

Form **990**

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

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2010** calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization A PLACE CALLED HOME		D Employer identification number 95-4427291
	Doing Business As		E Telephone number 323-232-7653
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,750,895.
	2830 SOUTH CENTRAL AVENUE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90011		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: JONATHAN ZEICHNER 2830 SOUTH CENTRAL AVENUE, LOS ANGELES, CA		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.APCH.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1993 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: A SAFE HAVEN, SUPPORT, SERVICES AND RESOURCES FOR DISADVANTAGED AND UNDERSERVED YOUTH AND FAMILIES.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3 20	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 20	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 39	
	6	Total number of volunteers (estimate if necessary)	6 0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a -74.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	2,649,231.	3,497,888.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,930.	1,222.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	919,583.	1,052,642.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,570,744.	4,551,752.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	245,998.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,280,756.	1,496,894.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	45,000.	54,156.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 458,185.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,092,636.	1,500,303.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,418,392.	3,297,351.
	19	Revenue less expenses. Subtract line 18 from line 12	152,352.	1,254,401.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	3,418,823.	4,595,879.
	21	Total liabilities (Part X, line 26)	256,337.	178,397.
22	Net assets or fund balances. Subtract line 21 from line 20	3,162,486.	4,417,482.	

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.

TAXPAYERS COPY

Sign Here	▶ Signature has been Electronically Filed	Date	5/15/12
	▶ JONATHAN ZEICHNER, PRESIDENT	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name ROSEANNA L. PURZYCKI	Preparer's signature	Date
	Firm's name ▶ GURSEY I SCHNEIDER LLP	Firm's EIN ▶	Check if self-employed <input type="checkbox"/> PTIN
	Firm's address ▶ 1888 CENTURY PARK EAST, SUITE 900 LOS ANGELES, CA 90067-1735	Phone no. 310-552-0960	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: PROVIDE A SAFE HAVEN, SUPPORT, SERVICES AND RESOURCES TO DISADVANTAGED AND UNDERSERVED YOUTH AND FAMILIES.

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

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

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 \$ 288,178. including grants of \$) (Revenue \$) APCH'S EDUCATIONAL SERVICE PROGRAM PROVIDES STUDENTS FROM 8 YEARS TO 20 YEARS OLD WITH OPPORTUNITIES TO ACHIEVE, THAT INCLUDE TUTORING, HOME WORK ASSISTANCE AND CULTURAL ENRICHMENT ALL FREE OF CHARGE. APCH HOSTS AN ALTERNATIVE EDUCATION AND WORK CENTER FOR HIGH SCHOOL AGE STUDENTS, WHERE THEY CAN ACHIEVE A HIGH SCHOOL DIPLOMA.

4b (Code:) (Expenses \$ 466,811. including grants of \$) (Revenue \$) THE APCH BRIDGE TO THE FUTURE PROGRAM HELPS TEEN-AGE YOUTH PREPARE FOR ADULTHOOD THROUGH SAT PREPARATION, IN-HOUSE INTERNSHIP, COLLEGE COUNSELING, COLLEGE SCHOLARSHIPS, AND MENTORING.

4c (Code:) (Expenses \$ 719,130. including grants of \$) (Revenue \$) THE APCH HEALTH, NUTRITION AND WELLBEING PROGRAM PROVIDES NUTRITIOUS FRESH MEALS, COUNSELING AND THERAPY TO PROMOTE MENTAL AND EMOTIONAL WELL-BEING, ACCESS TO DENTAL CARE THROUGH USC'S DENTAL CLINIC, PHYSICAL EDUCATION THROUGH BASKETBALL, SOCCER AND YOGA.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,035,125. including grants of \$) (Revenue \$)

4e Total program service expenses 2,509,244.

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	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>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		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, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b			

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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Table with columns for question number, question text, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 1098-C, Form 4966, Form 720, and Form 1041.

