Person X 3				
No. Name, address, and ZIP + 4 Total contributions Type of contributions 3	2		\$3,200,00	Payroll
(a) (b) (c) (d) Mo. Name, address, and ZIP + 4 (c) (d) (a) (b) (c) (d) (a) (b) (c) (d) (c) (d) Type of contributions Type of contributions (c) (c) (c) (c) Payroll (c) (c) (c) (c) Payroll (c) (c) (c) (c) (c) (a) (b) (c) (c) (d) No. Name, address, and ZIP + 4 Total contributions Complete Part II for noncash contributions (a) (b) (c) (d) Type of contributions (b) (c) (d) Type of contributions (c) (d) Type of contributions Payroll Noncash (c) (d) Type of contributions Type of contributions Complete Part II for noncash contribution 5				
No. Name, address, and ZIP + 4 Total contributions Type of contributions 4	3		\$0	Payroll
4 Person X				
No. Name, address, and ZIP + 4 Total contributions Type of contribution 5	4		\$0	Payroll
5				
		(b)		Person X Payroll Noncash

No.

6

Schedule B (Form 990) (2022)

Total contributions

\$

150,000.

Type of contribution

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

Х

Page 2

Name of organization

Page 3

Employer identification number

47-4915755

FUND FOR PUBLIC HOUSING, INC.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

223453 11-15-22

Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)				Page 4
Name of o	organization				Employer identification number
FUND	FOR PUBLIC HOUSING, INC				47-4915755
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations describe			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	charitable, etc., contributions of \$1 ,	,000 or less for th	rganizations ne year. (Enter this info.	once.) \$
(a) No.	Use duplicate copies of Part III if additional a	space is needed. I			
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Des	cription of how gift is held
		(e) Transfe	r of gift		
	Transferee's name, address, a	nd ZIP + 4	B	elationship of tra	ansferor to transferee
	· · · · · · · · · · · · · · · · · · ·				
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Des	cription of how gift is held
Part I					
		e) Transfe	r of gift		
			_		
	Transferee's name, address, a	nd ZIP + 4	<u> </u>	elationship of tra	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gi	4	(d) Doo	orintion of how gift is hold
Part I				(u) Des	cription of how gift is held
		e) Transfe	r of aift		
		(0) 11 211010			
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee
(a) No.					
`from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Des	cription of how gift is held
		(e) Transfe	r of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee
223454 11-15	5-22				Schedule B (Form 990) (2022)

~~		Supplement	al Financial Statements	OMB No. 1545-0047
	HEDULE D m 990)		nization answered "Yes" on Form 990,	2022
(FOI)	iii 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	Ζυζζ
	tment of the Treasury al Revenue Service		Ntach to Form 990. O for instructions and the latest information.	Open to Public Inspection
	e of the organizati			Employer identification number
		FUND FOR PUBLIC HO	USING, INC.	47-4915755
Pa			d Funds or Other Similar Funds or Ac	counts. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin		
			(a) Donor advised funds (b) Funds and other accounts
1		nd of year		
2		f contributions to (during year)		
3		f grants from (during year)		
4		t end of year		
5	-		writing that the assets held in donor advised func	
6			exclusive legal control? dvisors in writing that grant funds can be used or	
6	6	0	ovisors in writing that grant funds can be used of or donor advisor, or for any other purpose conferri	,
				°
Pa	impermissible priv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV,	
1		servation easements held by the organization		
		of land for public use (for example, recrea	, , , , , , , , , , , , , , , , , , , ,	vically important land area
			, <u> </u>	rically important land area
		f natural habitat n of open space	Preservation of a certi	ned historic structure
0		• •	find concernation contribution in the form of a con	accuration accompant on the last
2	day of the tax year		fied conservation contribution in the form of a cor	Held at the End of the Tax Year
а				2a
a b				2a 2b
c	•		ucture included in (a)	20 2c
d		vation easements included in (c) acquired a		
u				2d
3			eased, extinguished, or terminated by the organize	
•	vear			
4	·	where property subject to conservation easily a subject to cons	sement is located	
5		tion have a written policy regarding the per		
-		orcement of the conservation easements it		Yes No
6			handling of violations, and enforcing conservatio	
			, , , , , , , , , , , , , , , , , , ,	G <i>j</i>
7	Amount of expens	 es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation eas	sements during the year
	·			<u> </u>
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)
	and section 170(h			
9	• •		on easements in its revenue and expense statem	
		-	note to the organization's financial statements that	
	organization's acc	ounting for conservation easements.	-	
Pa	rt III Organiza	ations Maintaining Collections of	f Art, Historical Treasures, or Other S	imilar Assets.
	Complete i	f 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 revenue statement and bala	ince sheet works
	of art, historical tre	easures, or other similar assets held for pub	olic exhibition, education, or research in furtheran	ce of public

