

# 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



# SCANNED AUG 0 2 2011

Form **990** 

Department of the Treasury

# **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)

OMB No 1545-0047

Open to Public

_		the organization may have to use a copy of this return to satisfy s		rung requir	ements.	20	<u> </u>		
<u>A</u>	For the	2010 calendar year, or tax year beginning , 2010, and	dending			, 20			
В	Check if	applicable C Name of organization Tenants to Homeowners, Inc.			D Employ	yer identification n	umber		
	Address					48-1131323			
	Name ch	ange Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone number				
	Initial ret	um 2518 Ridge Court	Suite	103	785-842-5494				
	Terminat	ed City or town, state or country, and ZIP + 4							
	Amende	d return Lawrence, KS 66046			G Gross r	receipts \$			
	Apolicati	on pending F Name and address of principal officer: Rebecca Buford		H(a) Is thus	a aroup return	for affiliates?	✓ No		
		same as C above		I .		ncluded? Yes			
$\overline{}$	Tax-exer	npt status:	527	1 ''		list (see instruction			
<u>;</u>		e: http://www.tenants-to-homeowners.org	<u> </u>	H(c) Groun	n exemptio	n number 🕨			
ĸ			of formation		<del></del>	e of legal domicile.	KS		
_	art I	Summary	or ionnauo	III. 1992	I W State	or legal dorniche.			
		<u></u>	T	wor tonon	o to boos				
	1	Briefly describe the organization's mission or most significant activities:					>		
9		through programs for education, construction, and creative financing. TTH m	<del>-</del>						
Activities & Governance		permanently affordable ownership housing and stewards it in trust, and partn	iers with	otner agen	cies to cr	reate nealtny not	using		
Ē		and sustainable neighborhoods in Lawrence, KS.							
ò	1	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more the	nan 25% of	rts net assets		i			
8	3				3		12		
89	4	Number of independent voting members of the governing body (Part VI, lin	ne 1b) .		4		12		
\$	5	Total number of individuals employed in calendar year 2010 (Part V, line 2	?a)		5		3		
5	6	Total number of volunteers (estimate if necessary)			6		50		
⋖	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a		0		
	Ь	Net unrelated business taxable income from Form 990-T, line 34	. <b>.</b>		7b		0		
	1		Prior Ye	ar	Current Ye	ar			
_	8	Contributions and grants (Part VIII, line 1h)	—		900,889				
Revenue	9	Program service revenue (Part VIII, line 2g)			644,608				
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,814	<u> </u>				
æ	1	· · · · · · · · · · · · · · · · · · ·	· •		104,589				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue and lines 8 through 11 (must equal Part VIII, column (A) lines	1,652,900						
_	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		<u> </u>	,052,900				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)							
	14	Benefits paid to or for members (Part IX, column (A), line 4)							
80	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	_		157,208	·			
Expenses	16a	Professional fundraising fees (Part-IX, column (A), line 11e)	· •						
ă	b	Total fundralsing expenses (Part IX, column (D), line 25) ▶		<del></del>					
Ш	17	Other expenses (Part IX, column (A), Jihes 11a-11d, 11f-24f)	· • L		826,804				
	18	Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)			984,012				
	19	Revenue less expenses. Subtract line 18 from line 12	[		668,888	-			
5	3	THE CONTRACTOR OF THE CONTRACT		ginning of Cu	rrent Year	End of Yea	ar		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	🗀	3	,061,655	3,	738,227		
Ass	21	Total liabilities (Part X, line 26)	🗀		7,792		15,476		
ž Š	22	Net assets or fund balances. Subtract line 21 from line 20		3	,053,863	3.	722,751		
	art II	Signature Block							
-		Ities of perjury, I declare that I have examined this return, including accompanying schedules at	nd stateme	nte and to t	he heet of r	my knowledge, and	heliaf It Is		
		t, and complete. Declaration of preparer/lother than officer) is based op-ell-information of which				ny monicoge and	Denoi, it io		
		De Colon Standard ()							
Sig	an.	Signature of officer		Da	to				
	_		210	Da	ຶ )	1 1 11			
пе	ere		IUK		_121	1111			
		Type or print name and title	16		<del>-,</del>	I COUNTY	<del></del>		
Pa	nid	Pnnt/Type preparer's name Preparer's signature	Date		Check				
_	epare	r			self-em	ployed			
	se Onl			Fim	ı's EIN ▶				
_		Firm's address ▶		Pho	пе по				
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions) .				· · Ye	s 🗌 No		
For	Paper	vork Reduction Act Notice, see the separate instructions.	Cat. No	11282Y		Form 9	<b>90</b> (2010)		

) (Revenue \$

911,555

749,197 )

Other program services. (Describe in Schedule O.)

