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Return of Organization Exempt From Income Tax

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 990 header section including: A For the 2009 calendar year, or tax year beginning 10/1/2009 and ending 9/30/2010; B Check if applicable; C Name of organization Croft House, Inc; D Employer identification number 57-0640593; E Telephone number; F Name and address of principal officer; G Gross receipts \$ 819,225; H(a) Is this a group return for affiliates?; H(b) Are all affiliates included?; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission; 2-7a Check this box; 3-7b Number of members, employees, and volunteers; 8-12 Revenue (Contributions, Program service, Investment, Other, Total); 13-19 Expenses (Grants, Salaries, Professional fundraising fees, Other, Total, Revenue less expenses); 20-22 Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer William P. Bernheim, Date 7-14-11, Type or print name and title WILLIAM P BERNHEIM President of Board

Paid Preparer's Use Only: Preparer's signature, Date 7/9/2011, Check if self-employed, Preparer's identifying number, Firm's name (or yours if self-employed), address, and ZIP + 4, EIN, Phone no

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SCANNED AUG 2009

Handwritten notes: RECEIVED, AUG 2009, COVDEN, UT

Handwritten initials: PS

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission  
Providing housing to low income elderly and disabled persons by operating a HUD-assisted apartment community regulated under Section 223(f) of the National Housing Act

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 \$ 892,435 including grants of \$ ) (Revenue \$ 765,174 )  
Provided housing to elderly and disabled persons by operating an apartment community regulated by the U.S. Department of Housing and Urban Development under Section 223(f) of the National Housing Act

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 ▶ 892,435

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> N/A		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• 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? <i>If "Yes," complete Schedule D, Part VII</i>		
• 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? <i>If "Yes," complete Schedule D, Part VIII</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
	Yes	No
12A		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? N/A		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? N/A		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? N/A		
8	<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? N/A		
9	<b>Sponsoring organizations maintaining donor advised funds.</b> N/A		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**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 in Schedule O. See instructions.

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed	
18	Section 6104 requires an organization to make its Forms 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization N & H Enterprises, Inc P O Box 1184, Orangeburg, SC 29116 803-536-1056	

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

**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 Use Schedule J-2 if additional space is needed

- 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 See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(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			
Bill Bernheim President	2	X		X				-0-	-0-	-0-
Christopher Davies Vice President	2	X		X				-0-	-0-	-0-
Tom Calhoun Treasurer	2	X		X				-0-	-0-	-0-
Ruth Ashe Director	2	X						-0-	-0-	-0-
Mary Barnett Director	2	X						-0-	-0-	-0-
Barbara Snyder Director	2	X						-0-	-0-	-0-
Charles Burhans Director	2	X						-0-	-0-	-0-
Mackie J. Walker Director	2	X						-0-	-0-	-0-
Sheila Wagner Director	2	X						-0-	-0-	-0-
Patricia James Director	2	X						-0-	-0-	-0-
Betty Thorngate Director	2	X						-0-	-0-	-0-
Virginia Dunkelbarger Director	2	X						-0-	-0-	-0-
Scott Murphy Director	2	X						-0-	-0-	-0-
Phyllis Pellarin Director	2	X						-0-	-0-	-0-
Robert Hibbard Director	2	X						-0-	-0-	-0-
Dr. John Baxley Director	2	X						-0-	-0-	-0-



**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 53,538				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		53,538			
Program Service Revenue	Business Code					
	2a Tenant rent payments	531110	190,494	190,494		
	b Housing assistance payments	531110	467,957	467,957		
	c Dietary and related services	531390	96,387	96,387		
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		754,838				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		513		513	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real				
		(ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a Laundry and vending	531110	1,478	1,478			
b Cleaning and other charges	531110	814	814			
c Cable T V	531110	8,044	8,044			
d All other revenue						
e Total. Add lines 11a-11d		10,336				
12 Total revenue. See instructions		819,225	765,174		513	

