

Return of Organization Exempt From Income Tax

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10

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

C Name of organization
JERUSALEM HOUSE, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
17 EXECUTIVE PARK DRIVE, SUITE 290

City or town, state or country, and ZIP + 4
ATLANTA GA 30329

D Employer identification number
58-1829807

E Telephone number
404-350-0778

G Gross receipts \$ **3,695,188**

F Name and address of principal officer:
CHARLES S. FREW, EXECUTIVE DIRECTOR
17 EXECUTIVE PARK DRIVE, SUITE 290
ATLANTA GA 30329

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No

If "No," attach a list. (See instructions)

I Tax-exempt status: 501(c) (**3**) 4947(a)(1) or 527

J Website: **WWW.JERUSALEMHOUSE.ORG**

H(c) Group exemption number **u**

K Type of organization: Corporation Trust Association Other **u**

L Year of formation: **1988** **M State of legal domicile:** **GA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES PERMANENT HOUSING AND SUPPORTIVE SERVICES TO HOMELESS AND LOW-INCOME MEN, WOMEN, AND CHILDREN WHO ARE LIVING WITH OR DIRECTLY AFFECTED BY AIDS/HIV.		
	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	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of employees (Part V, line 2a)	5	26
	6 Total number of volunteers (estimate if necessary)	6	124
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,969,268	3,332,228
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	136,203	322,948
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,578	-9,242
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,502	-15,063
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,108,395	3,630,871
	14 Benefits paid to or for members (Part IX, column (A), line 4)	368,783	1,596,670
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	929,898	1,303,200
	b Total fundraising expenses (Part IX, column (D), line 25) u 124,914		1,713
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	930,114	577,104
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,228,795	3,478,687
19 Revenue less expenses. Subtract line 18 from line 12	-120,400	152,184	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,533,721	2,574,824
	22 Net assets or fund balances. Subtract line 21 from line 20	266,370	155,289
		2,267,351	2,419,535

Part II Signature Block

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

Sign Here

Signature of officer: **CHARLES S. FREW** Date: **EXECUTIVE DIRECTOR**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: **LINDA E. BERGGREN** Date: **05/11/11** Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: **GIFFORD, HILLEGASS & INGWERSEN, LLP** EIN **u 92-0184475**

SIX CONCOURSE PARKWAY SUITE 600 Phone no. **u 770-396-1100**

ATLANTA, GA 30328

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE ORGANIZATION PROVIDES PERMANENT HOUSING AND SUPPORTIVE SERVICES TO HOMELESS AND LOW-INCOME MEN, WOMEN, AND CHILDREN WHO ARE LIVING WITH OR DIRECTLY AFFECTED BY AIDS/HIV.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **658,966** including grants of \$ **183,096**) (Revenue \$ **26,313**)

THE FAMILY PROGRAM PERMANENTLY HOUSES SINGLE MOTHERS WHO ARE HOMELESS AND ARE HIV POSITIVE AND THEIR CHILDREN. DURING THE YEAR THE ORGANIZATION PROVIDED 12 FULL APARTMENTS ON A JERUSALEM HOUSE SITE AS WELL AS COUNSELING, PERSONAL CARE ASSISTANCE, ACCESS TO AND INSTRUCTION IN A COMPUTER LEARNING CENTER, TUTORING, RESIDENT ADVISORY COUNCIL, SUPPORT GROUPS, RECREATIONAL ACTIVITIES, AND TRANSPORTATION.

4b (Code:) (Expenses \$ **626,338** including grants of \$ **200,119**) (Revenue \$ **47,129**)

THE PROGRAM FOR ADULTS PERMANENTLY HOUSES SINGLE ADULT MEN AND WOMEN WHO HAVE AIDS. DURING THE YEAR, THE ORGANIZATION PROVIDED PRIVATE 23 EFFICIENCY APARTMENTS FOR SINGLE ADULTS ON A JERUSALEM HOUSE SITE AS WELL AS COUNSELING, PERSONAL CARE ASSISTANCE, ACCESS TO AND INSTRUCTION IN A COMPUTER LEARNING CENTER, TUTORING, RESIDENT ADVISORY COUNCIL, SUPPORT GROUPS, RECREATIONAL ACTIVITIES, AND TRANSPORTATION.