Total program service expenses

(Expenses \$

911,555 including grants of \$

rait	Checklist of nequired scriedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	_	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e	<b>√</b>	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		1
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? If "Yes," complete Schedule F, Parts I and IV	14b		1
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? If "Yes," complete Schedule F, Parts II and IV	15		1
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? If "Yes," complete Schedule F, Parts III and IV	16		1
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? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a		20a	L	1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 files that operate one or more hospitals must attach audited financial statements (see instructions)	20h		

Part I	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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	26		1
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	27		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	1	1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	1	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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? <i>If "Yes," complete Schedule R, Part I</i>	33		1
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	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
а	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," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
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	38	1	

Form 99 Part				Page 5
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			_
	Check it contoute a contains a response to any question in this part v	<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0		765	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	†		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>✓</b>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
<b>4a</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)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1		
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		✓_
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
b	organization solicit any contributions that were not tax deductible?	6a		<b>√</b>
7	gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		,
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b>✓</b>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	<del></del>		<u> </u>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	,	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>√</b>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	}		
_	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	[		
a b	Did the organization make any taxable distributions under section 4966?	9a		
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Indication from any transfer to a 19 of the first transfer to the first transfer to the first transfer transfer to the first transfer transfer to the first transfer			
	Initiation rees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	<del></del>	<del>- 1</del>	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		ŀ	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year? . . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

. . . . . . . . . .

the organization is licensed to issue qualified health plans

C

Enter the amount of reserves on hand . . . . . . . . . . . . . . . .

14a

14b

13b

13c

Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.  Check if Schedule O contains a response to any question in this Part VI	es in	and				
Secti	on A. Governing Body and Management						
1a b 2	Enter the number of voting members of the governing body at the end of the tax year		Yes	No			
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?	3		1			
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	4 5 6	1	<i>y</i>			
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		1			
a b 9	The governing body?	8a 8b	1				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 ue C	ode.)	<b>✓</b>			
			Yes	No			
10a b	Does the organization have local chapters, branches, or affiliates?	10a		1			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		1			
b 12a	Does the organization have a written conflict of interest policy? If "No," go to line 13						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1				
c 13	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1				
14 15	Does the organization have a written document retention and destruction policy?  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?	14	<b>√</b>				
а	The organization's CEO, Executive Director, or top management official	15a	1	'			
b	Other officers or key employees of the organization	15b		1			
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	16a	<b>√</b>				
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?	16b	<b>√</b>				
Secti	on C. Disclosure		<u> </u>	<del></del>			
17 18	List the states with which a copy of this Form 990 is required to be filed ► NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.  ☑ Own website ☐ Another's website ☑ Upon request						
19 20	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records organization:  Carolyn Binns, 785-842-5494		·	oolicy,			
	2518 Ridge Court, Suite 103, Lawrence, KS 66046						

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 neither the organization nor		d orga	aniz			ompe	nsa	<del></del>		
(A)	(B)			(0	-			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	individual tr or director	Institutional trustee	Officer	ਲ Key employee	Highest compensated employee	Ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Scott Rusthoven	1							?	0	?
President	<u>'</u>	✓	L.	✓	_		<u> </u>			· · · · · · · · · · · · · · · · · · ·
(2) Richard Heckler	1							0	اه	0
Vice President	1	1		1						
(3) Caroline Eddinger	1					1		0	0	0
Treasurer		✓		✓					J	
(4) Geoff Strole	1						ļ		o	0
Secretary	<u> </u>	✓		✓		<u> </u>		ļ		
(5) Matt Gough	1					Į.		0	l o	0
Director	·	1		1						
(6) Deborah McMullen	1							o	0	0
Director		✓		✓					Ū	
(7) Ranita Wilks	1							0	o	0
Director	]	✓		✓				•		····
(8) Sarah St. John	1	}						0	o	0
Director		1		✓						
(9) Paul Wood	1					1		0	ا	0
Director		✓	<u> </u>	1						
(10) Dan Heptig	1							0	o	0
Director	l	✓		1	<u>L</u> .					····
(11) Geriann Bermudez	1							0	0	0
Director	·	✓		✓		<u>.                                    </u>			•	
(12) Joe Ewert	1				[			0	0	0
Director	]	✓		✓	l				0	
(13) Rebecca Buford	40	T			Π		П	61,688	0	4677
Executive Director	] 40				✓	✓		01,000	0	4077
(14)										
(15)	-			-						
(16)			T				╁			