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	141,919	141,919		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	15,067	15,067		
11 Fees for services (non-employees)				
a Management	36,425		36,425	
b Legal				
c Accounting	4,000		4,000	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	2,102	2,102		
12 Advertising and promotion				
13 Office expenses	13,790	13,790		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,189	1,189		
20 Interest	141,117	141,117		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	209,236	209,236		
23 Insurance	58,986	58,986		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a Service coordinator	57,146	57,146		
b Utilities and trash removal	99,759	99,759		
c Repairs and maintenance	50,364	50,364		
d Food service and related services	88,677	88,677		
e Cable T V	9,354	9,354		
f All other expenses Miscellaneous	3,729	3,729		
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>932,860</b>	<b>892,435</b>	<b>40,425</b>	
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	23,687	1	4,802
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	170	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	12,926	9	11,040
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,514,692		
	b	Less accumulated depreciation	10b 2,121,489	1,542,275	10c 1,393,203
	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	348,583	15	382,011
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,927,641	16	1,791,056	
Liabilities	17	Accounts payable and accrued expenses	35,579	17	38,665
	18	Grants payable		18	
	19	Deferred revenue		19	509
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,385,264	23	2,360,034
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	15,965	25	14,651
	26	<b>Total liabilities.</b> Add lines 17 through 25	2,436,809	26	2,413,859
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-509,168	27	-622,803
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	-509,168	33	-622,803	
34	<b>Total liabilities and net assets/fund balances</b>	1,927,641	34	1,791,056	

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

	Yes	No
2a		X
2b	X	
2c		X
3a	X	
3b	X	

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

Croft House, Inc

Employer identification number

57-0640593

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

(i) 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	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **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**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage from 2008 Schedule A, Part II, line 14 15

16a **33 1/3% support test-2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test-2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test-2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test-2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	38,531	53,025	59,113	55,378	53,538	259,585
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	673,385	692,487	718,250	740,704	765,174	3,590,000
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	711,916	745,512	777,363	796,082	818,712	3,849,585
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						3,849,585

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	711,916	745,512	777,363	796,082	818,712	3,849,585
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,824	4,543	1,611	1,757	513	10,248
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,824	4,543	1,611	1,757	513	10,248
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	713,740	750,055	778,974	797,839	819,225	3,859,833
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.73%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.71%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.27%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.29%

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

Area with horizontal dashed lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Croft House, Inc

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12

Attach to Form 990 See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

57-0640593

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIV, describe how the organization reports 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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report..., 1b If the organization elected, as permitted under SFAS 116, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other .....

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

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

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		66,055		66,055
b Buildings		3,070,026	1,847,060	1,222,966
c Leasehold improvements				
d Equipment		121,624	91,426	30,198
e Other		256,987	183,003	73,984
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )				1,393,203

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 12)		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 13)		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
Tenant security deposits	14,651
Insurance escrow	76,890
Replacement reserve	216,409
Residual receipts reserve	2,795
Deferred financing costs	71,266
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 15)	382,011

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
Tenant security deposits	14,651
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	14,651

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 N/A

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	819,225
2	Total expenses (Form 990, Part IX, column (A), line 25)	932,860
3	Excess or (deficit) for the year Subtract line 2 from line 1	-113,635
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV )	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	-113,635

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	819,225
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV )	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	819,225
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV )	4b
c	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )	819,225

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	932,860
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV )	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	932,860
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV )	4b
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	932,860

**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, line 2, 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

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**Part XIV** Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Croft House, Inc

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

▶ Attach to Form 990

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Employer identification number

57-0640593

Form 990 Part VI Section A Line 3 The organization has entered into a management agreement for  
day-to-day management of the apartment community as is customary for owners/operators of  
HUD-assisted rental communities

Form 990 Part VI Section B Line 11A The return is prepared by a certified public accounting  
firm and provided to the management company for initial review and approval. The return is  
then forwarded to the board of directors for final review, approval and signature

Form 990 Part VI Section B Line 12c Monitored at regularly scheduled meetings of the board of  
directors and as otherwise necessary

Form 990 Part VI Section C Line 19 Documents are maintained by the board of directors and  
copies are provided upon request

**Part IX; Line 22 (990) - Depreciation, Depletion, and Amortization**

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 Depreciation	1 <u>206,944</u>	<u>206,944</u>	<u>                    </u>	<u>                    </u>
2 Depletion	2 <u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
3 Amortization	3 <u>2,292</u>	<u>2,292</u>	<u>                    </u>	<u>                    </u>
4 Total	4 <u>209,236</u>	<u>209,236</u>	<u>                    </u>	<u>                    </u>