4c (Code:) (Expenses \$ **634,862** including grants of \$ **390,804**) (Revenue \$ **84,685**)

THE SCATTERED SITE I PROGRAM PERMANENTLY HOUSES HOMELESS INDIVIDUALS AND FAMILIES IN WHICH AT LEAST ONE OF THE ADULT PARENTS HAS HIV/AIDS. DURING THE YEAR, THE ORGANIZATION PROVIDED 32 FULL APARTMENTS SCATTERED THROUGHOUT THE METRO ATLANTA AREA AS WELL AS COUNSELING, PERSONAL CARE ASSISTANCE, ACCESS TO AND INSTRUCTION IN A COMPUTER LEARNING CENTER, RESIDENT ADVISORY COUNCIL, SUPPORT GROUPS, RECREATIONAL ACTIVITIES, AND TRANSPORTATION.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **1,253,973** including grants of \$ **822,651**) (Revenue \$ **164,941**)

4e Total program service expenses **u 3,174,139**

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)? If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule F, Part II		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? If "Yes," complete Schedule F, Part III		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	0		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	26		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: u See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

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

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

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

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: **u JERUSALEM HOUSE, INC. 17 EXECUTIVE PARK DRIVE**

ATLANTA

GA 30329

404-350-3421

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KIRK RICH PRESIDENT	3.00	X		X			0	0	0	
RANDY H. LUFFMAN, ESQ. VICE PRESIDENT	3.00	X		X			0	0	0	
JANET KIBLER TREASURER	3.00	X		X			0	0	0	
ALEX BRENNAN SECRETARY	3.00	X		X			0	0	0	
MONICA FANE DIRECTOR	1.00	X					0	0	0	
KEVIN A. FENTON, M.D. DIRECTOR	1.00	X					0	0	0	
JEFFREY B. GILL DIRECTOR	1.00	X					0	0	0	
LARRY GOLDSTEIN, M.D. DIRECTOR	1.00	X					0	0	0	
DAVID HUTCHISON DIRECTOR	1.00	X					0	0	0	
BRAD JONES, CPA DIRECTOR	1.00	X					0	0	0	
LEEANN JONES DIRECTOR	1.00	X					0	0	0	
CHARLES MAYFIELD DIRECTOR	1.00	X					0	0	0	
MIKE MCGUIRE DIRECTOR	1.00	X					0	0	0	
CHRISTOPHER REID DIRECTOR	1.00	X					0	0	0	
RODNEY PEPE-SOUVENIR DIRECTOR	1.00	X					0	0	0	
ANNE SKAE DIRECTOR	1.00	X					0	0	0	
REV. CECELYA TAYLOR DIRECTOR	1.00	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	(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			
TED TUERK DIRECTOR	1.00	X					0	0	0	
LESLIE HAMILTON THOMAS DIRECTOR	1.00	X					0	0	0	
LARRY WILCOX DIRECTOR	1.00	X					0	0	0	
CHARLES F. FREW EXEC. DIRECT	40.00			X			91,882	0	2,490	
KATHLEEN THOMAS FIN'L DIRECT	40.00			X			79,641	0	0	
JANICE HARRIS-CORRY PROGRAM DIR.	40.00			X			72,570	0	356	
ALEX WAN DEVELOP. DIR	40.00			X			32,550	0	0	
1b Total							276,643		2,846	

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 **u 0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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
FAVORITE HEALTHCARE NURSES KANSAS CITY	PO BOX 803356 HEALTHCARE	183,313

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 **u 1**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	104,667			
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,673,812			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	553,749			
	g Noncash contributions included in lines 1a-1f: \$		47,491			
	h Total. Add lines 1a-1f	u	3,332,228			
	Program Service Revenue		Busn. Code			
2a RESIDENT SERVICES			322,948	322,948		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		u	322,948			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	46			46
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis & sales exps.			9,288		
	c Gain or (loss)			-9,288		
	d Net gain or (loss)	u		-9,288	-9,288	
	8a Gross income from fundraising events (not including \$ 104,667 of contributions reported on line 1c). See Part IV, line 18	a		12,488		
	b Less: direct expenses	b		46,976		
	c Net income or (loss) from fundraising events	u		-34,488		-34,488
	9a Gross income from gaming activities. See Part IV, line 19	a		6,412		
	b Less: direct expenses	b		8,053		
c Net income or (loss) from gaming activities	u		-1,641		-1,641	
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
	Miscellaneous Revenue	Busn. Code				
11a PROPERTY INSURANCE SETTLEMENT			17,293		17,293	
b CLASS ACTION SETTLEMENT			3,748		3,748	
c REFUND			25		25	
d All other revenue						
e Total. Add lines 11a-11d	u		21,066			
12 Total Revenue. See instructions.	u		3,630,871	313,660	0	-15,017