Part	VII Section A. Officers, Directors, Trus	stees, Key I	Emplo	уеє	es, a	and	Highe	est (	Compensated	<b>Employees</b>	continu	ued)	
	(A)	(B)			•	C)			(D)	(E)		(F,	
	Name and title	Average hours per week		T =	Officer	_	that ap	ply) Former	Reportable compensation from	Reportable compensation related	from	Estima amou oth	nt of er
		(describe hours for related organizations in Schedule O)	Individual trustee or director	nstitutional trustee	Xer Yer	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizatioi (W-2/1099-M		sation the ration lated ations	
(17)											•		
(18)												<del></del>	
(19)													
(20)					<u> </u>		ļ				-		
(21)				ļ							<del></del>		
(22)				-	-		-						
(23)			l							<u> </u>			
(24)													
(25)											_		
(26)						-							
(27)					-	<u> </u>						· .	<del></del>
(28)												<del> </del>	
1b	Sub-total	<u> </u>	l	L	L	L	1						
c	Total from continuation sheets to Part		n A		•			•		<b></b>			
d	Total (add lines 1b and 1c)							▶	61,688		0		4,677
2	Total number of individuals (including but reportable compensation from the organi	t not limited	d to th					e) w	ho received m	ore than \$10	00,000	in	
-												`	res No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							mp	oloyee, or high · · · · ·	nest comper	nsated 	3	Í
4	For any individual listed on line 1a, is the organization and related organizations												
5	Did any person listed on line 1a receive of		ompe	nsa	tion	fro						4	<b>√</b>
	for services rendered to the organization	? If "Yes," o	comp	lete	Scl	hedi	ule J i	for s	such person	<u> </u>		5	1
	on B. Independent Contractors						<del></del>		<del></del>		0100		
1	Complete this table for your five highest compensation from the organization.	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more tha	n \$100	,000 ot	
	(A) Name and business add	Iress							(B) Description of s	services		(C) Compensa	bon
None								<u> </u>					
		<del>-</del> .						╁					
			<u> </u>			-		$\vdash$	<del></del>	<del></del>			
						_		1					
2	Total number of independent contractor received more than \$100,000 in compens								nose listed ab	ove) who			

Part	VIII	Statement of Revo	enue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
23 20	1a	Federated campaigns		1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues .		1b		1			
. E	C	Fundraising events .		1c			1		
¥ a	đ	Related organizations		1d					
S, E	е	Government grants (cont		1e	791,455				
들힌	f	All other contributions, gif							
돌		and similar amounts not inc	luded above	1f	109,434				
들음	g	Noncash contributions include	ed in lines 1a	-1f: \$	95,188		į.		
ರಿ ಕ	h	Total. Add lines 1a-1f			🕨	900,889	ĺ		
		· · · · · · · · · · · · · · · · · · ·	<del></del>		Business Code				
Ę	<b>2</b> a	House Sales			531390	608,963	608,963		
8	b	Drogram Food			561000	35,645	35,645		
Program Service Revenue	С								
Š	d					T			
Ĕ	е								
E E	f	All other program serv		ie .					
4	g	Total. Add lines 2a-2f	<u> </u>			644,608			
	3	Investment income (							
		and other similar amo	unts) .		▶	2814			2814
	4	Income from investment	of tax-exe	mpt bo	ond proceeds ►				
	5	Royalties			🕨				
			(i) Real		(ii) Personal				
	6a	Gross Rents	10	4,589					
	b	Less: rental expenses							
	С	Rental income or (loss)	10	4,589					
	d	Net rental income or (	loss) .		🕨	104,589	104,589		
	7a	Gross amount from sales of	(i) Secunt	ies	(ii) Other				
		assets other than inventory					1		
	b	Less: cost or other basis					•		1
		and sales expenses .							
	С	Gain or (loss)							
i	d	Net gain or (loss) .			▶				
en	8a	Gross income from fu	ndraisina						
enne/		events (not including \$							1
		of contributions reporte	d on line 1	c).					
<u> </u>		See Part IV, line 18 .							
Other Re	b	Less: direct expenses					İ		
O		Net income or (loss) fr							
		Gross income from ga							
		See Part IV, line 19 .					1		
	ь	Less: direct expenses		. b					
		Net income or (loss) fr			vities ▶		1		1
		Gross sales of in							
		retums and allowance							
	ь	Less: cost of goods s	old	. <b>b</b>					
	c	Net income or (loss) fr					1		
	Ť	Miscellaneous R		<del></del>	Business Code				
	11a						!		
	ь								<del>                                     </del>
	c								
	d	All other revenue .							
	e	Total. Add lines 11a-					<del></del>	<del></del>	<del>                                     </del>
	12	Total revenue. See in				1,652,900	749,197		2,814

