

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

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

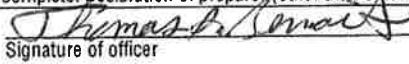
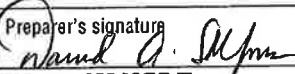
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> HOMES FOR OUR TROOPS, INC. Doing Business As		<b>D Employer identification number</b> 54-2143612
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6 MAIN STREET	<b>E Telephone number</b> 508-823-3300	
	City or town, state or country, and ZIP + 4 TAUNTON, MA 02780		<b>G Gross receipts \$</b> 18,319,354.
	<b>F Name and address of principal officer:</b> KENNETH O. PRESTON 6 MAIN STREET, TAUNTON, MA 02780		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I Tax-exempt status:</b> <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			
<b>J Website:</b> ▶ WWW.HOMESFOROURTROOPS.ORG			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 2004
			<b>M State of legal domicile:</b> MA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>HOMES FOR OUR TROOPS ASSISTS SEVERELY INJURED AND DISABLED VETERANS BY BUILDING SPECIALLY</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	6	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	5	
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	37	
	<b>6</b> Total number of volunteers (estimate if necessary)	14000	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0.	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	3,610.		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	11,026,621.	15,735,105.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	303,119.	473,986.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-284,204.	4,382.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,045,536.	16,213,473.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,751,145.	1,971,368.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 940,806.			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		9,596,879.	13,607,276.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,348,024.	15,578,644.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-302,488.	634,829.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	21,870,412.	26,461,806.
	<b>21</b> Total liabilities (Part X, line 26)	2,890,091.	6,925,649.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	18,980,321.	19,536,157.

**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.

<b>Sign Here</b>	 Signature of officer	03/15/2012 Date			
	THOMAS BENOIT, VP/CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DAVID A. ST. YVES	Preparer's signature 	Date 3-15-12	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ PARENT, MCLAUGHLIN & NANGLE	Firm's EIN ▶			
	Firm's address ▶ 160 FEDERAL STREET, 6TH FL. BOSTON, MA 02110	Phone no. 617-426-9440			

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: HOMES FOR OUR TROOPS ASSISTS SEVERELY INJURED AND DISABLED VETERANS BY BUILDING SPECIALLY ADAPTED, HANDICAP-ACCESSIBLE HOMES DESIGNED TO ACCOMMODATE EACH VETERAN'S DISABILITIES. WE PROVIDE THESE HOMES AT NO COST TO THE VETERAN, REMOVING THE LONG-TERM, FINANCIAL BURDEN OF A

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 13736458. including grants of \$ ) (Revenue \$ ) HOME BUILDING PROJECTS - DURING THE FISCAL YEAR ENDED 09/30/2011, HOMES FOR OUR TROOPS WORKED ON A TOTAL OF 70 PROJECTS IN 26 STATES ACROSS THE COUNTRY, INCLUDING COMPLETING PROJECTS THAT WERE UNDERWAY AT THE END OF LAST YEAR, COMMENCING CONSTRUCTION OF NEW HOMES (SOME OF WHICH WERE STARTED AND COMPLETED WITHIN FY 2011), AND BEGINNING LAND SEARCHES AND HOME CONSTRUCTION FOR PROJECTS TO BE UNDERTAKEN DURING THE REST OF CALENDAR 2011 AND INTO 2012.

IN THE LAST EIGHT YEARS, HOMES FOR OUR TROOPS HAS GIVEN BACK FREEDOM AND INDEPENDENCE TO OVER 100 MILITARY FAMILIES THROUGH THE GIFT OF A SPECIALLY ADAPTED HOME. WE ARE LOOKING TOWARD THE FUTURE; TO 100 MORE HOMES AND BEYOND. AS THE NUMBER OF ELIGIBLE APPLICANTS CONTINUES TO

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

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

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

4e Total program service expenses 13,736,458.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

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

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		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)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with columns for Yes/No and numerical answers.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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; b Other officers or key employees of the organization; 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?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA, AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS
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. [X] Own website [X] Another's website [X] 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: THOMAS BENOIT - 508-823-3300 6 MAIN STREET, TAUNTON, MA 02780