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	1,596,670	1,596,670		
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	311,513	217,137	38,412	55,964
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	804,361	720,735	45,683	37,943
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	98,098	85,804	9,131	3,163
10 Payroll taxes	89,228	71,677	10,464	7,087
11 Fees for services (non-employees):				
a Management	30,240	30,240		
b Legal				
c Accounting	22,315	20,000	2,315	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,713			1,713
f Investment management fees				
g Other				
12 Advertising and promotion	1,969			1,969
13 Office expenses	87,212	58,844	17,127	11,241
14 Information technology	45,462	40,842	3,797	823
15 Royalties				
16 Occupancy	194,254	157,681	36,573	
17 Travel	17,230	12,462	3,753	1,015
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,421	3,977	319	125
20 Interest	4,093	80	3,949	64
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	86,923	86,169	754	
23 Insurance	68,274	62,756	4,577	941
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a STRATEGIC PLAN EXPENSE	11,845	9,065	2,780	
b OTHER INDIRECT EVENT EXP	2,866			2,866
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,478,687	3,174,139	179,634	124,914
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	13,162	1	23,876
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	259,117	3	254,711
	4	Accounts receivable, net		4	8,303
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	10,440	9	11,852
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,081,159		
	10b	Less: accumulated depreciation	805,077	10c	2,276,082
	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		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,533,721	16	2,574,824	
Liabilities	17	Accounts payable and accrued expenses	13,240	17	2,204
	18	Grants payable		18	
	19	Deferred revenue	137,346	19	122,999
	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	115,784	25	30,086
	26	Total liabilities. Add lines 17 through 25	266,370	26	155,289
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	2,211,903	27	2,305,657
	28	Temporarily restricted net assets	53,903	28	112,333
	29	Permanently restricted net assets	1,545	29	1,545
	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	2,267,351	33	2,419,535
34	Total liabilities and net assets/fund balances	2,533,721	34	2,574,824	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

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

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

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

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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

Separate basis Consolidated basis Both consolidated and separate basis

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Public Charity Status and Public Support

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

JERUSALEM HOUSE, INC.

Employer identification number

58-1829807

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

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

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

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

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.)

Section A. Public Support

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

Section B. Total Support

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

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

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,720,909	1,577,115	1,664,718	1,969,268	3,332,228	10,264,238
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	129,135	144,015	132,069	136,203	322,948	864,370
3 Gross receipts from activities that are not an unrelated trade or business under section 513	43,988	49,372	101,503	33,372	21,066	249,301
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	1,894,032	1,770,502	1,898,290	2,138,843	3,676,242	11,377,909
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	16,833	10,385	12,656	16,250	16,407	72,531
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	16,833	10,385	12,656	16,250	16,407	72,531
8 Public support (Subtract line 7c from line 6.)						11,305,378

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	1,894,032	1,770,502	1,898,290	2,138,843	3,676,242	11,377,909
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					46	46
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					46	46
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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.)	1,894,032	1,770,502	1,898,290	2,138,843	3,676,288	11,377,955

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 2009 (line 8, column (f) divided by line 13, column (f))	15	99.36 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.29 %

Section D. Computation of Investment Income Percentage

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

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

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

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

Name of the organization JERUSALEM HOUSE, INC.	Employer identification number 58-1829807
--	---

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 in the heading 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).