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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 20		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 20		
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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant 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
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
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
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?		
10b			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
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	
12c			
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?		
a	The organization's CEO, Executive Director, or top management official		X
15a			
b	Other officers or key employees of the organization		X
15b			
	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
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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 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.
 Own website Another's website 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: **JONATHAN ZEICHNER - (323) 232-7653**
2830 SOUTH CENTRAL AVENUE, LOS ANGELES, CA 90011

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

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

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

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 any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DOUG ATCHISON CHAIRMAN		X					0.	0.	0.	
FLORENCE AZRIA BOARD MEMBER		X					0.	0.	0.	
ROBYN M. BROWNING BOARD MEMBER		X					0.	0.	0.	
SISTER PATRICIA CONNOR BOARD MEMBER		X					0.	0.	0.	
PETER M. GILHULY BOARD MEMBER		X					0.	0.	0.	
JILL GOLDMAN BOARD MEMBER		X					0.	0.	0.	
ANN IRMAS BOARD MEMBER		X					0.	0.	0.	
ROBERT ISRAEL CO-VICE CHAIRMAN		X					0.	0.	0.	
LOUISE HAMAGAMI BOARD MEMBER		X					0.	0.	0.	
HANNAH COX LIGUORI BOARD MEMBER		X					0.	0.	0.	
DAWN TAUBIN BOARD MEMBER		X					0.	0.	0.	
JULIE PILAT BOARD MEMBER		X					0.	0.	0.	
HOWARD SHERWOOD CO-VICE CHAIRMAN		X					0.	0.	0.	
STEPHEN R. WINSTON BOARD MEMBER		X					0.	0.	0.	
MARSHALL WAX BOARD MEMBER		X					0.	0.	0.	
DEBBIE CERRITO LEADERSHIP CO-CHAIR		X					0.	0.	0.	
JONATHAN HODGE LEADERSHIP CO-CHAIR		X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARYELLEN ZARAKAS BOARD MEMBER		X					0.	0.	0.	
DEBRAH CONSTANCE FOUNDER				X			0.	0.	0.	
CYRUS HADIDI TREASURER				X			0.	0.	0.	
STEPHANIE SHERWOOD SECRETARY				X			0.	0.	0.	
JONATHAN ZEICHNER EXECUTIVE DIRECTOR	40.00			X			133,770.	0.	0.	
1b Sub-total							133,770.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							133,770.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,497,888.			
	g	Noncash contributions included in lines 1a-1f: \$		695,237.			
	h	Total. Add lines 1a-1f		3,497,888.			
	Program Service Revenue			Business Code			
2 a							
b							
c							
d							
e							
f		All other program service revenue					
g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,296.		1,296.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	65,452.			
		b	Less: rental expenses				
		c	Rental income or (loss)	(ii) Personal	65,452.		
		d	Net rental income or (loss)		65,452.	65,452.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	4,945.			
		b	Less: cost or other basis and sales expenses	(ii) Other	5,019.		
		c	Gain or (loss)		-74.		
		d	Net gain or (loss)		-74.	-74.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	1181314.			
		b	Less: direct expenses	b	194,124.		
		c	Net income or (loss) from fundraising events		987,190.		987,190.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a	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					
11 a							
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions.		4,551,752.	65,452.	-74.	988,486.	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 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	245,998.	245,998.		
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	128,235.	37,296.	8,831.	82,108.
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	1,159,668.	895,498.	146,070.	118,100.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,469.	13,428.	2,648.	3,393.
9 Other employee benefits	93,148.	77,129.	8,806.	7,213.
10 Payroll taxes	96,374.	69,734.	12,345.	14,295.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	31,046.		31,046.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	54,156.			54,156.
f Investment management fees				
g Other	195,801.	101,739.	56,502.	37,560.
12 Advertising and promotion	3,689.	662.	184.	2,843.
13 Office expenses	125,904.	75,134.	13,183.	37,587.
14 Information technology	26,568.	23,603.	521.	2,444.
15 Royalties				
16 Occupancy	48,451.	42,505.	3,838.	2,108.
17 Travel	6,839.	6,631.	122.	86.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,170.	9,947.	1,923.	300.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	95,800.	67,980.	10,146.	17,674.
23 Insurance	27,165.	20,007.	6,396.	762.
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.)				
a IN KIND EXPENSES	695,237.	618,477.	17,437.	59,323.
b SECURITY	80,401.	78,519.	350.	1,532.
c FOOD AND NUTRITION	37,275.	35,976.	643.	656.
d LICENSES & PERMITS	36,405.	33,094.	2,621.	690.
e REPAIRS & MAINTENANCE	35,039.	32,577.	2,219.	243.
f All other expenses	42,513.	23,310.	4,091.	15,112.
25 Total functional expenses. Add lines 1 through 24f	3,297,351.	2,509,244.	329,922.	458,185.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	708,740.	1	1,122,179.	
	2 Savings and temporary cash investments	251,223.	2	462,214.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	259,347.	4	721,315.	
	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)), 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		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	60,037.	9	49,037.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,955,924.			
	b Less: accumulated depreciation	10b 722,530.	2,131,129.	10c	2,233,394.
	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	8,347.	15	7,740.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,418,823.	16	4,595,879.		
Liabilities	17 Accounts payable and accrued expenses	256,337.	17	178,397.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	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		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	256,337.	26	178,397.	
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	2,520,010.	27	3,300,840.	
	28 Temporarily restricted net assets	442,476.	28	916,642.	
	29 Permanently restricted net assets	200,000.	29	200,000.	
	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 Total net assets or fund balances	3,162,486.	33	4,417,482.	
34 Total liabilities and net assets/fund balances	3,418,823.	34	4,595,879.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,551,752.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,297,351.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,254,401.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,162,486.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	595.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,417,482.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
3b	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.		