**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			
KENNETH PRESTON DIRECTOR	1.00	X					0.	0.	0.	
HILLERY DORNER DIRECTOR, CLERK	1.00	X					0.	0.	0.	
JAY FRENCH DIRECTOR	1.00	X					0.	0.	0.	
JENNIFER FREITAS DIRECTOR, TREASURER	1.00	X					0.	0.	0.	
PAUL KEANE DIRECTOR	1.00	X					0.	0.	0.	
BRIAN JOYCE DIRECTOR	1.00	X					0.	0.	0.	
CPT FERRIS BUTLER DIRECTOR	1.00	X					0.	0.	0.	
SSG ROBERT CANINE DIRECTOR	1.00	X					0.	0.	0.	
GENERAL RICHARD CODY DIRECTOR, CHAIRMAN	1.00	X					0.	0.	0.	
JOHN S. GONSALVES PRESIDENT, DIRECTOR	40.00	X		X		X	124,500.	0.	242.	
DAWN TEIXEIRA EXECUTIVE DIRECTOR	40.00			X			90,688.	0.	1,765.	
THOMAS BENOIT VICE PRES, CFO	40.00			X			87,049.	0.	15,150.	

**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			
<b>1 b Sub-total</b> .....							302,237.	0.	17,157.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							302,237.	0.	17,157.	

**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
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
<b>4</b> 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? If "Yes," complete Schedule J for such individual .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		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.

(A) Name and business address	(B) Description of services	(C) Compensation
ALBERT VIATOR 38 THURSTON POINT RD, GLOUCESTER, MA 01930	VIDEO PRODUCTION	138,640.
IEG, LLC, 640 NORTH LASALLE SUITE 450, CHICAGO, IL 60654	SPONSORSHIP CONSULTING	130,699.

**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 **2**



**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	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 724,200.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 134,480.					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 14,876,425.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	4930613.					
	<b>h Total.</b> Add lines 1a-1f .....	▶	15,735,105.				
	<b>Program Service Revenue</b>	<b>2 a</b> _____	Business Code				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....		▶					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶	451,059.			451,059.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶					
	<b>5</b> Royalties .....	▶					
	<b>6 a</b> Gross Rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....	▶	22,927.			22,927.
	<b>8 a</b> Gross income from fundraising events (not including \$ 134,480. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 7,200.					
		<b>b</b> Less: direct expenses .....	<b>b</b> 57,177.				
		<b>c</b> Net income or (loss) from fundraising events .....	▶	-49,977.			-49,977.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b> 32,500.					
<b>b</b> Less: direct expenses .....		<b>b</b> 14,545.					
<b>c</b> Net income or (loss) from gaming activities .....		▶	17,955.			17,955.	
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b> 45,852.						
	<b>b</b> Less: cost of goods sold .....	<b>b</b> 9,448.					
	<b>c</b> Net income or (loss) from sales of inventory .....	▶	36,404.	36,404.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11</b>	<b>a</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....	▶					
<b>12 Total revenue.</b> See instructions. ....	▶		16,213,473.	36,404.	0.	441,964.	

