



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

**A For the 2010 calendar year, or tax year beginning** , 2010, and ending , 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization**  
Jan Thomaud Homes Inc.  
**D Employer identification number**  
26-2058976

**E Telephone number**  
803-300-4735

**F Group Exemption Number** ▶

**G Accounting Method:**  Cash  Accrual Other (specify) ▶

**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** ▶

**J Tax-exempt status** (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

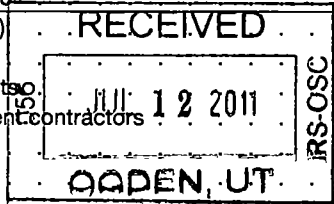
**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$

**Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	<u>189,152.15</u>
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	
	4	Investment income . . . . .	4	
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	b	Less: cost or other basis and sales expenses . . . . .	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b		
c	Less: direct expenses from gaming and fundraising events . . . . .	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d		
7a	Gross sales of inventory, less returns and allowances . . . . .	7a		
b	Less: cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe in Schedule O) . . . . .	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	<u>189,152.15</u>	
<b>Expenses</b>	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	<u>183,232.69</u>
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	<u>1,504.67</u>
	15	Printing, publications, postage, and shipping . . . . .	15	<u>3,677.24</u>
	16	Other expenses (describe in Schedule O) . . . . .	16	
	17	<b>Total expenses.</b> Add lines 10 through 16 ▶	17	<u>188,414.60</u>
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>737.55</u>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<u>-263</u>
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ▶	21	<u>474.55</u>



SCANNED JUL 20 2011

24



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V . . . . .

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)? . . . . .		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		<input checked="" type="checkbox"/>
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ <u>South Carolina</u>		
42a	The organization's books are in care of ▶ <u>Phillip Kaufman</u> telephone no. ▶ <u>803-300-4735</u> Located at ▶ <u>PO Box 1874, Saratoga, SC 29804</u> ZIP + 4 ▶ _____		
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)? . . . . .		<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		

		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		<input checked="" type="checkbox"/>

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	<input checked="" type="checkbox"/>
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<i>none</i>				

f Total number of other employees paid over \$100,000  none

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<i>none</i>		

d Total number of other independent contractors each receiving over \$100,000  none

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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: Michael Kaufman Date: 7-5-11  
 Type or print name and title: Michael Kaufman CEO

**Paid Preparer Use Only**  
 Print/Type preparer's name: Phillip Kaufman Preparer's signature: [Signature] Date: 7-5-11 Check  if self-employed PTIN:    
 Firm's name:   Firm's EIN:    
 Firm's address:   Phone no:  

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Supplemental Information to Form 990 or 990-EZ

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Ten Thousand Homes

Employer identification number

26-2058976

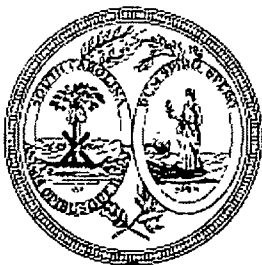
Paid 10K Homes South Africa \$183,232.69 to build orphan homes, run feeding programs, and run DTS schools. 10K Homes South Africa is a separate legal entity in S. Africa.

Paid Growth Resourcing Group \$3,207.50 to run leadership training seminars.

This is my first year keeping the books for Ten Thousand Homes - thus the negative balance.

I do not believe Ten Thousand Homes has filed before, and it was not aware we needed to file this the late filing.

*[Signature]*



State of South Carolina  
Office of the Secretary of State  
The Honorable Mark Hammond

Apr 2, 2011

Ten Thousand Homes  
Mr. Phillip Kaufman  
PO BOX 1874  
LEXINGTON, SC 290711874

Charity ID: C98389964  
PIN (Registration): 7445u49r  
PIN (Financial Report): ufSVcfg9

Dear Mr. Phillip Kaufman :

Your annual Registration and Financial Report for your fiscal year Jan 1, 2010 to Dec 31, 2010 are due on May 15, 2011. You may complete your registration and annual financial report online from our Website at [www.scsos.com](http://www.scsos.com).

- To file your registration online, you will need to use the Charity ID and Registration PIN listed above. The \$50 payment for online registration must be made by a credit or debit card.
- All outstanding financial reports must be filed prior to completing your registration. To file your financial report, click on "Financial Report Filing." Enter your Charity ID and Financial Report PIN. Complete all screens and upload a scanned PDF or Tif copy of your IRS Form 990 or Secretary of State's Annual Financial Report Form. There is no fee associated with filing a financial report. **Form 990 must be signed by an officer of the organization and, if applicable, the preparer. The Annual Financial Report must be signed by both the CEO and CFO of the organization.**
- If you do not wish to file electronically, please complete the Registration Statement for a Charitable Organization found on our Website and return it with the \$50 filing fee to the address found on the form. All outstanding financial reports that are due will also need to be filed using IRS Form 990 or the Annual Financial Report for a Charitable Organization with the Secretary of State's Office.
- If you are ready to file your registration but you are not quite ready to file your financial report, you may request up to two 3 month extensions. Extensions cannot be filed online. You will need to submit either the IRS extension letter (Form 8868) or your written request to the Secretary of State's Office for approval. You will receive notification that the extension has been processed and approved. **Upon receipt of this notification, you must then complete your registration. Please note that the extension is only for the financial report. There is no extension granted for the registration.**

If the organization no longer plans to solicit funds in the state of South Carolina, please sign and date this letter and return it to the Division of Public Charities. Upon receipt of a signed copy of this letter, our Office will terminate your registration as a charitable organization. You are still required to submit annual financial reports from the previous time period during which you were registered before our Office can close out your file.

According to South Carolina law, failure to register a charitable organization and submit annual financial reports may result in an administrative fine of up to \$2,000. In order to avoid any administrative fines, please make sure that all required documentation is complete and properly signed. Filings that are incomplete, have missing paperwork or are not properly signed will be returned and the registration will not be processed. If you need any additional information about forms or statutes, please visit our Website and click on the Public Charities button or call our office at (803) 734-1790.

Sincerely,

Edward M. Badgett  
Division of Public Charities

The following charitable organization will not be soliciting funds or will not have funds solicited on its behalf in South Carolina during the upcoming year

Name of Charitable Organization: \_\_\_\_\_

Signature of Authorized Person: \_\_\_\_\_ Date: \_\_\_\_\_