Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black

2010

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

lung benefit trust or private foundation)

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2010 calendar year, or tax year beginning 2010, and ending Check if applicable: C Name of organization SKELLEY HOUSE, TNC D Employer Identification number Doing Business As Address change 27-2223749 Number and street (or P.O. box if mail is not delivered to street address) Name change Room/Suite E Telephone number 521 E WHITE PINE DRIVE Initial return (480)440-0293 City or town, state or country, and ZIP + 4 Terminated G Gross Amended return Cave Creek AZ 85331 receipts \$ 1,500,201 Name and address of principal officer: Application pending H(a) Is this a group return for affiliates? Yes No See attachment #1 H(b) Are all affiliates included? Yes I Tax-exempt status: X 501(c)(3) 501(c)() **∢** (insert no.) 527 If "No," attach a list. (see instructions) Website: ▶ skelleyhouse.com **H(c)** Group exemption number ▶ K Form of organization: X Corporation L Year of formation: 2010 M State of legal domicile: AZ Association Partil Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE SUPPORT AND HALFWAY HOUSE FACILITIES FOR FEMALE PAROLEES ACTIVITIES GOVERNANCE Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of independent voting members of the governing body (Part VI, line 1b)..... 4 5 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12..... 7a Net unrelated business taxable income from Form 990-T, line 34.... 7b 0 **Current Year** REVENUE Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 1,500,200 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 10 1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . 12 1,500,201 13 14 EXPENSES Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . 15 34,644 Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)..... 102,607 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 137,251 Revenue less expenses. Subtract line 18 from line 12 1,362,950 Beginning of Current Year **End of Year** 20 1,362,950 FUXD 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 1,362,950 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. -16-201 Sign Signature of officer Date Here STEPHEN W. MORGAN DIRECTOR Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check if **Paid** Preston Parker self-employed **Preparer EGAN** Firm's name ▶ PARKER Firm's EIN ▶ **Use Only** Firm's address ▶ 14820 N CAVE **CREEK** Phone no. PHOENIX AZ 85032 (602)569-1003 May the IRS discuss this return with the preparer shown above? (see instructions)..... Yes X No

	1990 (2010) SKELLEY HOUSE, INC. 27-2223749	Page :
Pa	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:	
	TO PROVIDE SUPPORT AND HALFWAY HOUSE FACILITIES FOR FEMALE PAROLE	ES
2	Did the organization undertake any significant program services during the year which were not listed on	
-		₩.
	the prior Form 990 or 990-EZ?	×Ν
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	₽.
	If "Yes," describe these changes on Schedule O.	X N
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 \$26,646including grants of \$) (Revenue \$1,500,201	1
	See attachment #2	
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 ▶\$ 26,646	