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

2010

Open to Public Inspection

Name of the organization **A PLACE CALLED HOME** Employer identification number **95-4427291**

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?

	Yes	No
(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?	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)	
- h Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1631287.	1823207.	2363864.	2671737.	3535938.	12026033.
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	1631287.	1823207.	2363864.	2671737.	3535938.	12026033.
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.						12026033.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1631287.	1823207.	2363864.	2671737.	3535938.	12026033.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	110,499.	108,232.	98,731.	73,448.	66,748.	457,658.
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.)	33,983.	4,145.	1,548.	9,425.	25,229.	74,330.
11 Total support. Add lines 7 through 10						12558021.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	95.76	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	94.96	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. 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	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
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	<input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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 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						
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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(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						
c 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'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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

A PLACE CALLED HOME

Employer identification number

95-4427291

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization A PLACE CALLED HOME	Employer identification number 95-4427291
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>110,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>120,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>76,125.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>70,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization A PLACE CALLED HOME	Employer identification number 95-4427291
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>	_____ _____ _____	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>8</u>	_____ _____ _____	\$ <u>210,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>9</u>	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>10</u>	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>11</u>	_____ _____ _____	\$ <u>85,817.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>12</u>	_____ _____ _____	\$ <u>217,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization A PLACE CALLED HOME	Employer identification number 95-4427291
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/> <hr/>	\$ 279,977.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization A PLACE CALLED HOME	Employer identification number 95-4427291
--	---

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	NEW WOMEN'S CLOTHING, 6 CASES OF LASER PAPER, 1 BOX OF BUTTONS	\$ 227,481.	03/04/11
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization A PLACE CALLED HOME	Employer identification number 95-4427291
---	--

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public
Inspection

Name of the organization

A PLACE CALLED HOME

Employer identification number

95-4427291

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

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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 Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 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		1,000,865.		1,000,865.
b Buildings		643,000.	188,770.	454,230.
c Leasehold improvements		931,171.	260,880.	670,291.
d Equipment		380,888.	272,880.	108,008.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,233,394.

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

FIN 48 (ASC 740) 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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,551,752.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,297,351.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,254,401.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	595.
9	Total adjustments (net). Add lines 4 through 8	9	595.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,254,996.

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

1	Total revenue, gains, and other support per audited financial statements	1	4,615,111.
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	63,359.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	63,359.
3	Subtract line 2e from line 1	3	4,551,752.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,551,752.