# 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).

	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	66,366	39,820	26546	
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	69,004	41,402	27,602	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	11,754	7052	4702	
10	Payroll taxes	10,084	6050	4034	
11	Fees for services (non-employees):	*****			
a	Management				
b	Legal	90	90	6.707	
C	Accounting	16,993	10,196	6,797	
ď	Lobbying		-		· · · · · · · · · · · · · · · · · · ·
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	-			
g	Other	972	972		
2	Advertising and promotion	3854	3854	-	· · · ·
3	Office expenses	4780	4780	· <del>-</del> ··· <del>-</del> ··· ·	
4	Information technology	5605	5605		
5	Royalties				
16	Occupancy	7068	7068		
17	Travel	8154	8154		
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2776		2776	
20	Interest	84	84		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	17336	17336		
23	Insurance	15,194	15,194		<del></del>
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column		:		
	(A) amount, list line 24f expenses on Schedule O.)				
а	Cost of Houses Sold	621,652	621,652		- <u>-</u>
þ	LCHT Expenses	20,649	20,649		
C	Repairs and Maintenance	26,274	26,274		
d	Developer's Fee Expenses	51,000	51,000		
0	Real Estate Taxes/Transaction Expenses	22,843	22,843		
f	All other expenses	1480	1480		
25	Total functional expenses. Add lines 1 through 24f	984,012	911,555	72,457	····
26	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	irt X	Balance Sheet		<del></del> r	
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	308,011	1	197,770
l	2	Savings and temporary cash investments	252,029	2	410,564
	3	Pledges and grants receivable, net	29,061	3	
	4	Accounts receivable, net	62,718	4	18,935
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
S	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net	378,961	7	403,623
As	8	Inventories for sale or use	25,829	8	37,405
	9	Prepaid expenses and deferred charges	10.049	9	13,359
į	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1,180,952			
	ь	Less: accumulated depreciation 10b 184,460	362,057	10c	996,492
	11	Investments—publicly traded securities		11	· · · · · · · · · · · · · · · · · · ·
ļ	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
l	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,632,940	15	1,660,079
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,061,655	16	3,738,227
	17	Accounts payable and accrued expenses	2,661	17	5120
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
Lial		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
1	24	Unsecured notes and loans payable to unrelated third parties		24	
ł	25	Other liabilities. Complete Part X of Schedule D	5131	25	10356
	26	Total liabilities. Add lines 17 through 25	7792	26	15476
ses		Organizations that follow SFAS 117, check here ► ☑ and complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets	3,053,863	27	3,722,751
Ba	28	Temporarily restricted net assets		28	
ਰੂ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
98	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ag	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u></u>	33	Total net assets or fund balances	3,053,863	33	3,722,751
_	34	Total liabilities and net assets/fund balances	3,061,655	34	3,738,227

Form 9	0 (2010)		Pa	ge <b>12</b>					
Par									
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	· ·	<u> 7</u>					
1	Total revenue (must equal Part VIII, column (A), line 12)		1,65	2,900					
2	Total expenses (must equal Part IX, column (A), line 25)		98	4,012					
3	·								
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Other changes in net assets or fund balances (explain in Schedule O)								
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,								
	column (B))		3,72	2,751					
Part	XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>							
			Yes	No					
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?	2a	ļ <u>.</u>	<b>✓</b>					
b	Were the organization's financial statements audited by an independent accountant?	2b	<b>✓</b>						
С	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?	2c		1					
	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 separate basis, consolidated basis, or both:								
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ŀ						
<b>3</b> a	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?	3a	1						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		<u> </u>						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	1						
		Forr	n <b>99</b> 0	(2010)					

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

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization 48-1131323 Tenants to Homeowners, Inc. 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). 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.) 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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. c Type III-Functionally integrated **b** Type II 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting 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 Yes No 11g(i) (ii) A family member of a person described in (i) above? . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of the organization in (described on lines 1-9 in col (i) listed in your organization in col. organization support governing document? col. (i) of your (i) organized in the U.S.? above or IRC section support? (see instructions)) Yes No Yes Yes Nο No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 9	90-EZ) 2010						Page
(Comp Part III.	rt Schedule for Organiza ete only if you checked the If the organization fails to	ne box on line	5, 7, or 8 of I	Part I or if the	organization	failed to qua	
Section A. Public	Support						
Calendar year (or fi	scal year beginning in) <b>&gt;</b>	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
•	ts, contributions, and fees received. (Do not unusual grants.")	380,025	344,045	365,317	670,697	900,889	2,660,97

1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	380,025	344,045	365,317	670,697		900,889	2,660,	973
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	Total. Add lines 1 through 3	380,025	344,045	365,317	670,697		900,889	2,660,	973
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	Public support. Subtract line 5 from line 4.							2,660,	973
	on B. Total Support	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(0)	2010	(f) Tota	
Calen 7	dar year (or fiscal year beginning in)	380,025	344,045	365,317	670,697	(6)	900,889	2,660,	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,301	8,775	12,558	7,316		2,814		764
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	Total support. Add lines 7 through 10							2,696,	737
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, secon		, or fifth tax ye				)
Secti	on C. Computation of Public Suppor			<del></del>				· · · · · · · · · · · · · · · · · · ·	_=
14	Public support percentage for 2010 (line 6	, column (f) dr	vided by line 1	1, column (f))		14		98.67	
15	Public support percentage from 2009 Sch					15		98.33	<u>%</u>
16a	331/2% support test—2010. If the organization qual box and stop here. The organization qual 331/2% support test—2009. If the organization	ifies as a publ	icly supported	organization				. ▶	<b>7</b>
-	check this box and <b>stop here.</b> The organi								
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-a acts-and-circu	and-circumsta mstances" tes	nces" test, che st. The organiza	eck this box an	id <b>sto</b> as a p	<b>p here.</b> E	xplain in pported	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	ion meets the eets the	"facts-and-ci s-and-circums 	rcumstances" tances" test. T	test, check the organizatio	nis bo n qua	x and sto lifies as a	publicly .	
18	<b>Private foundation.</b> If the organization did 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 or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			,			<del></del>
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	<del></del>					
2	Gross receipts from admissions, merchandise	<del></del>			<del> </del>	<del></del>	<del></del>
_	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						<del></del>
•	unrelated trade or business under section 513				ļ		
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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	<del></del>					
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		:				
С	Add lines 7a and 7b						<del> </del>
8	Public support (Subtract line 7c from line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6				,		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
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.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	•	n's first, secon	•			
Secti	on C. Computation of Public Suppor				<del></del> -	<del></del>	<del></del>
15	Public support percentage for 2010 (line 8			3, column (f))		15	%
16	Public support percentage from 2009 Sch		_			16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2010 (	line 10c, colur	mn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2009						%
19a	331/s% support tests—2010. If the organ 17 is not more than 331/s%, check this box						
b	331/a% support tests—2009. If the organize line 18 is not more than 331/a%, check this line 18 is not more tha						
00	Private foundation If the organization di	_	_		_	-	