Name of organization JERUSALEM HOUSE, INC.	Employer identification number 58-1829807
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CITY OF ATLANTA HOPWA 68 MITCHELL ST STE 15100 ATLANTA GA 30335	\$ 2,116,058	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	US DEPT OF HOUSING AND URBAN DEVELOP SUPPORTIVE HOUSING PROGRAM GRANT 451 7TH STREET SW WASHINGTON DC DC 20410	\$ 186,047	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	GEORGIA DEPT OF COMMUNITY AFFAIRS SHELTER PLUS CARE 60 EXECUTIVE PARK SOUTH NE ATLANTA GA 30329	\$ 293,657	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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

JERUSALEM HOUSE, INC.

Employer identification number

58-1829807

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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:

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

	Amount
1c	
1d	
1e	
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 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 **u** _____ %
- b** Permanent endowment **u** _____ %
- c** Term endowment **u** _____ %

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		482,202		482,202
b Buildings		2,250,795	718,213	1,532,582
c Leasehold improvements		130,436	31,993	98,443
d Equipment		217,726	54,871	162,855
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **u** **2,276,082**

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 3,630,871
2	Total expenses (Form 990, Part IX, column (A), line 25)	2 3,478,687
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3 152,184
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
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10 152,184

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 3,816,848
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 165,000
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d 20,977
e	Add lines 2a through 2d	2e 185,977
3	Subtract line 2e from line 1	3 3,630,871
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 3,630,871

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1 3,664,664
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a 165,000
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d 20,977
e	Add lines 2a through 2d	2e 185,977
3	Subtract line 2e from line 1	3 3,478,687
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 3,478,687

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 - RECONCILIATION OF CHANGES - OTHER		
BOOK-TAX RECONCILIATION ON DIRECT EXP. FOR SPECIAL EVENTS	\$	20,977
BOOK-TAX RECONCILIATION ON DIRECT EXP. FOR SPECIAL EVENTS	\$	-20,977
PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER		
BOOK-TAX RECONCILIATION ON DIRECT EXP. FOR SPECIAL EVENTS	\$	20,977

Part XIV Supplemental Information (continued)

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

BOOK-TAX RECONCILIATION ON DIRECT EXP. FOR SPECIAL EVENTS \$ 20,977

Multiple rows of horizontal dashed lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>CARNEVALE 2009</u> (event type)	<u>AIDS WALK ATL</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	85,950	22,385	8,820	117,155
	2	Less: Charitable contributions	82,262	22,385	20	104,667
	3	Gross revenue (line 1 minus line 2)	3,688		8,800	12,488
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	3,880		2,047	5,927
	8	Entertainment	2,250			2,250
	9	Other direct expenses	11,890	730	26,179	38,799
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					-34,488

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))	
Revenue	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? _____
- b If "No," Explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____
- b If "Yes," Explain: _____
- 11 Does the organization operate gaming activities with nonmembers? _____
- 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
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility
- b** An outside facility

13a		%
13b		%

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

Name **u**

Address **u**

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

- b** If "Yes," enter the amount of gaming revenue received by the organization **u** \$ and the amount of gaming revenue retained by the third party **u** \$

c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

- 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?

17a

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$

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.
Use Part IV and Schedule I-1 (Form 990) 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
FAMILY PROG. SUPPORT SVCS	12		183,096	FMV	COUNSELING, ETC.
SINGLE ADULT SUPPORT SVCS	23		200,119	FMV	COUNSELING, ETC
SCATTERED SITE I SUPPORT	33		390,804	FMV	COUNSELING, ETC
SCATTERED SITE I SUPPORT	71		822,651	FMV	COUNSELING, ETC

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 THE AGENCY PROVIDES NON CASH ASSISTANCE TO ITS RESIDENTS IN COMPLIANCE WITH
 THE TERMS OF GOVERNMENT GRANT CONTRACTS, WHICH REQUIRE MONTHLY REPORTING
 AND ANNUAL MONITORING BY THE GOVERNMENT GRANTOR.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

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

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

JERUSALEM HOUSE, INC.

Employer identification number
58-1829807

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	<input checked="" type="checkbox"/>	10	4,225	FAIR MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	<input checked="" type="checkbox"/>		23,498	FAIR MARKET VALUE
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	<input checked="" type="checkbox"/>	1	2,500	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (TICKETS)	<input checked="" type="checkbox"/>	7	6,102	FAIR MARKET VALUE
26 Other u (GIFT CARDS)	<input checked="" type="checkbox"/>	28	11,166	FAIR MARKET VALUE
27 Other u ()				
28 Other u ()				

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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<input checked="" type="checkbox"/>
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

u Attach to Form 990.