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

1	Total expenses and losses per audited financial statements	1	3,360,115.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	62,764.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	62,764.
3	Subtract line 2e from line 1	3	3,297,351.
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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,297,351.

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.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

DONATED SERVICES RECEIVED, NET OF EXPENSE 595.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL FUNDRAISER (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	1,181,314.			1,181,314.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	1,181,314.			1,181,314.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	194,124.			194,124.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(194,124)
	11 Net income summary. Combine line 3, column (d), and line 10				987,190.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

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

13a		%
13b		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

A PLACE CALLED HOME

**Employer identification number
95-4427291**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SHAHEEN SCHOLARSHIP GRANT	49	153,316.	0.		
COLLEGE ACCESS FOUNDATION OF CA GRANT #2009-0216	10	48,312.	0.		
COLLEGE ACCESS FOUNDATION OF CA GRANT #2010-0492	10	35,324.	0.		
EXTRAORDINARY CIRCUMSTANCES GRANT	1	5,000.	0.		
TIGER WOODS SCHOLARSHIP	1	4,046.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
▶ Attach to Form 990.**

Name of the organization **A PLACE CALLED HOME** Employer identification number **95-4427291**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		695,237.	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

A PLACE CALLED HOME

Employer identification number

95-4427291

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CREATIVE EXPRESSIONS PROGRAM: THROUGH DANCE, MUSIC, FINE ARTS AND
THEATER, WE SUPPORT THE DEVELOPMENT OF YOUNG PEOPLE'S CREATIVITY AND
HEALTHY MODES OF EXPRESSION.

EXPENSES \$ 503,208. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE APCH COMMUNITY INITIATES PROGRAM HANDLES OUTREACH THROUGH INTERNAL
AND COMMUNITY EVENTS, THE APCH MEMBERSHIP PROGRAM, AND VOLUNTEERISM.

EXPENSES \$ 322,458. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE APCH COMMUNITY INITIATES PROGRAMS FOR RECREATIONS AND ATHLETICS.

EXPENSES \$ 209,459. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: HOWARD SHERWOOD AND STEPHANIE
SHERWOOD: FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11: AN INDEPENDENT ACCOUNTANT IS HIRED
TO PREPARE THE FORM 990 AND THE FORM 990 IS FORWARDED TO THE GOVERNING BODY
FOR REVIEW AND APPROVAL BEFORE THE RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS ARE REQUIRED TO DISCLOSE
ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE UPON REQUEST.

Name of the organization

A PLACE CALLED HOME

Employer identification number
95-4427291

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

DONATED SERVICES RECEIVED, NET OF EXPENSE 595.