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

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

Open to Public Inspection

Name of the organization Employer identification number
Tenants to Homeowners, Inc. 48-1131323

Par	Organizations Maintaining Donorganization answered "Yes" to F	or Advised Funds or Other Similar F	unds or Accounts. Complete if the
1 2 3 4 5	Total number at end of year	(a) Donor advised funds  donor advisors in writing that the asset ct to the organization's exclusive legal comors, and donor advisors in writing that (	ntrol?
Par	conferring impermissible private benefit?  Conservation Easements. Comp	Dilete if the organization answered "Ye	· · · · · · · · · · · · · · · · · · ·
2	Purpose(s) of conservation easements held  Preservation of land for public use (e.g.,  Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organizate easement on the last day of the tax year.	recreation or education) Preservation Preservation	n of a certified historic structure
a b c d	Total number of conservation easements  Total acreage restricted by conservation easements on a ce  Number of conservation easements included historic structure listed in the National Regis	rtified historic structure included in (a). ded in (c) acquired after 8/17/06, and r	2b 2c oot on a
3	Number of conservation easements modifie tax year ▶		
4 5	Number of states where property subject to Does the organization have a written po violations, and enforcement of the conserva	licy regarding the periodic monitoring,	
6 7 8	Staff and volunteer hours devoted to monitor  Amount of expenses incurred in monitoring.  \$\Bar{\text{\texi{\text{\text{\texi}\text{\text{\text{\text{\text{\text{	inspecting, and enforcing conservation e	asements during the year
9	In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the organization's accounting for conservation	e text of the footnote to the organization's easements.	s financial statements that describes the
Part		ections of Art, Historical Treasures, vered "Yes" to Form 990, Part IV, line	
1a	If the organization elected, as permitted un works of art, historical treasures, or other public service, provide, in Part XIV, the text	similar assets held for public exhibition,	education, or research in furtherance of
b	If the organization elected, as permitted u works of art, historical treasures, or other public service, provide the following amount	similar assets held for public exhibition, ts relating to these items:	, education, or research in furtherance of
2	(i) Revenues included in Form 990, Part VII (ii) Assets included in Form 990, Part X. If the organization received or held works following amounts required to be reported to	of art, historical treasures, or other simulating to these shader SFAS 116 (ASC 958) relating to these	
a b	Revenues included in Form 990, Part VIII, lin Assets included in Form 990, Part X	ne1	<b>▶</b> \$