**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				
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	372,204.	23,983.	288,021.	60,200.
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	1,430,156.	1,016,998.	208,008.	205,150.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	169,008.	97,509.	46,660.	24,839.
11 Fees for services (non-employees):				
a Management				
b Legal	11,741.	3,483.	8,258.	
c Accounting	12,800.		12,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	18,979.		18,979.	
g Other	448,881.	101,601.	94,823.	252,457.
12 Advertising and promotion	449,483.	347,852.	20,113.	81,518.
13 Office expenses	85,935.	39,490.	22,354.	24,091.
14 Information technology	63,507.	43,773.	11,913.	7,821.
15 Royalties				
16 Occupancy	20,514.	11,846.	5,646.	3,022.
17 Travel	403,445.	316,422.	27,545.	59,478.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,910.	30,115.	12,867.	6,928.
23 Insurance				
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 <b>COST OF VETERANS' HOMES</b>	11,207,421.	11,207,421.		
b <b>HOME PROJECT EVENTS AND</b>	259,333.	233,388.		25,945.
c <b>MISCELLANEOUS</b>	139,335.	15,414.	107,158.	16,763.
d <b>PRINTING AND PUBLICATIO</b>	138,865.	66,680.	6,471.	65,714.
e <b>DEED TRANSFER COSTS</b>	138,798.	138,798.		
f All other expenses	158,329.	41,685.	9,764.	106,880.
25 Total functional expenses. Add lines 1 through 24f	15,578,644.	13,736,458.	901,380.	940,806.
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 .....	773,466.	1	1,023,848.
	2 Savings and temporary cash investments .....	1,613,477.	2	1,123,042.
	3 Pledges and grants receivable, net .....	3,677,805.	3	4,978,326.
	4 Accounts receivable, net .....		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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 .....	55,534.	8	82,867.
	9 Prepaid expenses and deferred charges .....	198,566.	9	212,477.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 1,044,112.		
	b Less: accumulated depreciation .....	10b 141,858.		
	11 Investments - publicly traded securities .....	826,750.	10c	902,254.
	12 Investments - other securities. See Part IV, line 11 .....	12,094,509.	11	11,524,310.
	13 Investments - program-related. See Part IV, line 11 .....		12	
	14 Intangible assets .....		13	
	15 Other assets. See Part IV, line 11 .....	2,630,305.	14	6,614,682.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	21,870,412.	15	26,461,806.	
Liabilities	17 Accounts payable and accrued expenses .....	259,786.	16	310,967.
	18 Grants payable .....		17	
	19 Deferred revenue .....		18	
	20 Tax-exempt bond liabilities .....		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		21	
	23 Secured mortgages and notes payable to unrelated third parties .....		22	
	24 Unsecured notes and loans payable to unrelated third parties .....		23	
	25 Other liabilities. Complete Part X of Schedule D .....	2,630,305.	24	6,614,682.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	2,890,091.	25	6,925,649.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	18,330,321.	26	19,387,990.
	28 Temporarily restricted net assets .....	650,000.	27	148,167.
	29 Permanently restricted net assets .....		28	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		29	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	32 Retained earnings, endowment, accumulated income, or other funds .....		31	
	33 <b>Total net assets or fund balances</b> .....	18,980,321.	32	19,536,157.
	34 <b>Total liabilities and net assets/fund balances</b> .....	21,870,412.	33	26,461,806.

**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	16,213,473.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,578,644.
3	Revenue less expenses. Subtract line 2 from line 1	3	634,829.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,980,321.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-78,993.
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	19,536,157.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_
- b Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. \_\_\_\_\_

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

Form 990 (2010)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization: **HOMES FOR OUR TROOPS, INC.** Employer identification number: **54-2143612**

**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? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- 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	
<b>Total</b>									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.") .....	7,934,596.	17,408,945.	10,018,345.	11,521,902.	16,307,716.	63,191,504.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	7,934,596.	17,408,945.	10,018,345.	11,521,902.	16,307,716.	63,191,504.
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) .....						11,749,932.
6 <b>Public support.</b> Subtract line 5 from line 4.						51,441,572.

**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 .....	7,934,596.	17,408,945.	10,018,345.	11,521,902.	16,307,716.	63,191,504.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	203,650.	261,009.	144,413.	292,807.	455,007.	1,356,886.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10						64,548,390.
12 Gross receipts from related activities, etc. (see instructions) .....					12	58,764.
13 <b>First five years.</b> 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 <b>stop here</b> .....						<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	79.69 %
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	73.48 %
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
16b <b>33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17b <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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 II 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

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

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

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

**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

HOMES FOR OUR TROOPS, INC.