CROFT HOUSE, INC.  
DEPRECIATION SCHEDULE  
9/30/2010

DESCRIPTION	DATE ACQUIRED	LIFE (YRS)	METHOD	COST	PRIOR ACCUM	CURRENT EXPENSE	ENDING ACCUM	NET BOOK VALUE
Land 1.2 Acres	4/11/1977			50,000.00				50,000.00
Land	9/30/1983			6,805.00				6,805.00
Land	8/29/1991			9,250.00				9,250.00
				<u>66,055.00</u>				<u>66,055.00</u>
<b>BUILDINGS</b>								
Building	1/1/1979	40	SL	1,703,140.00	1,309,288.80	42,578.50	1,351,867.30	351,272.70
Vestibule	4/1/1989	15	SL	3,458.00	3,458.00	-	3,458.00	-
Improvements	3/3/1998	10	SL	15,756.98	15,756.98	-	15,756.98	-
<b>EQUIPMENT-FIXED</b>								
Automatic doors	11/30/1990	10	SL	6,072.00	6,072.00	-	6,072.00	-
Automatic doors	2/15/1991	10	SL	7,285.00	7,285.00	-	7,285.00	-
Equipment	9/30/1991	10	SL	942.90	942.90	-	942.90	-
Building	2/28/1992	10	SL	795.00	795.00	-	795.00	-
Equipment	2/28/1992	10	SL	807.45	807.45	-	807.45	-
New cooling tower	10/25/1994	10	SL	13,510.00	13,510.00	-	13,510.00	-
Water circulation pump	6/25/1996	10	SL	4,250.00	4,250.00	-	4,250.00	-
Automatic doors	2/19/2001	10	SL	1,876.00	1,610.23	187.60	1,797.83	78.17
Boiler	11/21/2002	10	SL	19,785.00	13,519.75	1,978.50	15,498.25	4,286.75
Security cameras (front)	12/4/2003	10	SL	8,580.00	5,863.00	858.00	6,721.00	1,859.00
Oven	4/15/2003	10	SL	7,886.50	5,126.23	788.65	5,914.88	1,971.63
Walk-in cooler	4/12/2003	10	SL	3,332.32	2,166.01	333.23	2,499.24	833.08
Heat pumps	9/24/2003	10	SL	6,160.72	3,696.43	616.07	4,312.50	1,848.22
Fire protection system	10/15/2003	10	SL	35,363.88	21,218.33	3,536.39	24,754.72	10,609.16
Security system (front)	4/7/2004	10	SL	5,582.14	3,070.18	558.21	3,628.39	1,953.75
Air compressors	8/9/2004	10	SL	1,568.10	810.19	156.81	967.00	601.11
Kitchen hood fire system	10/1/2004	10	SL	2,332.00	1,166.00	233.20	1,399.20	932.80
Trane 5 ton heat pump	2/25/2005	10	SL	9,855.90	4,517.29	985.59	5,502.88	4,353.02
Fire alarm system	3/31/2005	10	SL	1,143.53	514.59	114.35	628.94	514.59
Water line	9/29/2005	10	SL	4,300.60	1,720.24	430.06	2,150.30	2,150.30
5 HVAC units	1/24/2006	10	SL	9,546.60	3,500.42	954.66	4,455.08	5,091.52
Hobart commercial dishwasher	5/18/2006	10	SL	9,837.80	3,279.27	983.78	4,263.05	5,574.75
Maintenance room doors	2/15/2007	10	SL	1,235.00	319.04	123.50	442.54	792.46
Heat pumps	5/15/2007	10	SL	57,172.00	13,340.13	5,717.20	19,057.33	38,114.67
Gazebo/courtyard	5/15/2007	10	SL	15,265.00	3,561.83	1,526.50	5,088.33	10,176.67
Refrigerator (food service)	5/15/2007	10	SL	5,024.00	1,172.27	502.40	1,674.67	3,349.33
Resurface parking lot	2/15/2007	10	SL	42,490.00	10,976.58	4,249.00	15,225.58	27,264.42
Roof	2/15/2007	15	SL	103,023.00	17,742.85	6,868.20	24,611.05	78,411.95
Fencing	2/15/2007	10	SL	2,208.00	570.40	220.80	791.20	1,416.80
Doors and windows	6/15/2007	10	SL	108,410.00	24,392.25	10,841.00	35,233.25	73,176.75
Building exterior	6/15/2007	15	SL	69,602.00	10,440.30	4,640.13	15,080.43	54,521.57
Acoustic ceiling tile	2/15/2007	10	SL	25,976.00	6,710.47	2,597.60	9,308.07	16,667.93
Refurbish elevators	5/15/2007	10	SL	205,226.00	47,886.07	20,522.60	68,408.67	136,817.33
HVAC units	5/15/2007	10	SL	98,293.00	22,935.03	9,829.30	32,764.33	65,528.67
Water heaters	3/15/2007	10	SL	303,455.00	75,863.75	30,345.50	106,209.25	197,245.75
Monitoring board	5/15/2007	10	SL	6,307.00	1,471.63	630.70	2,102.33	4,204.67
Security system a/v	10/27/2006	10	SL	1,358.53	396.24	135.85	532.09	826.44