Pana	2

Part										
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and of	ther recor	ds, chec	k any of the	follow	ring that are a	significa	ant us	e of its
а	☐ Public exhibition		d l	☐ Loa	an or exchan	ge pro	grams			
b	☐ Scholarly research		e l	☐ Oth	ner					
C	☐ Preservation for future generations									
4	Provide a description of the organization	n's collections	and expla	in how t	hey further t	the org	anization's exe	mpt pu	rpose	in Part
	XIV.									
5	During the year, did the organization se									
	assets to be sold to raise funds rather th		<u>-</u>		<u>~</u>					□ No
Part					janization a	ınswei	red "Yes" to F	form 99	30, Pa	art IV,
	line 9, or reported an amount						<del></del>			
1a	Is the organization an agent, trustee, o									
_	included on Form 990, Part X?							· L	Yes	☐ No
b	If "Yes," explain the arrangement in Part	t XIV and compl	lete the fo	llowing t	able:		<del></del>	Amount	<del>,</del>	
	5						<del>                                     </del>	Amount		
C	Beginning balance					1c	<del></del>			
d	Additions during the year					1d	<del></del>			
e	Distributions during the year					1e				
f	Ending balance								Vaa	□No
2a			art X, line	217 .		• • •	· · · · ·		165	⊔ио
	If "Yes," explain the arrangement in Par Endowment Funds. Complet		zation an	cworod	"Vee" to E	orm Q	00 Part IV lir	A 10		
гаі	Endowment Funds. Complete	(a) Current year	(b) Pro		(c) Two years		(d) Three years ba		our vea	ars back
10	Beginning of year balance	(a) Carrott your	(5)		(6) 1.110 )0.21	-	(2)	(-, -		
1a b	Contributions		<del> </del>		<del> </del>					
C	Net investment earnings, gains, and	<del></del>	<del>                                     </del>		<u> </u>					
·	losses									
А	Grants or scholarships		<del> </del>		<del> </del>					<del></del>
9	Other expenditures for facilities and		<del> </del>		<del> </del>					
_	programs									
f	Administrative expenses							1		<del></del>
g	End of year balance									
2	Provide the estimated percentage of the	e vear end balar	nce held a	ıs:	<u> </u>					
a	Board designated or quasi-endowment		%							
b	Permanent endowment ▶									
C	Term endowment ▶ %	* *								
3a	Are there endowment funds not in the	possession of t	he organi	zation th	at are held a	and ad	ministered for	the		
	organization by:								Ye	s No
	(i) unrelated organizations							. <b>3</b> a	(i)	
	(ii) related organizations							. За	(ii)	
b	If "Yes" to 3a(ii), are the related organization	ations listed as i	required o	n Sched	lule R? .			. 3	b	
4	Describe in Part XIV the intended uses									
Par	VI Land, Buildings, and Equipn	nent. See Forr	n 990, P	art X, lin	ne 10.					
	Description of investment	(a) Cost or o (investr			or other basis other)		Accumulated epreciation	(d)	Book va	ilue
1a	Land									
b	Buildings				511,740		157,522			354,218
C	Leasehold improvements					"-				
d	Equipment				17,747		9,908			7,839
е	Other									
Total.	Add lines 1a through 1e. (Column (d) mu	ist equal Form 9	990, Part	K, columi	n (B), line 10	(c).)	<b>▶</b>			362,057

Part VII	Investments - Other Securities	See Form 990, Part X, I	ine 12.	
(8	Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
(1) Financial	derivatives			
	held equity interests			
(3) Other				
(A)		-		
(B) (C)				
(D)				
(E)		<u></u>		<u> </u>
(F)				
(G)				
(H)				· 
(1)	45 and 5 and 6 and 6			
	(b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII	Investments—Program Related			
	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1)				
(2)				
(3)				
(4)				<del>,</del>
(5)				
(6)				
(8)		· · · · · · · · · · · · · · · · · · ·		
(9)	<del>*************************************</del>			
(10)				
Total (Column	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa	art X, line 15.		
		a) Description		(b) Book value
	ry Properties	<del></del>		635,534
	eld in Trust			1,023,934
	oject equity			610
(4)				
(6)	<del> </del>			
(7)				
(8)	· · · · · · · · · · · · · · · · · · ·			
(9)				
(10)				
	ımn (b) must equal Form 990, Part X, c		<b>▶</b>	1,660,079
Part X 1.	Other Liabilities. See Form 990 (a) Description of liability	, Part X, line 25. (b) Amount		
(1) Federal	income taxes			
	Security Deposits	10,356		
(3)		<u> </u>		
(4)		.,		
(5)				
(6)				
(7)				
(8)		<del>                                     </del>	-	
(10)		<del></del>	1	
(11)			1	
	(b) must equal Form 990, Part X, col (B) line 25.)	10,356	1	
	SC 740) Footnote. In Part XIV, provide			ents that reports the
	n's liability for uncertain tax positions u		-	•

2 To 3 Ex	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statemental revenue (Form 990, Part VIII, column (A), line 12)		
2 To 3 Ex	······································	1	1,652,900
3 Ex	otal expenses (Form 990, Part IX, column (A), line 25)	2	984,012
	ccess or (deficit) for the year. Subtract line 2 from line 1	3	668,888
→ IVE	et unrealized gains (losses) on investments	4	
	onated services and use of facilities	5	
	vestment expenses	6	
	ior period adjustments	7	
	ther (Describe in Part XIV.)	8	
<b>9</b> To	otal adjustments (net). Add lines 4 through 8	9	
	ccess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	668,888
Part XI		r Return	
1 To	otal revenue, gains, and other support per audited financial statements	1	1,652,900
	mounts included on line 1 but not on Form 990, Part VIII, line 12:		
	et unrealized gains on investments		
	onated services and use of facilities	<sup></sup>	
	ecoveries of prior year grants		
	ther (Describe in Part XIV.)	_	
	dd lines 2a through 2d		
3 St	ubtract line 2e from line 1	3	
4 Ar	mounts included on Form 990, Part VIII, line 12, but not on line 1:		
a In	vestment expenses not included on Form 990, Part VIII, line 7b 4a		
<b>b</b> 01	ther (Describe in Part XIV.)		
c Ac	dd lines 4a and 4b	4c	
<b>5</b> To	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,652,900
Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses	er Return	
<b>1</b> To	otal expenses and losses per audited financial statements	1	984,012
2 Ar	mounts included on line 1 but not on Form 990, Part IX, line 25:		
a Do	onated services and use of facilities	_	
b Pr	nor year adjustments		
	ther losses	_	
<b>d</b> O	ther (Describe in Part XIV.)	_	
e Ad	dd Innes 2a through 2d	2e	
	ubtract line 2e from line 1	3	
4 Ar	mounts included on Form 990, Part IX, line 25, but not on line 1:		
a In	vestment expenses not included on Form 990, Part VIII, line 7b 4a	_	
<b>b</b> O	ther (Describe in Part XIV.)	_  i	
	dd lines <b>4a</b> and <b>4b</b>	4c	
		5	984,012
c Ad	old lines <b>4a</b> and <b>4b</b>	<del> </del>	984,0

### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

➤ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047 2010

a or 40b. Open To Public separate instructions. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Tenants to Homeowners, Inc.