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT, REVIEW OF ITS FINANCIAL STATEMENTS AND
SELECTION OF AN INDEPENDENT ACCOUNTANT.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	BUILDING	12/31/96	SL	39.00	MM	16	208,000.				208,000.	77,009.		5,333.	82,342.
3	IMPROVEMENT	12/31/95	SL	39.00	MM	16	29,104.				29,104.	10,819.		746.	11,565.
4	IMPROVEMENT	12/31/93	SL	39.00	MM	16	201,103.				201,103.	111,251.		5,156.	116,407.
5	BLDG IMPROVEMENT	08/18/97	SL	39.00	MM	16	648.				648.	217.		17.	234.
8	BLDG IMPROVEMENT	01/21/99	SL	39.00	MM	16	1,995.				1,995.	584.		51.	635.
9	BLOCK WALL FOR PLAYGROUND	09/22/99	SL	15.00	HY	16	9,876.				9,876.	6,911.		658.	7,569.
10	FENCE FOR PLAYGROUND	06/24/99	SL	15.00	HY	16	2,922.				2,922.	2,145.		195.	2,340.
11	AUTOMATIC FRONT GATE	04/01/00	SL	15.00	HY	16	6,600.				6,600.	4,620.		440.	5,060.
12	FENCE	05/18/00	SL	15.00	HY	16	733.				733.	515.		49.	564.
13	HARDWOOD DANCE FLOOR	05/23/00	SL	7.00	HY	16	2,500.				2,500.	2,500.		0.	2,500.
14	BASKETBALL COURT	10/06/99	SL	39.00	MM	16	15,000.				15,000.	4,121.		385.	4,506.
16	NEW OFFICE COMPLEX	10/01/00	SL	39.00	MM	16	38,155.				38,155.	9,497.		978.	10,475.
17	FRONT OFFICE IMPRVMT	06/06/01	SL	39.00	MM	16	2,900.				2,900.	671.		74.	745.
23	BUILDING	12/28/01	SL	39.00	MM	16	435,000.				435,000.	95,274.		11,154.	106,428.
24	FRONT OFFICE IMPRV	09/03/01	SL	39.00	MM	16	3,460.				3,460.	780.		89.	869.
25	NEW ELECTRICAL PANEL	10/12/01	SL	39.00	MM	16	2,800.				2,800.	627.		72.	699.
26	REWIRING	11/03/01	SL	39.00	MM	16	1,500.				1,500.	330.		38.	368.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
28	BLDG 2901 CENTRAL	07/30/02	SL	39.00	MM	16	3,000.				3,000.	613.		77.	690.
29	TRAILER EXPANSION	12/06/02	SL	39.00	MM	16	22,905.				22,905.	4,429.		587.	5,016.
30	TRAILER EXPANSION	01/21/03	SL	39.00	MM	16	25,000.				25,000.	4,781.		641.	5,422.
31	TRAILER EXPANSION	01/23/03	SL	39.00	MM	16	10,000.				10,000.	1,912.		256.	2,168.
32	TRAILER EXPANSION	01/23/03	SL	39.00	MM	16	10,000.				10,000.	1,912.		256.	2,168.
33	TRAILER EXPANSION	01/23/03	SL	39.00	MM	16	6,940.				6,940.	1,328.		178.	1,506.
34	COUNSELING CONSTUCTION	02/27/03	SL	39.00	MM	16	20,502.				20,502.	3,877.		526.	4,403.
35	NEW GYM CONSTR	06/30/03	SL	39.00	MM	16	15,000.				15,000.	2,709.		385.	3,094.
38	NEW BUILDING	11/01/03	SL	39.00	MM	16	39,272.				39,272.	6,671.		1,007.	7,678.
39	NEW GYM CONSTR	09/01/03	SL	39.00	MM	16	102,700.				102,700.	17,885.		2,633.	20,518.
40	BLDG IMPROVEMENT	10/30/03	SL	39.00	MM	16	3,875.				3,875.	666.		99.	765.
41	CONCRETE PLACEMENT	11/07/03	SL	39.00	MM	16	6,800.				6,800.	1,155.		174.	1,329.
42	DANCE FLOOR	11/07/03	SL	39.00	MM	16	9,400.				9,400.	1,597.		241.	1,838.
49	BLDG IMPROVEMENT	01/01/05	SL	39.00	MM	16	2,210.				2,210.	309.		57.	366.
55	BUILDING IMPROVEMENT	07/01/05	SL	39.00	MM	16	20,000.				20,000.	2,564.		513.	3,077.
73	PAINTS & AWNINGS	03/01/07	SL	5.00	HY	16	19,190.				19,190.	12,793.		3,838.	16,631.
90	SECURITY GUARD RECEPTION	12/20/07	SL	39.00	MM	17	8,860.				8,860.	681.		227.	908.
91	CONSTRUCTION UPGRADES	01/08/08	SL	39.00	MM	17	3,450.				3,450.	265.		88.	353.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
92	NEW ROOF	02/07/08	SL	39.00	MM	17	37,200.				37,200.	2,862.		954.	3,816.
93	KITCHEN IMPROVEMENTS	05/01/08	SL	39.00	MM	17	114,950.				114,950.	8,842.		2,947.	11,789.
94	SCALA CONSTRUCTION	04/07/10	SL	39.00	MM	16	5,282.				5,282.	135.		135.	270.