Name of the organization

JERUSALEM HOUSE, INC.

Employer identification number

58-1829807

FORM 990, PART I, LINE 6

VOLUNTEER PEOPLE AND HOURS ARE TRACKED ON A DAILY BASIS. AMOUNT ABOVE IS
NUMBER OF PEOPLE WHO VOLUNTEERED DURING FY2010. AGGREGATE NUMBER OF HOURS
VOLUNTEERED IS 3,149. VOLUNTEERS TUTOR CHILDREN, LANDSCAPE GROUNDS, REPAIR
FACILITY, AND MENTOR INDIVIDUALS.

FORM 990, PART III, LINE 2

ON JULY 1, 2009, THE ORGANIZATION LAUNCHED A 4TH AIDS HOUSING SERVICE
PROGRAM CALLED SCATTERED SITE 2, BASED ON THE SAME MISSION AS THE EXISTING
SCATTERED SITE I PROGRAM. THE ORGANIZATION PROVIDED AN ADDITIONAL 71 UNITS
OF PERMANENT HOUSING (FULLY-FURNISHED APARTMENTS) SCATTERED THROUGHOUT THE
METRO ATLANTA AREA, AS WELL AS SUPPORTIVE SERVICES IN THE FORM OF
COUNSELING, PERSONAL CARE ASSISTANCE, ACCESS TO AND INSTRUCTION IN A
COMPUTER LEARNING CENTER, TUTORING, RESIDENT ADVISORY COUNCIL, SUPPORT
GROUPS, AND TRANSPORTATION. ALL RESIDENTS ARE EITHER LOW-INCOME OR WERE
PREVIOUSLY HOMELESS.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

THE SCATTERED SITE 2 PROGRAM PERMANENTLY HOUSES LOW INCOME FAMILIES IN
WHICH AT LEAST ONE OF THE ADULT PARENTS HAS HIV/AIDS. DURING THE YEAR, THE
ORGANIZATION PROVIDED 71 FULL APARTMENTS SCATTERED THROUGHOUT THE METRO
ATLANTA AREA AS WELL AS COUNSELING, PERSONAL CARE ASSISTANCE, ACCESS TO
AND INSTRUCTION IN A COMPUTER LEARNING CENTER, TUTORING, RESIDENT ADVISORY
COUNCIL, SUPPORT GROUPS, RECREATIONAL ACTIVITIES, AND TRANSPORTATION.

Name of the organization

JERUSALEM HOUSE, INC.

Employer identification number

58-1829807

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 PRIOR TO THE MONTHLY MEETING OF THE BOARD FINANCE COMMITTEE SCHEDULED PRIOR TO THE ANNUAL 990 FILING DATE, EACH MEMBER RECEIVES AN ELECTRONIC DRAFT FORM 990 WITH SCHEDULES TO REVIEW PRIOR TO THE MEETING. ALSO PRIOR TO SUCH MEETING, THE BOARD TREASURER CONDUCTS A DETAILED LINE-BY-LINE REVIEW OF THE 990 AND SCHEDULES WITH THE DIRECTOR OF FINANCE. AT THE FINANCE COMMITTEE MEETING, THE MEMBERS RECEIVE AN UPDATED PAPER DRAFT 990 WITH SCHEDULES TO REVIEW AND DISCUSS AS A GROUP. THE MEMBERS ARE ALSO ENCOURAGED TO DIRECTLY CONTACT THE INDEPENDENT CPA FIRM WHICH PREPARED THE FORM 990 TO DISCUSS ANY QUESTIONS OR CONCERNS. THE FORM 990 IS NOT FILED UNTIL THE FINANCE COMMITTEE PROVIDES ITS APPROVAL. AFTER APPROVED, THE BOARD TREASURER INFORMS THE EXECUTIVE BOARD THAT THE 990 HAS BEEN FINALIZED AND PROVIDES ELECTRONIC COPIES UPON REQUEST TO ANY BOARD MEMBER. A NOTICE APPEARS ON THE AGENCY'S WEBSITE NOTIFYING ALL THAT 990 IS AVAILABLE IN ELECTRONIC FORM UPON REQUEST.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ALL BOARD MEMBERS AND ALL AGENCY STAFF ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY STATEMENT AND SUBMIT TO THE EXECUTIVE DIRECTOR. THE DOCUMENT IS REVIEWED AT LEAST ANNUALLY BY THE EXECUTIVE DIRECTOR, AND AT EACH TIME A POTENTIAL CONFLICT IS DISCLOSED. ALL DISCLOSURES THAT COULD POTENTIALLY RESULT IN A CONFLICT OF INTERESTS ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND BOARD PRESIDENT AS APPROPRIATE, TO DETERMINE IF CONFLICTS EXIST. IF A CONFLICT IS DEEMED TO EXIST AND IS PRESENTED TO THE EXECUTIVE, THE EXECUTIVE BOARD MANDATES NON-PARTICIPATION OF THE BOARD MEMBER OR STAFF INVOLVED.