service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$_______

	(ii) Assets included in Form 990, Part X	\$.	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	Э	
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1	\$.	
b	Assets included in Form 990. Part X	\$	

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Schedule D (Form 990) 2022

Sche		R PUBLIC H						47-49			age 2
Par	t III Organizations Maintaining Co	ollections of A	rt, Historio	cal Tre	easures, or	Other S	Similar	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other recor	ds, check any	y of the	following that	make sign	ificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌 Loa	n or exc	change progra	m					
b	Scholarly research		e 🗌 Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and expla	in how they f	urther t	he organizatio	n's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, histor	ical trea	sures, or othe	r similar as	sets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		plete if the org	ganizatio	on answered "	Yes" on Fo	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1 a	Is the organization an agent, trustee, custodia								٦		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing table	9:					A		
									Amount		
	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
T	Ending balance						<u>1</u> f		Yes		
	Did the organization include an amount on Fo		-				·	∟		-	_ No □
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if										
		(a) Current year	(b) Prior		(c) Two years) Three v	ears back	(e) Four	vears	hack
1a	Beginning of year balance	(u) current your		your			, 111100 y	ouro suon	(0) 1 001	youro	buon
h	Contributions		-								
c c	Net investment earnings, gains, and losses										
о Ч	Grants or scholarships										
e	Other expenditures for facilities		-								
U											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre		 ce (line 1a, cr	olumn (a)) held as:						
_ a	Board designated or quasi-endowment	•	%								
b	Permanent endowment	%									
c		<u></u> / - %									
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.									
3a	Are there endowment funds not in the posses		zation that are	e held a	nd administere	ed for the					
	organization by:	0							ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV, lin	e 11a. S	See Form 990,	Part X, lin	e 10.				
	Description of property	(a) Cost or		(b) Cos	t or other	(c) Acc	umulate	ed	(d) Bool	k valu	е
		basis (invest	tment)	basis	(other)	depre	eciation				
1a	Land										
	Buildings										
с	Leasehold improvements										
	Equipment										
e	Other										
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Par	<u>t X. column (l</u>	3). line 1	10c.)						0.
								Schedule	D (Form	n 990)	2022

Complete if the organization answered "Yes"	(b) Book value	(c) Method of valuation: Cost or end	of year market value
(a) Description of security or category (including name of security)		(c) Method of Valdation. Cost of end	OFyear 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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		
	2000.00		(b) Book value
(1)			(b) Book value
(1) (2)			(b) Book value
(1) (2) (3)			(b) Book value
(2)			(b) Book value
(2) (3)			(b) Book value
(2) (3) (4)			(b) Book value
(2) (3) (4) (5)			(b) Book value
(2) (3) (4) (5) (6)			(b) Book value
(2) (3) (4) (5) (6) (7)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(2) (3) (4) (5) (6) (7) (8)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	ə 15.)		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	ə 15.)		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	ə 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	ə 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	ə 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	ə 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	ə 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	ə 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	ə 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	ə 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	ə 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	9 15.) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