95	A-1 WINDOWS & DOORS	05/04/10	SL	39.00	MM	16	450.				450.	12.		12.	24.
96	HOME DEPOT MATERIALS	05/26/10	SL	39.00	MM	16	11,587.				11,587.	297.		297.	594.
114	IMPERIAL SHADE & VENETIAN BLINDS	05/31/10	SL	39.00	MM	16	1,724.				1,724.			44.	44.
115	IMPERIAL SHADE & VENETIAN BLINDS	07/31/10	SL	39.00	HY	16	7,900.				7,900.			203.	203.
116	3 OUTSIDE DOORS	08/02/10	SL	39.00	HY	16	378.				378.			10.	10.
117	APCH GARDEN	09/30/10	SL	39.00	HY	16	18,258.				18,258.			468.	468.
118	MOVING GAS LINE	11/04/10	SL	39.00	HY	16	1,057.				1,057.			27.	27.
119	FIRE ALARM SYSTEM	04/21/11	SL	39.00	HY	16	21,803.				21,803.			559.	559.
120	SECURITY CAMERA SYSTEM	05/23/11	SL	39.00	HY	16	21,595.				21,595.			554.	554.
121	WINDOW	06/09/11	SL	39.00	HY	16	101.				101.			3.	3.
122	WINDOW BARS	06/21/11	SL	39.00	HY	16	2,050.				2,050.			53.	53.
123	CONSTRUCTION UPGRADES	06/21/11	SL	39.00	HY	19I	38,436.				38,436.			0.	
	* 990 PAGE 10 TOTAL BUILDINGS						1,574,171.				1,574,171.	406,166.		43,484.	449,650.
	FURNITURE & FIXTURES														
6	FURNITURE & FIXTURE	12/31/96	SL	7.00	HY	16	15,468.				15,468.	15,468.		0.	15,468.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
7	FURNITURE	12/31/97	SL	7.00		HY16	10,412.				10,412.	10,412.		0.	10,412.
18	BOOKCASE	07/06/00	SL	7.00		HY16	731.				731.	731.		0.	731.
19	FILING CABINET	08/11/00	SL	7.00		HY16	491.				491.	491.		0.	491.
20	FILING CABINET	10/17/00	SL	7.00		HY16	527.				527.	527.		0.	527.
21	FURNITURE & FIXTURE	06/30/01	SL	7.00		HY16	10,000.				10,000.	10,000.		0.	10,000.
61	LAB FURNITURE	10/05/06	SL	5.00		HY16	5,849.				5,849.	4,387.		1,170.	5,557.
62	FURNITURE LAB	11/14/06	SL	5.00		HY16	437.				437.	320.		87.	407.
63	FURNITURE LAB	03/01/07	SL	5.00		HY16	5,520.				5,520.	3,680.		1,104.	4,784.
74	FURNITURE FOR READ PROG	09/17/07	SL	7.00		HY16	8,128.				8,128.	3,483.		1,161.	4,644.
86	COMPUTER TABLES	08/23/00	SL	7.00		HY16	970.				970.	970.		0.	970.
87	AFLAX FURNITURE	09/02/09	SL	7.00		HY16	665.				665.	95.		95.	190.
88	ONE 2 DRAWER & ONE 3 DRAWER CABINETS	12/20/09	SL	7.00		HY16	175.				175.	25.		25.	50.
89	6 MEDIA LAB TABLES	01/25/10	SL	7.00		HY16	1,620.				1,620.	231.		231.	462.
108	6 BASIC CLASSROOM TABLES	08/02/10	SL	5.00		HY16	1,620.				1,620.			324.	324.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						62,613.				62,613.	50,820.		4,197.	55,017.
	MACHINERY & EQUIPMENT														
27	CAMERA SYSTEM	04/15/02	SL	5.00		HY16	1,300.				1,300.	1,300.		0.	1,300.
36	NEW SECURITY SYSTEM	07/11/02	SL	39.00		MM16	4,500.				4,500.	918.		115.	1,033.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	NEW SECURITY SYSTEM	02/04/03	SL	39.00	MM	16	4,500.				4,500.	850.		115.	965.
43	NEW SECURITY SYSTEM	10/15/03	SL	39.00	MM	16	1,859.				1,859.	315.		47.	362.
46	COMPUTER EQUIPMENT	04/01/05	SL	5.00	HY	16	4,581.				4,581.	4,581.		0.	4,581.
47	COMPUTERS	06/16/05	SL	5.00	HY	16	3,696.				3,696.	3,696.		0.	3,696.
48	COMPUTER SOFTWARE	06/14/05	SL	3.00	HY	16	1,039.				1,039.	1,039.		0.	1,039.
50	MUSIC STUDIO	12/02/05	SL	5.00	HY	16	6,000.				6,000.	1,010.		600.	1,610.
51	DELL COMPUTER	11/07/05	SL	5.00	HY	16	755.				755.	680.		75.	755.
52	DELL COMPUTER	01/05/06	SL	5.00	HY	16	1,134.				1,134.	1,021.		114.	1,135.
53	DELL LAPTOP	01/21/06	SL	5.00	HY	16	9,411.				9,411.	8,469.		941.	9,411.
54	COMPUTER	07/01/05	SL	5.00	HY	16	32,708.				32,708.	32,708.		0.	32,708.
