

**C** Name of organization  
 TURNING FOR HOME INC  
 26-2698385  
**D Employer identification number**

Doing Business As  
**E Telephone number**

Number and street (or P O box if mail is not delivered to street address)  
 PO BOX 300  
 Room/suite  
**G** Gross receipts \$ 387,568

City or town, state or country, and ZIP + 4  
 Bensalem, PA 19020

**F** Name and address of principal officer  
 Donald Reeder  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number

-exempt status  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527

**Website:** WWW patha.org

of organization  Corporation  Trust  Association  Other  
**L** Year of formation 2008 **M** State of legal domicile PA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
 Provide for retirement and rehabilitation of race horses

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	9
<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	1
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	10
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	317,847	363,899
<b>9</b> Program service revenue (Part VIII, line 2g)		0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,226	8,933
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	332,073	372,832
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	31,274	33,032
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	250,971	287,425
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	282,245	320,457
<b>19</b> Revenue less expenses Subtract line 18 from line 12	49,828	52,375

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	83,515	152,287
<b>21</b> Total liabilities (Part X, line 26)	1,751	18,148
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	81,764	134,139

**Part II Signature Block**

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

***** Signature of officer	2011-11-01 Date
Michael P Ballezzi Esquire Executive Direc Type or print name and title	

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

Provide for retirement and rehabilitation of race horses

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 292,603 including grants of \$ ) (Revenue \$ 372,832 )  
PROVIDE FOR THE RETIREMENT OF RACE HORSES THAT CAN NO LONGER RACE DUE TO AGE OR INJURY AS AN ALTERNATIVE TO EUTHANASIA

**4b** (Code ) (Expenses \$ ) including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ ) including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** \$ 292,603

IV Checklist of Required Schedules

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

Table with 3 columns: Question ID, Yes, No. Row 1: 1, Yes, [ ]

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

Table with 3 columns: Question ID, Yes, No. Row 2: 2, Yes, [ ]

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

Table with 3 columns: Question ID, Yes, No. Row 3: 3, [ ], No

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

Table with 3 columns: Question ID, Yes, No. Row 4: 4, [ ], No

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

Table with 3 columns: Question ID, Yes, No. Row 5: 5, [ ], [ ]

Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

Table with 3 columns: Question ID, Yes, No. Row 6: 6, [ ], No

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

Table with 3 columns: Question ID, Yes, No. Row 7: 7, [ ], No

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

Table with 3 columns: Question ID, Yes, No. Row 8: 8, [ ], No

Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

Table with 3 columns: Question ID, Yes, No. Row 9: 9, [ ], No

Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

Table with 3 columns: Question ID, Yes, No. Row 10: 10, [ ], No

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

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

Table with 3 columns: Question ID, Yes, No. Row 11a: 11a, [ ], No

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

Table with 3 columns: Question ID, Yes, No. Row 11b: 11b, [ ], No

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

Table with 3 columns: Question ID, Yes, No. Row 11c: 11c, [ ], No

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

Table with 3 columns: Question ID, Yes, No. Row 11d: 11d, [ ], No

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

Table with 3 columns: Question ID, Yes, No. Row 11e: 11e, [ ], No

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

Table with 3 columns: Question ID, Yes, No. Row 11f: 11f, [ ], No

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

Table with 3 columns: Question ID, Yes, No. Row 12a: 12a, Yes, [ ]

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

Table with 3 columns: Question ID, Yes, No. Row 12b: 12b, Yes, [ ]

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

Table with 3 columns: Question ID, Yes, No. Row 13: 13, [ ], No

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

Table with 3 columns: Question ID, Yes, No. Row 14a: 14a, [ ], No

Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV

Table with 3 columns: Question ID, Yes, No. Row 14b: 14b, [ ], No

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV

Table with 3 columns: Question ID, Yes, No. Row 15: 15, [ ], No

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV

Table with 3 columns: Question ID, Yes, No. Row 16: 16, [ ], No

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

Table with 3 columns: Question ID, Yes, No. Row 17: 17, [ ], No

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Table with 3 columns: Question ID, Yes, No. Row 18: 18, Yes, [ ]

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

Table with 3 columns: Question ID, Yes, No. Row 19: 19, [ ], No

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

Table with 3 columns: Question ID, Yes, No. Row 20a: 20a, [ ], No

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

Table with 3 columns: Question ID, Yes, No. Row 20b: 20b, [ ], [ ]