	edule D (Form 990) 2022 FUND FOR PUBLIC HOUSING			1915755 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	4,687,120.
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			4,687,120.
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		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total revenue Add lines 2 and 40 (This was a few and 5 and 5 and 10	1	5	4,687,120.
	Total revenue. Add lines 3 and 4C. (This must equal Form 990, Part I, line 12.)		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expension		
	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir	atements With Expension		1.
	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expension 12a.	ses per Return	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin	atements With Expension 12a.	ses per Return	1.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements	atements With Expension 12a.	ses per Return	1.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With Expension 12a.	ses per Return	1.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	atements With Expension ne 12a.	ses per Return	1.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	atements With Expension 1e 12a. 2a 2b 2c	ses per Return	1.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	Itements With Expension 12a. 2a 2b 2c 2c 2d	ses per Returr	n. <u>1,077,732.</u> 0.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	Itements With Expension 12a. 2a 2b 2c 2c 2d	ses per Return 1 2e	n. <u>1,077,732.</u>
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	Itements With Expension 12a. 2a 2b 2c 2c 2d	ses per Return 1 2e	n. <u>1,077,732.</u> 0.
Pa 1 2 a b c d e 3	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	ses per Return 1 2e	n. <u>1,077,732.</u> 0.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2c 2d 2d	ses per Return 1 2e	n. <u>1,077,732.</u> 0.
Pa 1 2 a b c d 3 4 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	atements With Expension 12a. 2a 2b 2c 2d 2d 4a 4b	2e 3	n. <u>1,077,732.</u> 0.
Pa 1 2 4 6 3 4 8 5	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	2e 3 4c	n. <u>1,077,732.</u> <u>0.</u> 1,077,732.

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:

FPH DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX

POSITIONS. TAX FILINGS FOR PERIODS ENDING DECEMBER 31, 2019 AND LATER ARE

SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES

Schedule D (Form 990) 2022

SCHEDULE I Grants and Other Assistance to Organizations,							OMB No.	1545-0047			
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						20	2022				
Department of the Treasury								Opent	o Public		
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								ection			
								Employer identificat	ion number		
								47-49	15755		
Part I General In	formation on Grants a	nd Assistance									
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection											
	ward the grants or assis							X Yes	No No		
	 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 										
recipient th	nat received more than \$	5,000. Part II can	be duplicated if addition	onal space is need	ed.						
.,	ldress of organization vernment	(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 or assistan			
CUNY											
230 WEST 41 STREET, 7TH FLOOR				16 500							
NEW YORK, NY 10036				16,500.	0.			SCHOLARSHIPS			
				I	I	1	1				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2022

47-4915755

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
RC SCHOLARS	0	47,500.	٥.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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.

Supplemental Information to Form 990 or 990-EZ

INC.



47-4915755

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FUND FOR PUBLIC HOUSING,

AS A NON PROFIT(501C3) ORGANIZATION, THE FUND FOR PUBLIC HOUSING

AMPLIFIES AND SUPPORTS NYCHA'S CRITICAL MISSION TO PROVIDE QUALITY

HOUSING FOR NEW YORKERS THAT IS SUSTAINABLE, INCLUSIVE AND SAFE, WHILE

FOSTERING OPPORTUNITIES FOR ECONOMIC MOBILITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE FUND'S PROGRAMMATIC INVESTMENTS INCLUDE THE FOLLOWING INITIATIVES:

YOUTH LEADERSHIP PROGRAMS

SCHOLARSHIPS FOR NYCHA RESIDENTS ENROLLED IN CUNY INSTITUTIONS

NYCHA RESIDENT SMALL BUSINESS DEVELOPMENT

CONNECTED COMMUNITIES / GREEN SPACE CONNECTIONS

FAMILY SELF-SUFFICIENCY EXPANSION

OUTCOMES OF THE ABOVE INITIATIVES INCLUDE THE FOLLOWING:

YOUTH LEADERSHIP

THE PUBLIC HOUSING COMMUNITY FUND HOSTED ITS FIFTH COHORT OF

ARCSCHOLARS, A PROGRAM IN PARTNERSHIP WITH NEW YORK CITY COLLEGE OF

TECHNOLOGY (CITY TECH) THAT INTRODUCES NYCHA YOUTH AND YOUNG ADULTS

AGES 16 TO 24 TO THE FIELD OF ARCHITECTURE WITH INSTRUCTION BY LICENSED

ARCHITECTS AND COMPLETION OF A DESIGN PROJECT AT A NYCHA DEVELOPMENT.