CROFT HOUSE, INC.  
DEPRECIATION SCHEDULE  
9/30/2010

DESCRIPTION	DATE ACQUIRED	LIFE (YRS)	METHOD	COST	PRIOR ACCUM	CURRENT EXPENSE	ENDING ACCUM	NET BOOK VALUE
<u>EQUIPMENT-FIXED (CONTINUED)</u>								
HVAC units	10/17/2006	10	SL	8,553 00	2,494 63	855 30	3,349 93	5,203 08
Water heater	9/5/2006	10	SL	278 35	83 51	27 84	111 34	167 01
HVAC units - ground floor	1/28/2008	10	SL	10,230 00	1,705 00	1,023 00	2,728 00	7,502 00
Parking lot signs	5/21/2008	10	SL	2,918 00	389 07	291 80	680 87	2,237 13
Floor - beauty shop/bathrooms	6/6/2008	10	SL	3,991 56	532 21	399 16	931 36	3,060 20
Irrigation system, walls	7/19/2008	10	SL	10,640 00	1,241 33	1,064 00	2,305 33	8,334 67
Security/surveillance system - rear	7/23/2008	10	SL	26,967 69	3,146 23	2,696 77	5,843 00	21,124 69
Sidewalk, steps, handrail	9/26/2008	10	SL	5,028 00	502 80	502 80	1,005 60	4,022 40
Generator	1/15/2009	10	SL	5,100 00	382 50	510 00	892 50	4,207 50
Wood fence, trash receptacle gate	2/25/2009	10	SL	4,494 68	262 19	449 47	711 66	3,783 02
Concrete walk extension & pad	7/30/2009	10	SL	906 80	15 11	90 68	105 79	801 01
Fire extinguisher cabinets	9/23/2009	10	SL	1,123 50	-	112 35	112 35	1,011 15
Restaurant range, serving counter, food service stations	9/28/2009	10	SL	20,913 74	-	2,091 37	2,091 37	18,822 37
Rest room counters & sinks	5/24/2010	10	SL	2,553 15	-	85 11	85 11	2,468 05
Beauty shop counters & drawers	6/28/2010	10	SL	1,235 00	-	30 88	30 88	1,204 13
Coffee counter - dining room	8/31/2010	10	SL	2,037 28	-	16 98	16 98	2,020 30
Back flush toilets	9/1/2010	10	SL	34,841 86	-	290 35	290 35	34,551 51
				3,070,025 56	1,682,477 69	164,581 73	1,847,059 42	1,222,966 14