57	2 LABTOP	09/06/06	SL	5.00	HY	16	1,698.				1,698.	1,302.		340.	1,642.
58	17 DESL TOPS	09/06/06	SL	5.00	HY	16	13,827.				13,827.	10,601.		2,765.	13,366.
59	LABTOP	11/01/06	SL	5.00	HY	16	2,961.				2,961.	2,171.		592.	2,763.
60	COMPUTER HARDWARES	03/01/07	SL	5.00	HY	16	4,446.				4,446.	2,963.		889.	3,852.
64	MUSIC STUDIO IMPROVEMENT	03/01/07	SL	5.00	HY	16	47,549.				47,549.	31,700.		9,510.	41,210.
65	PHONES	07/26/06	SL	5.00	HY	16	772.				772.	605.		154.	759.
66	OUTDOOR EQUIPMENT	09/25/06	SL	3.00	HY	16	3,050.				3,050.	3,050.		0.	3,050.
67	SECURITY SYSTEM	11/30/06	SL	5.00	HY	16	17,341.				17,341.	12,427.		3,468.	15,895.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
68	SAMSUNG PHONE	01/23/07	SL	5.00		HY16	512.				512.	350.		102.	452.
69	ORBIT SCANNER	01/25/07	SL	3.00		HY16	2,200.				2,200.	2,200.		0.	2,200.
70	MAGNETIC MARKER BOARD	01/25/07	SL	3.00		HY16	538.				538.	538.		0.	538.
71	PROJECTOR	02/19/07	SL	3.00		HY16	1,022.				1,022.	1,022.		0.	1,022.
72	EQUIPMENT FILM CLASS	03/14/07	SL	3.00		HY16	650.				650.	650.		0.	650.
75	DELL COMPUTER	08/15/07	SL	5.00		HY16	1,656.				1,656.	993.		331.	1,324.
76	PC MALL COMP HARDWARE	10/04/07	SL	5.00		HY16	505.				505.	303.		101.	404.
77	PC MALL COMP HARDWARE	01/24/08	SL	5.00		HY16	419.				419.	252.		84.	336.
78	PC MALL COMP HARDWARE	02/07/08	SL	5.00		HY16	655.				655.	393.		131.	524.
79	DELL COMPUTER	06/19/08	SL	5.00		HY16	2,470.				2,470.	1,482.		494.	1,976.
80	S&S CONSTRUCTION	06/25/08	SL	5.00		HY16	5,800.				5,800.	3,480.		1,160.	4,640.
81	SECURITY SYSTEM	12/16/07	SL	5.00		HY16	848.				848.	65.		170.	235.
82	IMAC COMPUTER	08/11/08	SL	5.00		HY16	3,206.				3,206.	1,282.		641.	1,923.
83	UPGRADE EQUIPMENT	06/24/09	SL	5.00		HY16	1,458.				1,458.	584.		527.	1,111.
84	QB SOFTWARE	11/18/08	SL	5.00		HY16	2,923.				2,923.	1,170.		585.	1,755.
85	MUSIC STUDIO	10/01/08	SL	5.00		HY16	6,000.				6,000.	1,875.		1,200.	3,075.
97	2 DELL VOSTRO COMPUTERS	11/30/09	SL	5.00		HY16	1,150.				1,150.	230.		230.	460.
98	INTUIT QUICKBOOKS	11/30/09	SL	3.00		HY16	891.				891.	297.		297.	594.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
99	FILEMAKER PRO	02/25/10	SL	3.00		HY16	875.				875.	292.		292.	584.
100	2 COPIES OF ADOBE	04/30/10	SL	3.00		HY16	1,291.				1,291.	430.		430.	860.
101	OUTREACH SUITE	05/19/10	SL	3.00		HY16	9,731.				9,731.	3,244.		3,244.	6,488.
102	23 COPIES OF ADOBE	08/26/10	SL	3.00		HY16	11,240.				11,240.			3,747.	3,747.
103	20 MACBOOKS	09/03/10	SL	5.00		HY16	27,726.				27,726.			5,545.	5,545.
104	PROPELLERHEAD REASON 5 SOFTWARE	09/15/10	SL	3.00		HY16	1,845.				1,845.			615.	615.
105	DELL DESKTOP	09/30/10	SL	5.00		HY16	24,605.				24,605.			4,921.	4,921.
106	FINGERPRINT TIME	06/08/11	SL	5.00		HY16	410.				410.			82.	82.
107	DELL COMPUTER	06/24/11	SL	5.00		HY16	650.				650.			130.	130.
109	FLIPCAMS FLIP VIDEO	12/09/10	SL	5.00		HY16	165.				165.			33.	33.
110	HIGH TEMP UNDERCOUNTER DISHWASHER	01/24/11	SL	5.00		HY16	4,304.				4,304.			861.	861.
111	SAMSUNG PHONE SYSTEM	02/24/11	SL	5.00		HY16	9,949.				9,949.			1,990.	1,990.
112	PROJECTOR	06/13/11	SL	5.00		HY16	614.				614.			123.	123.
113	WALL PADDING	06/30/11	SL	5.00		HY16	1,634.				1,634.			327.	327.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						291,069.				291,069.	142,538.		48,118.	190,657.
	LAND														
1	LAND	12/31/96		.000		HY16	187,000.				187,000.			0.	
15	LAND - ALLEY PARKING LOT	01/28/00		.000		HY16	6,865.				6,865.			0.	