Employer identification number 48-1131323

Part I	Excess Benefit Transactions Complete if the organization an	(section swered	501(c)(3 "Yes" or	) and section 501(c)(4 n Form 990, Part IV, I	l) organız ine 25a o	ations only). r 25b, or For	m 990	)-EZ,	Part \	/, line	40b.	
1	(a) Name of disqualified person				(b) Descrip	tion of transacti	on				(c) Corrected	
(1)		· <u>-</u>									Yes	No
(2)		<del></del>										
(3)	——————————————————————————————————————											
(4)												
(5)		· · · · · · ·										
(6)												
	ter the amount of tax imposed of der section 4958						rıng th 	ne yea	ar ► \$			
3 Ent	ter the amount of tax, if any, on lin	ne 2, abo	ove, reim	bursed by the organi	zation			•	<b>\$</b>			
Part II	Loans to and/or From Interes Complete if the organization an			n Form 990, Part IV, I	ine 26, or	Form 990-E	Z, Pa	rt V, li	ne 38	Ba.		
(a) Na	ame of interested person and purpose		to or from inization?	(c) Original principal amount	(d) Ba			efault?	efault? (f) Approved by board or committee?		(g) W agreer	ntten ment?
		То	From				Yes	No	Yes	No	Yes	No
(1)	**************************************		1									
(2)												
(3)												
(4)							<u> </u>					
_(5)		<u> </u>					ļ					
(6)		ļ <u>.</u>		- · · · · · · · · · · · · · · · · · · ·			<u> </u>					
(7)			<b>  </b>		ļ		<del> </del>					
(8)	· · · · · · · · · · · · · · · · · · ·	<del>- </del>					-					<u> </u>
(9)			<b> </b>				<del> </del>			ļi		<u> </u>
(10) Total				\$	<u> </u>			L		L	-	<u> </u>
Total . Part III	Grants or Assistance Benefiti Complete if the organization an	ng Inter	rested P	ersons.	ine 27.		l					
	(a) Name of interested person	(b) R	elationship	between interested persor organization	and the	(c) /	Amount	and typ	pe of a	ssistan	Э	
(1)												
(2)												
(3)												
(4)												
_(5)		<u> </u>										
(6)												
<u>(7)</u>		ļ				ļ						
(8)						<b></b>						
(9)		-										
(10)		_l				l						

Part IV	Business Transactions Invo Complete of the organization a	olving Interested Persons. answered "Yes" on Form 990	0, Part IV, line 28a, 2	28b, or 28c.		age Z
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
					Yes	No
<del></del>	ott Rusthoven	Director President		TTH bought lot to build house on	<del> </del>	1
(2) Re	becca Buford	Executive Director	U	husband is employee	+	/
(4)	<del></del>				+	<del> </del>
(5)					+	
(6)			·	.,	+	<del>                                     </del>
(7)					<u> </u>	
(8)						
<u>(9)</u>						
(10) Part V		additional information for re	sponses to question	ns on Schedule L (see instruction	s).	
Part IV (	1) Scott Rusthoven owned a lot in L	awrence that was on the mark	et before TTH was in	terested. It was priced below mark	et value	e to
sell and	TTH was able to build an affordable	house on the lot.				
Part IV (	2) Jeremi Lewis, the husband of Rel	becca Buford, the Executive D	irector, is the genera	I contractor and maintenance man	ager of	the

### SCHEDULE M (Form 990)

## **Noncash Contributions**

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

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990.