DESCRIPTION	DATE ACQUIRED	LIFE (YRS)	METHOD	COST	PRIOR ACCUM	CURRENT EXPENSE	ENDING ACCUM	NET BOOK VALUE
<u>EQUIPMENT-PORTABLE</u>								
Ice machine and installation	4/14/1989	10	SL	2,086 20	2,086 20	-	2,086 20	-
Misc equipment	9/1/1989	5	SL	728 80	728 80	-	728 80	-
Refrigerator	5/25/1991	5	SL	396 90	396 90	-	396 90	-
Refrigerator	10/1/1992	5	SL	845 25	845 25	-	845 25	-
Refrigerator	2/9/1993	5	SL	845 25	845 25	-	845 25	-
Moveable gates	2/9/1993	5	SL	700 00	700 00	-	700 00	-
Appliances	11/12/1993	5	SL	612 20	612 20	-	612 20	-
Appliances	8/23/1994	5	SL	865 97	865 97	-	865 97	-
Faucets & appliances	3/2/1995	5	SL	1,533 59	1,533 59	-	1,533 59	-
Appliances	3/25/1996	5	SL	1,755 60	1,755 60	-	1,755 60	-
Refrigerators	7/16/1997	5	SL	21,201 70	21,201 70	-	21,201 70	-
Appliances	2/18/1997	5	SL	257 25	257 25	-	257 25	-
Refrigerator	4/8/1999	5	SL	412 98	412 98	-	412 98	-
Appliances	10/1/2001	5	SL	855 42	855 42	-	855 42	-
Stove	1/15/2002	5	SL	355 10	355 10	-	355 10	-
Stove	2/22/2002	5	SL	299 98	299 98	-	299 98	-
Stoves	4/1/2002	5	SL	606 32	606 32	-	606 32	-
Stoves	4/1/2003	5	SL	949 76	949 76	-	949 76	-
Slicer	11/25/2003	5	SL	920 00	920 00	-	920 00	-
Warmer, can opener, processor	11/25/2003	5	SL	1,449 63	1,449 63	-	1,449 63	-
Steamer	4/12/2003	5	SL	3,036 90	3,036 90	-	3,036 90	-
Proofer/holding cabinet	1/22/2003	5	SL	1,690 70	1,690 70	-	1,690 70	-
4 TVs and DVD player	9/1/2004	5	SL	1,908 84	1,908 84	-	1,908 84	-
Whirlpool washing machine	6/18/2006	5	SL	895 00	581 75	179 00	760 75	134 25
Ranges, hoods, cords	4/15/2007	5	SL	32,869 00	15,886 68	6,573 80	22,460 48	10,408 52
Washing machine - front load	10/30/2006	5	SL	873 09	509 30	174 62	683 92	189 17