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,"			
2	complete Schedule A.	1	X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions).	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	l		
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
7	to digate and organization engage in lobbying activities, of have a section 501 (n)			
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
Ū	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,			
6	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
٠	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the	İ		
	right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
7	Schedule D, Part I	6		_X
•	the environment historic land areas or historic etrustures? If "Vee " complete Set at the P. P. at W.	1		
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	complete Schedule D. Part III	}		
9	complete Schedule D, Part III	8		X
_	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D. Part IV			
10	complete Schedule D, Part IV	9		X
	If "Yes." complete Schedule D. Part V	40		
11	If "Yes," complete Schedule D, Part V	10	*********	X
	or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule			
	D, Part VI			37
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total	11a		<u>X</u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	445		37
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total	11b		<u>X</u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.		v
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		<u>X</u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		v
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		$\frac{X}{X}$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X,	111		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12a	ł	Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	.ea		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	1	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{X}{X}$
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	\dashv	$\frac{x}{x}$
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		$\neg +$	
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		$\neg \dagger$	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV.	16	ļ	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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	18		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	19		Х
20a	bid the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
D	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers			
	that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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			
22	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			-25
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
a 25-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
h	disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		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,"			
26	complete Schedule L, Part I	25b		_X_
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		<u>X</u>
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete		1	
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		<u> </u>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			<u></u>
	Part IV	28b	1	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
31	conservation contributions? If "Yes," complete Schedule M.	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32		31		<u>X</u>
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II			
33	Schedule N, Part II	32	\dashv	<u>X</u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		<u>X</u>
	III, IV, and V, line 1	24	ĺ	37
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34		$\frac{X}{X}$
а	Did the organization receive any payment from or engage in any transaction with a controlled entity	33	\dashv	<u></u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		İ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	Х
3/	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		-	<u></u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 192			
11/0	Note. All Form 990 filers are required to complete Schedule O	38		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	<u></u>	<u></u>	<u></u>		. \square
.		, -			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vend	lors an	d reportable	1		
•	gaming (gambling) winnings to prize winners?			1c		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		0	_		
b	If at least one is reported on line 2a, did the organization file all required federal employmen	nt tax re	eturns? N/A	2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see	instruc	tions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year "No." has it filed a Form 200. If the this way of 15 the latest and 15 the things are the second of the things are the second of the things are the second of the things are the second of the things are the second of the things are the second of the things are the second of the things are the second of the things are the second of the second o	ar?		3a		X
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule	ο	N/A	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature	or oth	er authority over,			
_	a financial account in a foreign country (such as a bank account, securities account, or other	er finan	cial account)?	4a		X
b	If "Yes," enter the name of the foreign country:					
5a	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	Financ	ial Accounts.			
b	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year	?	5a	<u> </u>	X
C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er tran	saction?	5b		X
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		N/A	5c		
va	Does the organization have annual gross receipts that are normally greater than \$100,000, a	ınd did	the organization			
b	solicit any contributions that were not tax deductible?	• • • • •		6a		X
	If "Yes," did the organization include with every solicitation an express statement that such c					
7	gifts were not tax deductible?	• • • • •	N/A	6b		
и а	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly as a contribut					
u	and services provided to the payor?	partly to	or goods			
b	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided	• • • • •		7a	L	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w	γ 	N/A	7b	\vdash	
	required to file Form 8282?	/nich it	was	1 _		
d	If "Yes," indicate the number of Forms 8282 filed during the year	ا بمح	•••••	7c		X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		t contract?	.		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	ofit oo	t CONTRACT?	7e	\vdash	<u>X</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	ieiii co	nuactr	7f		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	as requ	ured?	7g 7h	Х	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supp	ortina	organizations	/n	^	********
	Did the supporting organization, or a donor advised fund maintained by a sponsoring organ	ization	have excess			
	business holdings at any time during the year?	12411011	, nave excess			X
9	Sponsoring organizations maintaining donor advised funds.	• • • • •	• • • • • • • • • • • • • • • • • • • •	8		
а	Did the organization make any taxable distributions under section 4966?			9a		v
b	Did the organization make a distribution to a donor, donor advisor, or related person?		•••••	9b	-+	$\frac{X}{X}$
10	Section 501(c)(7) organizations. Enter:			30		<u>~</u>
а	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:					
а	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 the	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		m 1041?	12a		X
b	If (IV/an II amanu along amanusa afasa and a san and a san and a san a san a san a san a san a san a san a san	12b				<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		X
	Note. See the instructions for additional information the organization must report on Schedu	le O.				<u> </u>
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		• • • • • • • • • • • • • • • • • • • •	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in	Sched	ule O	14b	-+	$\frac{\Lambda}{Y}$

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			П
Sect	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		.03	****
b	Enter the number of voting members included in line 1a, above, who are independent 1b	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-+	$\frac{x}{x}$
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	\vdash	$\frac{\Lambda}{X}$
6	Does the organization have members or stockholders?	6		$\frac{\Lambda}{X}$
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	-		<u>A</u>
	governing body?	7-		v
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a		$\frac{X}{X}$
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	7b		
	by the following:			
а	The governing body?			
b	Each committee with authority to act on behalf of the governing body?	8a		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b		X
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		<u>X</u>
000	on 2.1 Choice (This Section & requests information about policies not required by the internal Revenue Code.)		V- 1	
10a	Does the organization have local chanters, branches, or efflicted?		Yes	No
b	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
110	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		1	
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		İ	
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Same and the second to the sec			
	with a taxable entity during the year?	16a	1	Χ
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
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 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: ▶ See attachment #3			

Part VII Comp	pensation of Office	rs. Directors.	Trustees	Key Employees, Highest Compensated Employees,	90
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	Check if Schedule O contains a response to any question in this Part VII	Γ
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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per	Position (check all that apply)						Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organiza- tions in Schedule	TRUSTEE OR	-200024-	OFF-CER	KEY EMPLOYEE	™™™™™™™™™™™™™™™™™™™™™™™™™™™™™™™™™™™™	FORMER	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
PETER SKELLEY	0)		L							
PRESIDENT	40.00			X		х		22 000		
RESIDENI	40.00			Λ		^		32,000	0	o