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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22	LAND	12/28/01		.000		HY16	765,000.				765,000.			0.	
45	LAND	02/15/05		.000		HY16	42,000.				42,000.			0.	
	* 990 PAGE 10 TOTAL LAND						1,000,865.				1,000,865.	0.		0.	0.
	OTHER														
44	TRANSPORTATION EQUIPMENT	11/15/03	SL	5.00		HY16	1,200.				1,200.	1,200.		0.	1,200.
56	FORD VAN - 15 PASSENGERS	10/11/06	SL	5.00		HY16	26,006.				26,006.	26,005.		1.	26,006.
	* 990 PAGE 10 TOTAL OTHER						27,206.				27,206.	27,205.		1.	27,206.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,955,924.				2,955,924.	626,729.		95,800.	722,530.

• 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 <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization A PLACE CALLED HOME	Employer identification number 95-4427291
	Number, street, and room or suite no. If a P.O. box, see instructions. 2830 SOUTH CENTRAL AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90011	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

JONATHAN ZEICHNER

• The books are in the care of **2830 SOUTH CENTRAL AVENUE - LOS ANGELES, CA 90011**

Telephone No. **(323) 232-7653** FAX No.

• 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 **MAY 15, 2012**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.

6 If the tax year entered in line 5 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 _____

ADDITIONAL TIME IS NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

8a 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	\$	0.
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	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, 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