CROFT HOUSE, INC  
DEPRECIATION SCHEDULE  
9/30/2010

DESCRIPTION	DATE ACQUIRED	LIFE (YRS)	METHOD	COST	PRIOR ACCUM	CURRENT EXPENSE	ENDING ACCUM	NET BOOK VALUE
<u>EQUIPMENT-PORTABLE (CONTINUED)</u>								
Refrigerators	6/11/2007	5	SL	873 12	407 46	174 62	582 08	291 04
Coin dryer	12/21/2007	5	SL	957 65	335 18	191 53	526 71	430 94
Refrigerator	3/10/2008	5	SL	553 19	175 18	110 64	285 81	267 38
Dryer - 3rd floor	6/27/2008	5	SL	895 00	223 75	179 00	402 75	492 25
Washer and dryer	12/11/2008	5	SL	1,529 14	254 86	305 83	560 68	968 46
Washer - top loading	1/30/2009	5	SL	537 00	71 60	107 40	179 00	358 00
Washer - top mount	3/24/2010	5	SL	549 84	54 98	54 98	54 98	494 86
				84,846 37	62,760 09	8,051 42	70,811 51	14,034 86
<u>FURNITURE</u>								
94 banquet stack chairs	9/21/2006	7	SL	16,277 00	6,975 86	2,325 29	9,301 14	6,975 86
24 round table bases	9/21/2006	7	SL	2,237 48	958 92	319 64	1,278 56	958 92
24 square table tops	9/21/2006	7	SL	3,650 00	1,564 29	521 43	2,085 71	1,564 29
Patio furniture	3/29/2010	7	SL	2,131 44	152 25	152 25	152 25	1,979 19
				24,295 92	9,499 06	3,318 60	12,817 66	11,478 26
<u>FURNISHINGS</u>								
Chain link fence	1/1/1980	10	SL	559 55	559 55	-	559 55	-
Drapes	4/15/1988	10	SL	154 50	154 50	-	154 50	-
Tilt skillet	9/28/1990	10	SL	3,667 65	3,667 65	-	3,667 65	-
Drapes	2/28/1992	7	SL	1,653 75	1,653 75	-	1,653 75	-
Drapes	5/5/1995	7	SL	8,860 32	8,860 32	-	8,860 32	-
Mini blinds	2/20/1996	7	SL	932 00	932 00	-	932 00	-
Carpeting (clubhouse)	6/8/1999	7	SL	11,647 71	11,647 71	-	11,647 71	-
Window treatments (clubhouse)	6/12/1999	7	SL	831 75	831 75	-	831 75	-
Stacking arm chairs	12/14/1998	7	SL	2,775 29	2,775 29	-	2,775 29	-
Beauty shop furniture	8/30/1999	7	SL	575 00	575 00	-	575 00	-
Computer- Neighborhood NW	9/9/1999	5	SL	748 00	748 00	-	748 00	-
Replace all carpet and vinyl	10/15/2003	7	SL	54,199 52	46,456 73	7,742 79	54,199 52	-
Artwork	11/10/2003	7	SL	3,564 78	3,013 09	509 25	3,522 34	42 44
Furniture for all common areas	12/7/2003	7	SL	20,024 52	16,687 10	2,860 65	19,547 75	476 77
Artwork	4/21/2004	7	SL	2,409 38	1,864 40	344 20	2,208 60	200 78
Cabinets & countertops	9/20/2006	7	SL	3,757 70	1,610 44	536 81	2,147 26	1,610 44
Cabinets, sinks, countertops	4/15/2007	7	SL	91,392 00	31,552 00	13,056 00	44,608 00	46,784 00
Bathroom vanities	3/15/2007	7	SL	18,881 00	6,743 21	2,697 29	9,440 50	9,440 50
				226,634 42	140,332 50	27,746 99	168,079 48	58,554 94
<u>OFFICE FURNITURE &amp; EQUIPMENT</u>								
Office Equipment	6/28/1992	10	SL	608 75	608 75	-	608 75	-
Fax machine	3/27/1995	5	SL	279 36	279 36	-	279 36	-
Sharp Typewriter	3/10/1988	10	SL	791 70	791 70	-	791 70	-
Laserjet & monitor	12/30/1998	5	SL	692 98	692 98	-	692 98	-
Desk, hutch, credenza, table	6/18/1999	7	SL	1,642 00	1,642 00	-	1,642 00	-
Chairs	8/25/1999	7	SL	941 85	941 85	-	941 85	-
Chairs, file cabinet, desk	9/20/1999	7	SL	1,373 35	1,373 35	-	1,373 35	-