Inspection Employer identification number 48-1131323

Tenan	ts to Homeowners, Inc.				ŀ	48-11313	23		
Part	Types of Property			- 1 · 1 - · ·	<u> </u>				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash con amounts repo Form 990, Part	orted on	Method o			
1	Art-Works of art								
2	Art - Historical treasures								
3	Art - Fractional Interests								
4	Books and publications					<del></del>			
5	Clothing and household							-	
	goods	İ	:						
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded	<del></del>					-		
10	Securities—Closely held stock .	<del>                                     </del>		<u> </u>					
11	Securities—Partnership, LLC,								
•••	or trust interests								
12	Securities—Miscellaneous						<u> </u>		
13	Qualified conservation	-			<del></del>				
13	contribution—Historic								
	structures			İ					
14	Qualified conservation								
14	contribution—Other								
45			4 5-5-		02 200	county tax v	alvation	201	
15	Real estate — Residential	<b>-</b>	4 lots	<u> </u>	82,390	county tax v	aiuatioi	1 201	
16	Real estate—Commercial			-				<del></del>	
17	Real estate—Other	ļ			<del></del>				
18	Collectibles		· · · · · · · · · · · · · · · · · · ·				-		
19	Food inventory								
20	Drugs and medical supplies			<b></b>		 			
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens	<u> </u>							
24	Archeological artifacts						·		
25	Other ► ( Building Materials )	✓	10 distributions		12,798	Home Depot	price		
26	Other ► ()								
27	Other ► ()								
28	Other ► (			<u></u>		<u> </u>			
29	Number of Forms 8283 received								
	which the organization completed	I Form 828	3, Part IV, Donee Acknowle	edgement		29	0		
								Yes	No
30a	During the year, did the organiza	tion receive	by contribution any prope	erty reported in	Part I, lines	s 1-28 that		j	
	it must hold for at least three year	ars from the	e date of the initial contribi	ution, and which	n is not req	uired to be	1 [	ı	
	used for exempt purposes for the	entire hold	ling period?				30a		✓
b	If "Yes," describe the arrangement	nt in Part II.							
31	Does the organization have a		stance policy that require	es the review	of any no	n-standard	1 1	1	
	contributions?						31	1	
32a	Does the organization hire or us								
	contributions?	•	<del>-</del>	-			32a	ĺ	1
ь	If "Yes," describe in Part II.								
33	If the organization did not report a	n amount ir	n column (c) for a type of pro	operty for which	column (a)	is checked.		[	
	describe in Part II.	will will the	. 22.2 (c) .or a type or pro			,	1 1		

Part II	<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
Form 990,	Schedule M, Part I, Line 25 (d): TTH participates in the Home Depot Gifts of Hope Program that donates building materials
that canno	t be sold or are overstock. TTH receives an invoice from Home Depot showing the current price of these donated items and that
document	is used to determine value of donated materials on our books. Once those items are used in construction, we then take them out
of material	inventory.

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

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

Open to Public Inspection

Name of the organization
Tenants to Homeowners, Inc.

Employer identification number 48-1131323

Form 990, Part III, Line 1, Description of Organization's mission: first time homebuyer education workshops, credit counseling to prepare
lower income families for pre-approval, home maintenance education and tenant education.
Form 990, Part VI, Section A, Line 6: The corporation was organized to have 3 classes of members entitled to vote on matters concerning
guidance of the organization. Contributing members shall be those corporations or individuals who have made a contribution to the
corporation in the last 12 months. Each Lawrence neighborhood shall be asked to have a representative member. Participating members
shall be those who have attended at least 3 directors' meetings or committee meetings over the last 12 months, or have paid current dues,
as determined by the board of directors.
Form 990, Part VI, Section A, Line 7A: Directors that are representatives from neighborhoods, low income individuals or represent neighbor-
hoods that have a majority population under median income may vote on other members. One third of the directors shall always represent
low income neighborhoods or low income individuals that the organization serves.
Form 990, Part VI, Section B, Line 11: A draft copy of the return is provided to each member of the board for review. Discussion is held at the
board meeting for any questions, comments or changes. Any changes are referred to the preparer and the final return is reviewed by the
Executive Director, prior to signing.
Form 990, Part VI, Section B, Line 12C: The conflict of interest policy is given out at the beginning of the year to all board members. They are
then asked to state any and all conflicts that pertain. They are also asked at each board meeting to state any conflict of interest and there-
fore abstain from those votes. All construction contracts and other business contracts are monitored to ensure that anyone who is doing
business with TTH, Inc. does not have ties to staff or board. All employees are asked at their annual review to disclose any conflict of
interest that may occur. The board would then be made aware of this occurance.
Form 990 Part VI, Section B, Line 15A: The Executive Director's salary is recommended by a compensation committee after a compensation
study is completed. The board approves a written employment contract.

Scriedule O (FOITH 950 OF 950-LZ) (2010)	Page 2	
Name of the organization Tenants to Homeowners, Inc.	Employer identification number 48-1131323	
Form 990, Part VI Section C, Line 19: The organization makes governing documents, conflict fo interest po	licy, and financial statements	
available to the public upon request during regular business hours.		
Schedule L, Part IV, Business Transactions involving interested persons: Compensation paid to the Execu	tive Director's spouse exceeds	
\$10,000, but is based on an hourly rate that is checked by a book keeper. Any compensation changes are		
Scott Rusthoven, board president, owned a vacant lot that he wanted to sell. TTH believed this lot would be		
further its mission of creating affordable housing, as the lot was below market value. Comparables were re-	eviewed before making an offer	
and the organization bought the lot below fair market value to serve its purposes. All board members were aware that this lot was owned by		
the board president and did not feel that this was a conflict of interest as the lot was well-suited for our pu	rposes and the director was	
selling it at a very fair price.		
······································		