Name of the organization

JERUSALEM HOUSE, INC.

Employer identification number

58-1829807

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE BOARD AUTHORIZED THE EXECUTIVE BOARD TO DETERMINE THE EXECUTIVE
DIRECTOR'S COMPENSATION. THE EXECUTIVE BOARD CONSISTS OF THE PRESIDENT,
IMMEDIATE PAST PRESIDENT, VICE PRESIDENT, TREASURER, AND SECRETARY OF THE
BOARD. THE EXECUTIVE DIRECTOR'S COMPENSATION DID NOT VARY FROM THE BOARD
APPROVED FY10 AGENCY COMPENSATION BUDGET. THE REASONABLENESS OF BUDGETED
COMPENSATION FOR ALL STAFF, INCLUDING THE EXECUTIVE DIRECTOR, IS DETERMINED
BASED ON GEORGIA CENTER FOR NONPROFITS ANNUAL COMPENSATION SURVEY FOR
COMPARABLE POSITIONS IN COMPARABLE SIZED AGENCIES IN COMPARABLE GEOGRAPHIC
AREAS. NONE OF THE EXECUTIVE BOARD MEMBERS WERE EMPLOYEES OF THE
ORGANIZATION NOR HAD A CONFLICT OF INTEREST. THE BOARD PRESIDENT
DOCUMENTED THE COMPENSATION OF THE EXECUTIVE DIRECTOR IN APRIL 2010.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
AUDITED FINANCIAL STATEMENTS AND 501C3 DETERMINATION LETTER IS AVAILABLE ON
AGENCY'S WEBSITE, WITH A NOTICE THAT FORM 990 S ARE AVAILABLE TO ALL WHO
REQUEST. THE FY10 990 IS EXPECTED TO BE MADE AVAILABLE DIRECTLY ON THE
WEBSITE UPON FILING.

SCHEDULE O - ADDITIONAL INFORMATION

FORM 990, PART VI, SECTION C

THE ANNUAL AUDITED FINANCIAL STATEMENTS, IRS 501(C)(3) DETERMINATION
LETTER, AND A LINK TO IRS FORM 990 ARE POSTED ON THE ORGANIZATION'S
WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.

Depreciation and Amortization
(Including Information on Listed Property)

(99)

u See separate instructions.

u Attach to your tax return.

Name(s) shown on return

JERUSALEM HOUSE, INC.