Employer identification number

54-2143612

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)

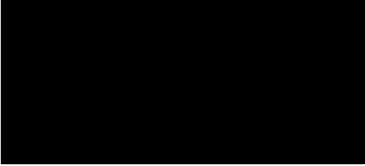
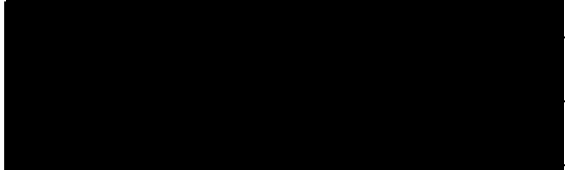
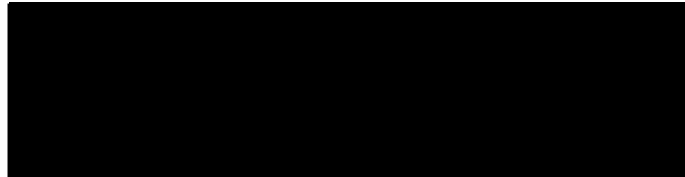
Name of organization

Employer identification number

HOMES FOR OUR TROOPS, INC.

54-2143612

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 494,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 397,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 385,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

HOMES FOR OUR TROOPS, INC.

54-2143612

**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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization <b>HOMES FOR OUR TROOPS, INC.</b>	Employer identification number <b>54-2143612</b>
---	---

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

**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

HOMES FOR OUR TROOPS, INC.

Employer identification number

54-2143612

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a 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?  Yes  No

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	50,500.			50,500.
b Buildings	844,496.		51,023.	793,473.
c Leasehold improvements				
d Equipment	77,345.		54,551.	22,794.
e Other	71,771.		36,284.	35,487.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				902,254.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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) CONSTRUCTION IN PROGRESS - VETERANS' HOMES	6,614,682.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	6,614,682.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) PROMISES TO GIVE	6,614,682.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	6,614,682.

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	16,213,473.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,578,644.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	634,829.
4	Net unrealized gains (losses) on investments	4	-78,993.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-78,993.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	555,836.

**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	16,751,357.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-78,993.
b	Donated services and use of facilities	2b	635,856.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	556,863.
3	Subtract line 2e from line 1	3	16,194,494.
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	18,979.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	18,979.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	16,213,473.

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

1	Total expenses and losses per audited financial statements	1	16,195,521.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	635,856.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	635,856.
3	Subtract line 2e from line 1	3	15,559,665.
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	18,979.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	18,979.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	15,578,644.

**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 X, LINE 2: THE ORGANIZATION RECOGNIZES AND MEASURES ITS**

UNRECOGNIZED TAX POSITIONS IN ACCORDANCE WITH FASB ASC 740, "INCOME  
TAXES." UNDER THAT GUIDANCE THE ORGANIZATION ASSESSES THE LIKELIHOOD,  
BASED ON THEIR TECHNICAL MERIT, THAT TAX POSITIONS WILL BE SUSTAINED UPON  
EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT  
THE END OF EACH PERIOD. THE MEASUREMENT OF UNRECOGNIZED TAX POSITIONS IS  
ADJUSTED WHEN NEW INFORMATION IS AVAILABLE, OR WHEN AN EVENT OCCURS THAT  
REQUIRES A CHANGE. THE ORGANIZATION ADOPTED THE PROVISIONS OF THIS



**Part XIV** Supplemental Information (continued)

STANDARD ON OCTOBER 1, 2009 AND DID NOT IDENTIFY ANY UNCERTAIN TAX  
POSITIONS IN 2010 OR 2011. INTEREST AND PENALTIES ASSOCIATED WITH  
UNRECOGNIZED TAX POSITIONS ARE CLASSIFIED AS ADDITIONAL INCOME TAXES IN  
THE STATEMENT OF ACTIVITIES. THE ORGANIZATION IS SUBJECT TO ROUTINE  
AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR  
ANY TAX PERIODS IN PROGRESS. THE ORGANIZATION'S FEDERAL EXEMPT  
ORGANIZATION BUSINESS INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE  
INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.



**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 NONE	(d) Total events (add col. (a) through col. (c))
		GOLF EVENT (event type)	BIKE RUN (event type)	0 (total number)	
Revenue	1	Gross receipts	78,435.	63,245.	141,680.
	2	Less: Charitable contributions	71,235.	63,245.	134,480.
	3	Gross income (line 1 minus line 2)	7,200.		7,200.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	19,585.		19,585.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	11,938.	25,654.	37,592.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 57,177.)
	11	Net income summary. Combine line 3, column (d), and line 10			-49,977.