CROFT HOUSE, INC.  
DEPRECIATION SCHEDULE  
9/30/2010

DESCRIPTION	DATE ACQUIRED	LIFE (YRS)	METHOD	COST	PRIOR ACCUM	CURRENT EXPENSE	ENDING ACCUM	NET BOOK VALUE
<u>OFFICE FURNITURE &amp; EQUIPMENT (CONTINUED)</u>								
Furniture	4/1/2000	7	SL	389 28	389 28	-	389 28	-
Computer	5/1/2001	5	SL	1,158 87	1,158 87	-	1,158 87	-
Printer	5/1/2001	5	SL	681 58	681 58	-	681 58	-
Copier	11/14/2002	5	SL	3,863 70	3,863 70	-	3,863 70	-
Computer	1/16/2003	5	SL	1,480 82	1,480 82	-	1,480 82	-
Dell Latitude D520 computer	6/2/2006	5	SL	2,269 46	1,512 97	453 89	1,966 87	302 59
Chair - front desk	2/2/2007	7	SL	94 08	35 84	13 44	49 28	44 80
Wireless headset	7/13/2007	5	SL	288 89	130 00	57 78	187 78	101 11
Dell Latitude D520 computer	1/12/2007	5	SL	1,926 63	1,059 65	385 33	1,444 97	481 66
Two fireproof file cabinets	6/5/2009	7	SL	4,654 50	221 64	664 93	886 57	3,767 93
2 Dell desktops & 1 laptop computer	2/3/2010	5	SL	4,071 09		542 81	542 81	3,528 28
Copier	9/14/2010	5	SL	5,821 17		97 02	97 02	5,724 15
<u>DISPOSALS</u>								
Fax machine				(279 36)			(279 36)	-
Computer				(1,158 87)			(1,158 87)	-
Computer				(1,480 82)			(1,480 82)	-
				30,111 01	16,864 34	2,215 20	16,160 49	13,950 52
<u>MAINTENANCE EQUIPMENT</u>								
Storage cabinet	1/20/1999	5	SL	775 78	775 78	-	775 78	-
Carpet cleaner	7/24/1999	5	SL	133 01	133 01	-	133 01	-
Table saw	6/1/2000	5	SL	312 98	312 98	-	312 98	-
Pressure washer	10/1/2000	5	SL	733 00	733 00	-	733 00	-
Sewage machine	6/1/2001	5	SL	401 76	401 76	-	401 76	-
Vacuum cleaner	8/9/2002	5	SL	741 99	741 99	-	741 99	-
Paint sprayer	9/2/2003	5	SL	1,227 87	1,227 87	-	1,227 87	-
Steamvac	7/2/2006	5	SL	295 00	186 83	59 00	245 83	49 17
Lawn mower & trimmer	3/7/2007	5	SL	570 42	294 72	114 08	408 80	161 62
Hedge trimmer	1/31/2007	5	SL	153 00	81 60	30 60	112 20	40 80
Thermax steam cleaner	7/15/2010	5	SL	2,063 93		103 20	103 20	1,960 73
				(741 99)			(741 99)	-
				6,666 75	4,889 54	306 88	4,454 43	2,212 32
<u>MISC FIXED ASSETS</u>								
Treadmill - exercise room	7/28/2006	5	SL	1,605 88	1,017 06	321 18	1,338 23	267 65
Exercise bike	7/28/2006	5	SL	423 87	268 45	84 77	353 23	70 65
Flagpole	1/28/2009	10	SL	1,460 00	97 33	146 00	243 33	1,216 67
Mm shopping carts for laundry	5/19/2010	5	SL	2,567 36		171 16	171 16	2,396 20
				6,057 11	1,382 84	723 11	2,105 95	3,951 16
				3,514,692 14	1,918,206 07	206,943 93	2,121,488 95	1,393,203 19

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

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)**

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>	Name of Exempt Organization Croft House, Inc	Employer identification number 57-0640593
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions 356 York Street NE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Aiken SC 29801	

**Check type of return to be filed** (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ N & H Enterprises, Inc. P.O. Box 1184 Orangeburg SC 29116

Telephone No ▶ (803)536-1056 FAX No ▶ (803)531-3048

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15/2011 to file the exempt organization return for the organization named above The extension is for the organization's return for  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning 10/1/2009 and ending 9/30/2010

**2** If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3 a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>3c</b>	\$ -0-

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>Croft House, Inc</b>	Employer identification number <b>57-0640593</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>356 York Street NE</b>	For IRS use only
	City, town or post office state, and ZIP code For a foreign address, see instructions <b>Aiken SC 29801</b>	

**Check type of return to be filed** (File a separate application for each return)

- |  |  |                                      |                                    |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                             | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868**

- The books are in the care of  **N & H Enterprises, Inc. P O Box 1184 Orangeburg SC 29116**  
Telephone No  **803-536-1056** FAX No  **(803) 531-3048**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 8/15/2011

5 For calendar year \_\_\_\_\_, or other tax year beginning 10/1/2009, and ending 9/30/2010

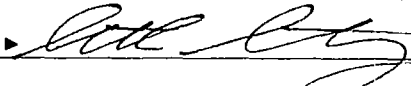
6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension The organization needs more time to obtain information necessary for filing a complete and accurate return

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	
c <b>Balance Due</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	-0-

**Signature and Verification**

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete, and that I am authorized to prepare this form

Signature  Title  **CPA** Date  8/12/11