Identifying number

58-1829807

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	86,415

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	508
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	86,923
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
234	Carpet	6/01/04	1,998			X	999	7	MQ S/L	1,730	143
235	Water heater	3/24/03	3,650			X	2,555	7	HY S/L	2,446	365
			<u>5,648</u>				<u>3,554</u>			<u>4,176</u>	<u>508</u>
Other Depreciation:											
153	ARTWORK	6/30/97	14,450				14,450	0	-- Memo	0	0
160	IN KIND ART WORK	6/30/98	55,770				55,770	0	-- Memo	0	0
167	IN KIND ART WORK	6/30/99	6,800				6,800	0	-- Memo	0	0
172	HAND COLOR PRINT	6/30/00	1,200				1,200	0	-- Memo	0	0
173	HAND COLOR PRINT	6/30/00	1,200				1,200	0	-- Memo	0	0
174	MIXED MEDIA	6/30/00	1,200				1,200	0	-- Memo	0	0
177	ARTIST MURAL IN REC CENTER	6/30/00	4,350				4,350	0	-- Memo	0	0
178	PAINTINGS, POSTERS	6/30/00	2,100				2,100	0	-- Memo	0	0
179	ART WORK	6/30/00	1,009				1,009	0	-- Memo	0	0
185	BUILDINGS	6/30/98	2,111,964				2,111,964	40	MO S/L	620,389	52,799
186	RECREATION ROOM BUILDOUT	6/30/99	26,948				26,948	40	MO S/L	6,962	673
187	LAND	6/30/90	482,202				482,202	0	-- Land	0	0
188	15 PIECES OF ARTWORK	8/17/00	12,950				12,950	0	-- Memo	0	0
189	2 PIECES OF ART	3/30/01	1,600				1,600	0	-- Memo	0	0
	Sold/Scrapped:	6/30/10									
190	PIECE OF ART	9/22/00	2,912				2,912	0	-- Memo	0	0
	Sold/Scrapped:	6/30/10									
195	NEW ROOF - 831	11/14/01	16,500				16,500	25	MO S/L	5,060	660
209	ROOF STRUCTURE IMPROVEMENT	10/10/02	12,217				12,217	25	MO S/L	3,299	488
215	Fan Motors @ 1500	4/01/04	529				529	7	MO S/L	397	75
217	HVAC Compressor	6/01/04	1,219				1,219	7	MO S/L	885	174
218	Door	6/01/04	895				895	7	MO S/L	650	128
219	Floor Replacement	8/01/03	1,125				1,125	15	MO S/L	444	75
220	Dryers	9/01/03	1,449				1,449	7	MO S/L	1,208	207
222	Washers (2) and Fridge Parts	3/01/04	1,690				1,690	7	MO S/L	1,288	241
223	831 Appliances (misc)	3/01/04	1,302				1,302	7	MO S/L	992	186
224	Carpet Replacement	11/01/03	1,412				1,412	7	MO S/L	1,143	202
	Sold/Scrapped:	6/30/10									
227	Appliances	3/01/04	6,000				6,000	7	MO S/L	4,571	858
	Sold/Scrapped:	6/30/10									
228	Apartment Furniture	3/01/04	16,000				16,000	7	MO S/L	12,190	2,286
229	Roof	5/01/04	82,450				82,450	15	MO S/L	28,399	5,497
230	Generator Repair	2/01/04	4,467				4,467	7	MO S/L	3,457	638
232	Office Furniture (Donated)	4/01/04	2,325				2,325	7	MO S/L	1,744	332
	Sold/Scrapped:	6/30/10									
236	A/C Unit	6/30/05	5,847				5,847	10	MO S/L	2,339	585
238	Heater	6/30/05	1,048				1,048	10	MO S/L	419	105
239	Appliances	6/30/05	1,166				1,166	7	MO S/L	667	166
240	Renee computer	6/30/05	1,600				1,600	7	MO S/L	914	229
	Sold/Scrapped:	6/30/10									
241	APPLIANCES	6/30/05	2,381				2,381	7	MO S/L	1,361	340
242	FRONT DOOR	6/30/05	1,655				1,655	7	MO S/L	946	236
243	GEN PUMP	6/30/05	1,281				1,281	7	MO S/L	732	183
244	Apartment Furniture	6/30/05	7,253				7,253	7	MO S/L	4,144	1,037
245	Appliances	6/30/05	1,175				1,175	7	MO S/L	671	168
248	831 Door	11/18/05	6,946				6,946	7	MO S/L	3,556	992
249	1500 Appliance-furniture	3/01/06	601				601	7	MO S/L	286	86
250	1500 carpet	3/01/06	1,817				1,817	7	MO S/L	865	260
251	1500 A/C Unit	6/28/06	3,474				3,474	7	MO S/L	1,489	496
252	Sewer Pumps-831	12/14/05	9,800				9,800	7	MO S/L	5,017	1,400
	Sold/Scrapped:	6/30/10									
253	Appliance	1/31/06	780				780	7	MO S/L	381	111
254	Sink	12/14/05	830				830	7	MO S/L	425	118
255	Air Conditioner	8/08/06	5,652				5,652	7	MO S/L	2,355	807
256	Air Conditioner	6/05/07	3,500				3,500	7	MO S/L	1,042	500
257	Air Conditioner	6/05/07	5,340				5,340	7	MO S/L	1,589	763
259	Heat Pump -1500	9/20/07	3,020				3,020	7	MO S/L	755	431
260	Interior Doors	1/15/08	2,475				2,475	7	MO S/L	530	354
261	Interior Doors	3/21/08	1,695				1,695	7	MO S/L	303	242
262	Fire Control Panel	12/04/07	2,981				2,981	7	MO S/L	674	426
263	Water Heater	1/08/08	8,463				8,463	7	MO S/L	1,814	1,209
265	Apt. Furniture/X-12 Avenues	5/13/08	1,612			X	1,605	7	MO S/L	275	229
267	Apt. Furn. Unit K-10-Avenues	8/06/07	4,445			X	4,438	7	MO S/L	1,225	634