**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			32,500.
Direct Expenses	2	Cash prizes				
	3	Noncash prizes			14,545.	14,545.
	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 100.00 % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				( 14,545.)	
8	Net gaming income summary. Combine line 1, column d, and line 7				17,955.	

9 Enter the state(s) in which the organization operates gaming activities: NH

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: \_\_\_\_\_





**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOHN GONSALVES	PRESIDENT OF THE OR	116,000.	IN 2007, TH		X
DOREEN LEWIS-HOUT	SISTER OF OFFICER	62,770.	MS. LEWIS-H		X
LAURA BUTLER	SPOUSE OF FORMER DI	18,849.	MS. BUTLER		X

**Part V Supplemental Information**

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

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: JOHN GONSALVES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  
PRESIDENT OF THE ORGANIZATION

(C) AMOUNT OF TRANSACTION \$ 116,000.

(D) DESCRIPTION OF TRANSACTION: IN 2007, THE ORGANIZATION PLEDGED CASH AS COLLATERAL IN CONNECTION WITH THE GUARANTEE OF A THIRD-PARTY BANK LOAN TO THE ORGANIZATION'S PRESIDENT IN THE AMOUNT OF \$116,000. IN EXCHANGE, THE ORGANIZATION RECEIVED A MORTGAGE ON A PARCEL OF LAND AS SECURITY, WHICH WAS ESTIMATED BY MANAGEMENT TO HAVE A FAIR VALUE IN EXCESS OF THE GUARANTEED LOAN BALANCE. ON JANUARY 31, 2011, THE PRESIDENT REFINANCED THE LOAN, THE LOAN GUARANTEE WAS CANCELLED AND THE PLEDGED CASH WAS RELEASED BACK TO THE ORGANIZATION

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DOREEN LEWIS-HOUT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  
SISTER OF OFFICER

(C) AMOUNT OF TRANSACTION \$ 62,770.

(D) DESCRIPTION OF TRANSACTION: MS. LEWIS-HOUT WORKED AS AN EMPLOYEE

**Part V Supplemental Information**

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

PROVIDING LABOR SERVICES TO ORGANIZE AND SUPPORT HOME BUILDING PROJECT  
EVENTS INCLUDING BUILD BRIGADES AND KEY CEREMONIES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: LAURA BUTLER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF FORMER DIRECTOR (SERVED AS DIRECTOR 11/18/2010 THROUGH 5/15/2011)

(C) AMOUNT OF TRANSACTION \$ 18,849.

(D) DESCRIPTION OF TRANSACTION: MS. BUTLER WORKED AS AN EMPLOYEE

COMMENCING ON 5/23/11 PROVIDING VETERAN SCREENING SERVICES TO DETERMINE  
ELIGIBILITY OF APPLICANTS FOR THE HFOT PROGRAM.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**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: **HOMES FOR OUR TROOPS, INC.**  
Employer identification number: **54-2143612**

**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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	11	45,960.	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	X	1	91,500.	APPRAISAL
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 ▶ ( HOME AND CONS )	X	14,000	5,419,912.	INVOICES, MARSHALL &
26 Other ▶ ( OTHER MATERIA )	X	14	30,537.	INVOICES
27 Other ▶ ( AIRLINE FLIGH )	X	1	16,720.	INVOICES
28 Other ▶ ( ADVERTISING )	X	2	7,800.	INVOICES

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**

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? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

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.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) (2010)



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

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

HOMES FOR OUR TROOPS, INC.