**IV Checklist of Required Schedules (continued)**

Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>		No
Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>		No
Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b>	Yes	
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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<b>24a</b>		No
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>		No
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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>		No
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>		No
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>		No
Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>		No
A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>		No
An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>		No
Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>		No
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>		No
Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>		No
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>		No
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>		No
Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	<b>34</b>	Yes	
Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35</b>		No
Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>		No
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>		No
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		<b>1b</b>	0
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>1c</b>	Yes
Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		<b>2a</b>	1
If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<b>2b</b>	Yes
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>3a</b>	No
If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		<b>3b</b>	
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)?		<b>4a</b>	No
If "Yes," enter the name of the foreign country.			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>5a</b>	No
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>	No
If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<b>5c</b>	
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?		<b>6a</b>	No
If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<b>6b</b>	
<b>Organizations that may receive deductible contributions under section 170(c).</b>			
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?		<b>7a</b>	No
If "Yes," did the organization notify the donor of the value of the goods or services provided?		<b>7b</b>	
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>7c</b>	No
If "Yes," indicate the number of Forms 8282 filed during the year.		<b>7d</b>	
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>	No
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>7f</b>	No
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>7g</b>	No
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>7h</b>	No
<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>8</b>	
<b>Sponsoring organizations maintaining donor advised funds.</b>			
Did the organization make any taxable distributions under section 4966?		<b>9a</b>	No
Did the organization make a distribution to a donor, donor advisor, or related person?		<b>9b</b>	No
<b>Section 501(c)(7) organizations.</b> Enter			
Initiation fees and capital contributions included on Part VIII, line 12.		<b>10a</b>	
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		<b>10b</b>	
<b>Section 501(c)(12) organizations.</b> Enter			
Gross income from members or shareholders.		<b>11a</b>	
Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		<b>11b</b>	
<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>	
If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		<b>12b</b>	
<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
Is the organization licensed to issue qualified health plans in more than one state?		<b>13a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			

O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b>		11
Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b>		9
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		No
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		No
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		No
Does the organization have members or stockholders? . . . . .	<b>6</b>		No
Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>		No
Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>		No
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
The governing body? . . . . .	<b>8a</b>	Yes	
Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		No

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

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

**Section C. Disclosure**

List the States with which a copy of this Form 990 is required to be filed **PA**

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

Own website  Another's website  Upon request

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

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

Connie Youmans

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

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

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

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.

Include all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

Include all of the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Include 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.

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

List all persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Richard Correnti Director	1.00	X					0	0	1,290	
Richard Ann Brown-Gambone Director	1.00	X					0	0		
Richard Reeder President	2.00	X		X			0	0		
Frank Petrozzo Director	1.00	X					0	0	1,040	
Richard DeMasi Director	1.00	X					0	0	7,860	
Richard Kerman Director 2nd VP	1.00	X		X			0	0		
Philip Aristone Director	1.00	X					0	0	23,960	
Richard Glosioso Director	1.00	X					0	0	5,560	
Richard DeBunda Director First VP	1.00	X		X			0	0		
Steven Appel Director Treasurer	1.00	X		X			0	0		
Donnie Youmans Director	3.00			X			0	86,500	22,641	
Michael P Ballezzi Executive Director Director	3.00			X	X	X	0	257,400	64,442	







**IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**Other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
Grants and other assistance to individuals in the U S See Part IV, line 22				
Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors, trustees, and key employees . . . . .				
Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
Other salaries and wages	30,000	15,000	15,000	
Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
Other employee benefits . . . . .				
Payroll taxes . . . . .	3,032	1,516	1,516	
Fees for services (non-employees)				
Management . . . . .				
Legal . . . . .				
Accounting . . . . .	4,495		4,495	
Lobbying . . . . .				
Professional fundraising services See Part IV, line 17 . . . . .				
Investment management fees . . . . .				
Other . . . . .	1,403	712	691	
Advertising and promotion . . . . .	210		210	
Office expenses . . . . .	5,272		5,272	
Information technology . . . . .				
Royalties . . . . .				
Occupancy . . . . .				
Travel . . . . .	670		670	
Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
Conferences, conventions, and meetings . . . . .				
Interest . . . . .				
Payments to affiliates . . . . .				
Depreciation, depletion, and amortization . . . . .				
Insurance . . . . .				
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
Horse care expenses	275,375	275,375		
All other expenses				
<b>Total functional expenses.</b> Add lines 1 through 24f	320,457	292,603	27,854	0
<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>1</b>	Cash—non-interest-bearing . . . . .	81,416	<b>1</b>	134,618
<b>2</b>	Savings and temporary cash investments . . . . .		<b>2</b>	
<b>3</b>	Pledges and grants receivable, net . . . . .		<b>3</b>	
<b>4</b>	Accounts receivable, net . . . . .	2,099	<b>4</b>	17,669
<b>5</b>	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .		<b>6</b>	
<b>7</b>	Notes and loans receivable, net . . . . .		<b>7</b>	
<b>8</b>	Inventories for sale or use . . . . .		<b>8</b>	
<b>9</b>	Prepaid expenses and deferred charges . . . . .		<b>9</b>	
<b>10a</b>	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
<b>b</b>	Less accumulated depreciation . . . . .	<b>10b</b>		<b>10c</b>
<b>11</b>	Investments—publicly traded securities . . . . .		<b>11</b>	
<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
<b>14</b>	Intangible assets . . . . .		<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	83,515	<b>16</b>	152,287
<b>17</b>	Accounts payable and accrued expenses . . . . .	1,751	<b>17</b>	18,148
<b>18</b>	Grants payable . . . . .		<b>18</b>	
<b>19</b>	Deferred revenue . . . . .		<b>19</b>	
<b>20</b>	Tax-exempt bond liabilities . . . . .		<b>20</b>	
<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
<b>22</b>	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
<b>25</b>	Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,751	<b>26</b>	18,148
<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
<b>27</b>	Unrestricted net assets . . . . .		<b>27</b>	
<b>28</b>	Temporarily restricted net assets . . . . .		<b>28</b>	
<b>29</b>	Permanently restricted net assets . . . . .		<b>29</b>	
<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>				
<b>30</b>	Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .	81,764	<b>32</b>	134,139
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .	81,764	<b>33</b>	134,139
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .	83,515	<b>34</b>	152,287

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	372,832
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	320,457
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	52,375
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	81,764
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	0
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	134,139

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
**990 or 990EZ**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

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

of the organization  
IG FOR HOME INC

Employer identification number

26-2698385

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

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

- A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

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

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

- (i)** a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii)** a family member of a person described in (i) above?
- (iii)** a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

Provide the following information about the supported organization(s)

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>Total.</b> Add lines 1 through 3						
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)						
<b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Amounts from line 4						
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Net income from unrelated business activities, 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 IV.)						
<b>Total support.</b> (Add lines 7 through 10)						
Gross receipts from related activities, etc. (See instructions)					<b>12</b>	

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

**Section C. Computation of Public Support Percentage**

Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
Public Support Percentage for 2009 Schedule A, Part II, line 14	<b>15</b>	

**33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ▶

**10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ▶

**Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			222,558	332,073	372,832	927,463
Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>Total.</b> Add lines 1 through 5			222,558	332,073	372,832	927,463
Amounts included on lines 1, 2, and 3 received from disqualified persons			100,000	120,000	120,800	340,800
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						
Add lines 7a and 7b			100,000	120,000	120,800	340,800
<b>Public Support</b> (Subtract line 7c from line 6 )						586,663

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Amounts from line 6			222,558	332,073	372,832	927,463
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 in 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 IV )						
<b>Total support</b> (Add lines 9, 10c, 11 and 12 )	0		222,558	332,073	372,832	927,463

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	

**33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

<b>ects And Circumstances Test</b>



**EDULE D**  
(990)  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No 1545-0047

# 2010

**Open to Public Inspection**

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

**Name of the organization**  
BUILDING FOR HOME INC

**Employer identification number**  
26-2698385

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

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

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

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

## **Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
Total number of conservation easements	2a
Total acreage restricted by conservation easements	2b
Number of conservation easements on a certified historic structure included in (a)	2c
Number of conservation easements included in (c) acquired after 8/17/06	2d

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

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

## **Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- Public exhibition, Scholarly research, Preservation for future generations, Loan or exchange programs, Other

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

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

IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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

If "Yes," explain the arrangement in Part XIV

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

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows: Beginning of year balance, Contributions, Investment earnings or losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance

Provide the estimated percentage of the year end balance held as

- Board designated or quasi-endowment, Permanent endowment, Term endowment

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

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: Land, Buildings, Leasehold improvements, Equipment, Other

Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)