THE FUND INAUGURATED NYCHA REAL ESTATE SCHOLARS IN PARTNERSHIP WITH NEW

YORK UNIVERSITY SCHOOL OF PROFESSIONAL STUDIES/SCHACK INSTITUTE OF REAL

ESTATE. THE PROGRAM INTRODUCES NYCHA 11TH AND 12TH GRADE STUDENTS TO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization FUND FOR PUBLIC HOUSING, INC.	Employer identification number 47-4915755
ALL ASPECTS OF THE FIELD OF REAL ESTATE, INCLUDING DEVELOP	MENT, ZONING,
FINANCING, BROKERAGE, COMMUNITY ENGAGEMENT, AND MORE, THRO	UGH CLASSROOM
INSTRUCTION AND FIELD TRIPS TO KEY COMMERCIAL AND RESIDENT	IAL
DEVELOPMENTS IN NEW YORK CITY.	
2. CUNY SCHOLARSHIPS	
THE FUND ANNUALLY GRANTS \$1000 SCHOLARSHIPS TO 10-15 NYCHA	RESIDENTS
ENROLLED IN CUNY INSTITUTIONS TO SUPPORT THEIR STUDIES. RE	CIPIENTS MUST
HAVE MAINTAINED A 3.0 GRADE POINT AVERAGE AND HAVE AT LEAS	T 60 ACADEMIC
CREDITS. WHILE PUBLIC HOUSING RESIDENTS ARE TYPICALLY ELIG	IBLE FOR FULL
TUITION ASSISTANCE AT CUNY SCHOOLS, MANY DO NOT HAVE THE R	ESOURCES TO
PAY FOR OTHER EDUCATIONAL NEEDS, SUCH AS COURSE MATERIALS,	PREP
COURSES, TUTORING, CHILDCARE, TRANSPORTATION EXPENSES, AND	
GRADUATE/PROFESSIONAL SCHOOL APPLICATIONS. THE NYCHA CUNY	SCHOLARSHIP,
SUPPORTED BY THE PUBLIC HOUSING COMMUNITY SUPPORTS THESE N	EEDS AND THE
COMPLETION OF POST-SECONDARY EDUCATION. IN 2022, AN ADDIT	IONAL 35
NYCHA RESIDENTS RECEIVED A \$1,000 SCHOLARSHIP THROUGH A GR	ANT TO THE
PUBLIC HOUSING COMMUNITY FUND FROM AMAZON. THE AMAZON CUN	Y SCHOLARSHIP

FELLOWSHIP FOR FIVE STUDENTS WITH NYCHA OR THE FUND.

3. CONNECTED COMMUNITIES / COMMUNITY HEALTH

IN 2022, THE FUND LAUNCHED GREEN SPACE CONNECTIONS, SCALING THE

CONNECTED COMMUNITIES INITIATIVE THROUGH ENGAGING RESIDENTS AT FOUR

ALSO PROVIDES ONE-ON-ONE MENTORSHIP TO NYCHA CUNY SCHOLARS AND A PAID

HIGH-NEED NYCHA DEVELOPMENTS IN BROOKLYN AND THE BRONX TO INCREASE

ACCESS TO HEALTHY, SAFE, AND SUSTAINABLE GREEN SPACES IN COLLABORATION

Public Disclosure Copy

WITH EXPERT PARTNERS IN GREENSPACE, HUMAN-CENTERED DESIGN, COMMUNITY

PROGRAMMING, AND COMMUNICATION.

232212 10-28-22

5. SMALL BUSINESS DEVELOPMENT/WORKFORCE SKILLS & ECONOMIC MOBILITY THE FUND ENTERED THE SECOND YEAR OF THE CONSTRUCTION BUSINESS PATHWAYS PROGRAM, WHICH INCLUDES MENTORSHIP, A KEY COMPONENT THAT PREPARES NYCHA RESIDENT PARTICIPANTS TO FORMALIZE THEIR CONSTRUCTION BUSINESSES THROUGH LICENSING AND APPRENTICESHIPS, LEADING TO CONTRACTS.