Employer identification number

54-2143612

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADAPTED, HANDICAP-ACCESSIBLE HOMES DESIGNED TO ACCOMMODATE EACH  
VETERAN'S DISABILITIES. USING OUR EXPERIENCE BUILDING OVER 100 HOMES,  
WE HAVE CREATED OUR OWN, UNIQUE HOME DESIGN THAT OFFERS 100%  
BARRIER-FREE LIVING TO THE VETERAN, GIVING BACK TO THESE VETERANS SOME  
OF THE FREEDOM AND INDEPENDENCE THEY LOST WHEN THEY WERE SEVERELY  
INJURED WHILE SERVING OUR COUNTRY. WE PROVIDE THESE HOMES AT NO COST  
TO THE VETERAN, REMOVING THE LONG-TERM, FINANCIAL BURDEN OF A MORTGAGE  
SO THE VETERAN AND HIS OR HER FAMILY CAN FOCUS ON THE VETERAN'S  
RECOVERY AND THE FAMILY'S FUTURE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MORTGAGE SO THE VETERAN AND HIS OR HER FAMILY CAN FOCUS ON THE  
VETERAN'S RECOVERY AND THE FAMILY'S FUTURE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

GROW, WE ESTIMATE THAT THERE ARE OVER 1,500 OIF/OEF VETERANS AMONG US  
THAT HAVE INJURIES SO SEVERE THAT THEY ARE IN NEED OF AN ADAPTED HOME.

FOSTERING A SENSE OF COMMUNITY AMONG SEVERELY INJURED VETERAN  
POPULATION, HOMES FOR OUR TROOPS HELPS SUPPORT CLOSE, SUPPORTIVE  
RELATIONSHIPS BETWEEN ALL OF THE RECIPIENTS OF THE PROGRAM. A  
NATIONWIDE MENTORSHIP PROGRAM WAS DEVELOPED TO PROVIDE ADDITIONAL  
SUPPORT AMONG HOME RECIPIENTS THROUGHOUT THE BUILD PROCESS AND INTO THE  
FUTURE OF HOME OWNERSHIP. THIS PROGRAM WAS DEVELOPED TO FACILITATE  
OPEN COMMUNICATION BETWEEN THE ORGANIZATION AND OUR VETERAN POPULATION.

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

Name of the organization HOMES FOR OUR TROOPS, INC.	Employer identification number 54-2143612
--	--

IT WILL PROVIDE IMPORTANT OPPORTUNITIES FOR VETERANS TO DISPLAY AND BUILD LEADERSHIP CAPABILITIES AND WILL ALLOW PARTICIPANTS THE OPPORTUNITY TO GIVE BACK AND FOSTER A SENSE OF CAMARADERIE AMONG PEERS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS INITIALLY REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS AND BY THE ORGANIZATION'S SENIOR MANAGEMENT. AFTER CHANGES, IF ANY, ARE MADE, THE FORM 990 IS THEN DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW PRIOR TO BEING FILED. THE FORM 990 IS FILED ONCE IT IS APPROVED BY THE ENTIRE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS PART OF THE ORGANIZATION'S BY LAWS AND IT COVERS ALL EMPLOYEES, OFFICERS & DIRECTORS. CONFLICTS OF INTEREST ARE REVIEWED AT THE BOARD LEVEL. MONITORING IS DONE PRIMARILY BY THE VP/CFO IN HIS CAPACITY OF REVIEWING ALL EXPENDITURES AND CONTRACTUAL AGREEMENTS OF THE ORGANIZATION. EXECUTIVES OF THE ORGANIZATION WOULD ALSO BE AWARE OF CONFLICTS ARISING IN THE NORMAL COURSE OF BUSINESS AND WOULD BRING THEM TO THE ATTENTION OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF EXECUTIVE MANAGEMENT AND KEY EMPLOYEES IS DETERMINED BY THE BOARD OF DIRECTORS BASED ON DATA OBTAINED FROM VARIOUS SOURCES, INCLUDING FORM 990S OF COMPARABLE ORGANIZATIONS AND NON-PROFIT SALARY AND BENEFIT STUDIES AVAILABLE FROM INDUSTRY SOURCES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
MA, AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, AZ, ME, MD, MI, MN, MS, NH, NJ, NM, NY, NC, ND  
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Name of the organization HOMES FOR OUR TROOPS, INC.	Employer identification number 54-2143612
--	--

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FINANCIAL STATEMENTS ARE POSTED ON ITS WEBSITE AND ARE ALSO AVAILABLE VIA POSTAL MAIL OR E-MAIL UPON REQUEST. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY PUBLIC.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:  
NET UNREALIZED LOSSES ON INVESTMENTS: -78,993.