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

Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	372,832
Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	320,457
Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	52,375
Net unrealized gains (losses) on investments	<b>4</b>	
Donated services and use of facilities	<b>5</b>	
Investment expenses	<b>6</b>	
Prior period adjustments	<b>7</b>	
Other (Describe in Part XIV)	<b>8</b>	
Total adjustments (net) Add lines 4 - 8	<b>9</b>	
Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	52,375

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

Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	372,832
Amounts included on line 1 but not on Form 990, Part VIII, line 12		
Net unrealized gains on investments . . . . .	<b>2a</b>	
Donated services and use of facilities . . . . .	<b>2b</b>	
Recoveries of prior year grants . . . . .	<b>2c</b>	
Other (Describe in Part XIV) . . . . .	<b>2d</b>	
Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	372,832
Amounts included on Form 990, Part VIII, line 12, but not on line 1		
Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
Other (Describe in Part XIV) . . . . .	<b>4b</b>	
Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	372,832

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

Total expenses and losses per audited financial statements . . . . .	<b>1</b>	320,457
Amounts included on line 1 but not on Form 990, Part IX, line 25		
Donated services and use of facilities . . . . .	<b>2a</b>	
Prior year adjustments . . . . .	<b>2b</b>	
Other losses . . . . .	<b>2c</b>	
Other (Describe in Part XIV) . . . . .	<b>2d</b>	
Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	320,457
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 . . . . .	<b>4a</b>	
Other (Describe in Part XIV) . . . . .	<b>4b</b>	
Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	320,457

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------



**II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>Golf Outing</u> (event type)	(b) Event #2 _____ (event type)	(c) Other Events <u>3</u> (total number)	(d) Total Events (Add col (a) through col (c))
<b>1</b> Gross receipts . . . . .	18,204		13,667	31,871
<b>2</b> Less Charitable contributions . . . . .	5,748		2,454	8,202
<b>3</b> Gross income (line 1 minus line 2) . . . . .	12,456		11,213	23,669
<b>4</b> Cash prizes . . . . .				
<b>5</b> Non-cash prizes . . . . .				
<b>6</b> Rent/facility costs . . . . .	12,456			12,456
<b>7</b> Food and beverages . . . . .			2,280	2,280
<b>8</b> Entertainment . . . . .				
<b>9</b> Other direct expenses . . . . .				
<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				14,736
<b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶				8,933

**III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
<b>1</b> Gross revenue . . . . .				
<b>2</b> Cash prizes . . . . .				
<b>3</b> Non-cash prizes . . . . .				
<b>4</b> Rent/facility costs . . . . .				
<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes      % <input type="checkbox"/> No	<input type="checkbox"/> Yes      % <input type="checkbox"/> No	<input type="checkbox"/> Yes      % <input type="checkbox"/> No	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶				

Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_  
 Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No  
 If "No," Explain \_\_\_\_\_

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
 If "Yes," Explain \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? . . . . .  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .  Yes  No
- 13 Indicate the percentage of gaming activity operated in
 

	13a
	13b
- 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  Yes  No
- 15b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- 15c If "Yes," enter name and address

Name

Address

**16** Gaming manager information

Name

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions
  - 17a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  Yes  No
  - 17b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	Return Reference	Explanation

Schedule J  
(Form 990)

### Compensation Information

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
BUILDING FOR HOME INC

Employer identification number

26-2698385

### Part I Questions Regarding Compensation

Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.

Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

Receive a severance payment or change-of-control payment from the organization or a related organization?

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

Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

The organization?

Any related organization?

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

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

The organization?

Any related organization?

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

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

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



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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1) Michael P Ballezzi	257,400	0	0	0	64,442	321,842	0
2)							
3)							
4)							
5)							
5)							
7)							
8)							
9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

**2010**

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

Department of the Treasury  
Internal Revenue Service

**Open to Public Inspection**

**Name of the organization**  
TURNING FOR HOME INC

Employer identification number

26-2698385

Identifier	Return Reference	Explanation
01 Form 990 governing body review (Part VI, line 11)		Executive Director review s the return signs and authorizes e-filing of return He notifies the board of such at the next meeting and extends an invitation to review it if any one is interested

Identifier	Return Reference	Explanation
02 Governing documents, etc, available to public (Part VI, line 19)		Information is available by the public from the IRS since it is a charity and the public may request the information from the company





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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved





**Part VII Supplemental Information**

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

Identifier	Return Reference	Explanation
------------	------------------	-------------