Par	f VII Section A. Officer	s, Director	s, Trust	ees, k	(ey Er	nploy	ees, and	High	est Compensated E	mployees (continue	d)
	(A)	(B)			(C)			(D)	(E)	(F)
	Name and title	Average			(chec		at apply)		Reportable	Reportable	Estimated
		hours per week	NAT	I T N R	P	K E E M Y P	H C E I O M	F O	compensation	compensation	amount of
		(describe	D U R I S E V T C	S U	F		G M P H P L	R M	from the	from related organizations	other
		hours for related	DEO	I R U S T E E	OFF-CER	OYE	-GHENEE	E R	organization	(W-2/1099-MISC)	compensation from the
		organiza-	U O L R		"	Ē	ĄĒ		(W-2/1099-MISC)	<u>'</u>	organization
		tions in Schedule		O N		l	Ë				and related
		O)		A L							organizations
						İ					
						l					
							i				
							Ì				
							ľ				
							·				
1b	Sub-total							. ▶			
C	Total from continuation sh										
d	Total (add lines 1b and 1c)							. ▶			
2	Total number of individuals	(including I	out not li	mited	to tho	se liste	ed above) who	received more than	\$100,000 in reporta	ble compensation
	from the organization ▶										
3	Did the organization list any	former off	icer. dire	ctor o	r trust	ee ke	v emplov	ee or	r highest compensate	ad employee	Yes No
	on line 1a? If "Yes," comple	e Schedule	J for su	ich ind	dividu	al				sa employee	3 X
4	For any individual listed on l	ine 1a, is th	ne sum d	of repo	rtable	comp	ensation	and o	other compensation	from the	
	organization and related org	anizations	greater t	han \$	150,00	00? If "	Yes," co	mplete	e Schedule J for suc	h individual	4 X
5	Did any person listed on line	1a receive	or accr	ue coi	npens	sation	from any	unrel	ated organization or	individual for	
Soction	services rendered to the org	anization?	If "Yes,"	comp	lete S	chedu	le J for s	uch p	erson		5 X
1	Complete this table for your		t compe	neato	d inde	nendo	nt contro	otoro	that received more t	h #400 000 4	
•	compensation from the orga		Compe	nsale	ı ınde	pende	in contra	Clors	triat received more t	nan \$100,000 ot	
		(A)							(B)		(C)
	Name and	business a	address						Description of se	rvices	Compensation
											·
											-
2	Total number of independer	t contracto	rs (inclu	ding b	ut not	limite	d to those	e liste	d above) who receiv	ed more than	
	\$100,000 in compensation for	om the org	anizatior	ı ▶					,	- Street	

Pa	rt V	III Statement of Reve	nue						, ago
	-1					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CI		a Federated campaigns		<u> 1a</u>					
OFF	<u> </u>	Membership dues		1b					
TSF	3 €	Fundraising events		1c					
R G R M I L A R	3 6	d Related organizations		1d					
	^	Government grants (contri	ibutions)	1e					
	1 1	All other contributions, gift	ts. grants. &						
l S F	i	similar amounts not includ	led above	1f					
OAAN	و اه	Noncash contributions include	d in lines 1a–1f:	\$	<u> </u>	1			
SUT	ŀ	Total. Add lines 1a-1f							
					Business Code				
R	2a	CONTRIBUTIONS	}		561000	1,500,200			
ÖS GE	l t				701000	1,500,200			
RRF	ع اه	······································			· · · · · · · · · · · · · · · · · · ·				
A VE	, ,	·						 	
M C E	E 6								
ΕN	۱ ۱	All other program service i	revenue						
į E						1.500.000			
	3	Total. Add lines 2a-2f Investment income (includ	ling dividende i	ntoro	<u></u>	1,500,200			
	"	other similar amounts)							
	4	Income from investment of	ftav avament ha			1	 		
	5								
	"	Royalties	(2) D1						
	6-	Cross Bonto	(i) Real		(ii) Personal	4			
	6a								
	D	Less: rental expenses	! 						
	°								
	a	Net rental income or (loss)							
	7a	Gross amount from sales	(i) Securities	S	(ii) Other				
		of assets other than							
		inventory							
	b	Less: cost or other basis							
^	1	and sales expenses							
O T		Gain or (loss)							
H	d	Net gain or (loss)							
E	8a	Gross income from fundrai	ising						
R	1	events (not including \$		ı					
_		of contributions reported o	n line 1c).	_					
R E		See Part IV, line 18		a					
V	b	Less: direct expenses							
E	C	Net income or (loss) from f	undraising ever	nts					
N	9a	Gross income from gaming	activities. See	Γ					
U E		Part IV, line 19		a					
_	b	Less: direct expenses							
		Net income or (loss) from g							
	10a	Gross sales of inventory, le	ess	Ì					
		returns and allowances		. a					
	ь	Less: cost of goods sold							
		Net income or (loss) from s							
		Miscellaneous Rev	enue/		Business Code				
	11a								
	b			_					
	С			_					
′	d	All other revenue		[
	е	Total. Add lines 11a-11d		.					
	12	Total revenue. See instruc	tions			1,500,201			