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
268	Apt. Furn./S-7 Avenues	8/10/07	1,307		X	1,300	7 MO S/L	363	186
270	Laptop	10/02/07	581			581	3 MO S/L	339	193
	Sold/Scrapped: 6/30/10								
271	Control Panel	10/10/07	3,991			3,991	7 MO S/L	998	570
272	Parking Lot	1/24/08	4,000			4,000	10 MO S/L	567	400
273	New AC Unit	9/17/08	7,500			7,500	7 MO S/L	804	1,071
1710	Empire Scottsman Ice Maker	12/01/09	6,080			6,080	7 MO S/L	0	507
1805	TRANE HVAC Units (5 @ 3893.40)	1/01/10	19,467			19,467	7 MO S/L	0	1,391
1811	Exterior Paint	5/01/10	12,000			12,000	7 MO S/L	0	286
1812	Windows (Sunroom) - 5 Marvin Lowe	5/01/10	13,976			13,976	7 MO S/L	0	333
1813	Windows (LC) - 9 Marvin Integrity	4/01/10	10,769			10,769	7 MO S/L	0	385
1833	Fiberglass Roof Shingles	2/01/10	16,800			16,800	15 MO S/L	0	467
1834	Clay Roof Tile Repair	2/01/10	11,597			11,597	15 MO S/L	0	322
1836	Goodman HVAC Condensor & Furnace	10/01/09	5,190			5,190	7 MO S/L	0	556
1837	Rheem 100 Gallon Water Htr	9/01/09	6,340			6,340	7 MO S/L	0	755
1840	SAGE FR50 Donor Mgmt	4/01/10	10,846			10,846	7 MO S/L	0	387
1841	SAGE MIP FUND Accounting	9/01/09	8,228			8,228	7 MO S/L	0	980
	Total Other Depreciation		<u>3,101,744</u>			<u>3,101,723</u>		<u>730,923</u>	<u>86,415</u>
	Total ACRS and Other Depreciation		<u>3,101,744</u>			<u>3,101,723</u>		<u>730,923</u>	<u>86,415</u>
	Grand Totals		3,107,392			3,105,277		735,099	86,923
	Less: Dispositions and Transfers		26,230			26,230		13,728	3,214
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>3,081,162</u>			<u>3,079,047</u>		<u>721,371</u>	<u>83,709</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
234	Carpet	6/01/04	1,998		0	0	999	999
235	Water heater	3/24/03	3,650		0	0	1,095	2,555
	Form 990, Page 1		<u>5,648</u>		<u>0</u>	<u>0</u>	<u>2,094</u>	<u>3,554</u>
	Grand Total		<u>5,648</u>		<u>0</u>	<u>0</u>	<u>2,094</u>	<u>3,554</u>

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>
	\$ 46		14		
TOTAL	<u>\$ 46</u>				

Federal Statements**Schedule A, Part III, Line 7a - Support from Disqualified Persons**

<u>Donor Name</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
BOARD CONTRIBUTIONS	\$ <u>16,407</u>	\$ <u>16,250</u>	\$ <u>12,656</u>	\$ <u>10,385</u>	\$ <u>16,833</u>
TOTAL	\$ <u><u>16,407</u></u>	\$ <u><u>16,250</u></u>	\$ <u><u>12,656</u></u>	\$ <u><u>10,385</u></u>	\$ <u><u>16,833</u></u>