6. FAMILY SELF-SUFFICIENCY PROGRAM EXPANSION/FINANCIAL EMPOWERMENT THE FUND INITIATED AN EXPANSION OF THE FAMILY SELF-SUFFICIENCY (FSS) PROGRAM, WHICH PROVIDES A RENT INCENTIVE ENABLING QUALIFIED NYCHA SECTION 8 RESIDENTS TO PURSUE FINANCIAL GOALS WHILE DEPOSITING RENT INCREASE FUNDS INTO AN INTEREST-BEARING ESCROW ACCOUNT. PARTICIPANTS SET CONTRACTUAL FINANCIAL GOALS FOR EDUCATION, VOCATIONAL TRAINING, CAREER ADVANCEMENT, OR ENTREPRENEURSHIP, WHICH MUST BE MET WITHIN FIVE YEARS. PROGRAM EXPANSION BEGAN THROUGH TARGETED OUTREACH IN WESTERN QUEENS, AND INITIAL STEPS WERE TAKEN TO EVALUATE THE FEASIBILITY OF EXTENDING THE PROGRAM TO NYCHA SECTION 9 RESIDENTS.

FORM 990, PART VI, SECTION B, LINE 11B: MANAGEMENT REVIEWED A DRAFT OF THE FORM 990 WITH THE AUDIT/FINANCE COMMITTEE AND PROVIDED EDITS TO THE TAX PREPARER. AFTER THIS PROCESS WAS PERFORMED, THE FORM 990 WAS SENT TO THE FULL BOARD OF DIRECTORS PRIOR TO BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A "BOARD APPROVED" CONFLICTS OF INTEREST POLICY. EACH BOARD MEMBER MUST FILL OUT AN ANNUAL DECLARATION STATING THEY HAD NO CONFLICTS OR IDENTIFYING THE NATURE OF THEIR INTERESTED PARTY TRANSACTIONS.

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232212 10-28-22

Schedule O (Form 990) 2022 Name of the organization FUND FOR PUBLIC HOUSING, INC.	Page 2 Employer identification number 47-4915755
FORD FOR FORDER HOUDING, INC.	<u> </u>
FORM 990, PART VI, SECTION C, LINE 19:	
FEDERAL TAX LAW DOES NOT REQUIRE THAT SUCH DOCUMENTS BE MA	DE PUBLICLY
AVAILABLE EXCEPT AS PART OF A FORM THAT IS PUBLICLY AVAILA	BLE (SUCH AS FORM
1023 OR 1024).	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	305,649.
MANAGEMENT AND GENERAL EXPENSES	30,000.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	335,649.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	335,649.
	·

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see instru	ame of exempt organization or other filer, see instructions.						
print	FUND FOR PUBLIC HOUSING, IN	47-4915755						
File by the due date f filing your	the ite for Number, street, and room or suite no. If a P.O. box, see instructions.							
	return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10038							
Enter th	e Return Code for the return that this application is for (file	e a separa	e application for each return)					
Applica	tion	Return	Application	Return				
ls For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 1041-A	08				
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227	10				
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11				
Form 9	90-T (trust other than above)	06	Form 8870			12		
Form 99	90-T (corporation)	07						
 If the If thi box 1 I the the<th>ohone No. ► 212-306-8210 e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit </th><th>Group Exe and atta NOVEN anization's , an</th><th>mption Number (GEN) I ch a list with the names and TINs of <u>(IBER 15, 2023</u>, to file return for: d ending</th><th>f this is fo all membe</th><th>r the whole g ers the extens upt organizati</th><th>roup, check this sion is for.</th>	ohone No. ► 212-306-8210 e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit	Group Exe and atta NOVEN anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>(IBER 15, 2023</u> , to file return for: d ending	f this is fo all membe	r the whole g ers the extens upt organizati	roup, check this sion is for.		
	3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				\$	0.		
 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 			<u>3a</u>	- -				
estimated tax payments made. Include any prior year overpayment allowed as a credit.				3b	\$	0.		
 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 					· ·			
using EFTPS (Electronic Federal Tax Payment System). See instructions.					\$	0.		
Caution instruct	1: If you are going to make an electronic funds withdrawal ions.	(direct deb	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-	TE for payment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)