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 req	uired to complete c	olumns (B), (C), and	d (D).
Do no	l include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
7b, 8b	, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	Fundráising expenses
1	Grants and other assistance to governments and		<u> </u>	general expenses	expenses
	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,				
•		22 222			
	trustees, and key employees	32,000			
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,644			
11	Fees for services (non-employees):				
а	Management	13,349			
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13		1.006			
	Office expenses	1,096			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
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	43,522			
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.)				
а	INSURANCE	15,403			
b	SECURITY	12,076			
c	UTILITIES				
d	REPAIRS	11,496			
e	TELEPHONE	4,966			
_		629			
	All other expenses#4.	70			
	Total functional expenses. Add lines 1 through 24f	137,251			
26	Joint costs. Check here if following SOP 98-2				
	(ASC 958-720). Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	j	.		

Part X **Balance Sheet**

					(A)		(B)
	14	Oral			Beginning of year		End of year
	1	Cash non-interest bearing				1	
	2	Savings and temporary cash investments				2	127,019
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, direct					
		employees, and highest compensated employees.	. Comp	lete Part II of			
		Schedule L			5		
	6	Receivables from other disqualified persons (as defined und	on 4958(f)(1)), persons				
A		described in section 4958(c)(3)(B), and contributing employer					
S		of section 501 (c)(9) voluntary employees' beneficiary organiz	see instructions)		6		
S	7	Notes and loans receivable, net				7	
Ŧ	8	Inventories for sale or use				8	
S	9	Prepaid expenses and deferred charges				9	13,320
	10 a	Land, buildings, and equipment: cost or other	1 1				13,320
		basis. Complete Part VI of Schedule D	10a	1,266,133			
	k	Less: accumulated depreciation	10b	43,522		10c	1,222,611
	11	Investments publicly traded securities				11	1,222,011
	12	Investments other securities. See Part IV, line 1	1			12	
	13	Investments program-related. See Part IV, line	11			13	
	14			14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal I	ine 34)			16	1,362,950
	17	Accounts payable and accrued expenses				17	1,302,950
	18	Grants payable		18			
Ļ	19				19		
A	20	Tax-exempt bond liabilities				20	
В	21	Escrow or custodial account liability. Complete Part	t IV of s	Schedule D		21	
L	22	Payables to current and former officers, directors, to	rustees	s, key		<u></u>	
ī		employees, highest compensated employees, and					
Ţ		persons. Complete Part II of Schedule L				22	
Ė	23	Secured mortgages and notes payable to unrelated	d third	parties		23	
S	24	Unsecured notes and loans payable to unrelated th	nird par	ties		24	
	25		· · · · · ·			25	
	26	Total liabilities. Add lines 17 through 25				26	
		Organizations that follow SFAS 117, check here	▶	and			
, F		complete lines 27 through 29, and lines 33 and 3		100			
<u>U</u>	27			, , , , , , , , , , , , , , , , , , ,		27	
N D	28	Temporarily restricted net assets		Г		28	
۱ ۱	29	Permanently restricted net assets				29	
B		Organizations that do not follow SFAS 117, chec	k here	▶ 🏻	-		
L		and complete lines 30 through 34.					
A	30	Capital stock or trust principal, or current funds		*		30	
(C	31	Paid-in or capital surplus, or land, building, or equi	pment	fund		31	
E	32	Retained earnings, endowment, accumulated incom	ne, or c	other funds		32	1,362,950
۱ ۲	33	Total net assets or fund balances				33	1,362,950
	34	Total liabilities and net assets/fund balances		F		34	1,362,950
VA		99011 TWE 41348 Converget Forms (Software Only					1,302,330

	n 990 (2010)			Pac	ge 12
	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				. П
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	.,500	,201	
2	2 Total expenses (must equal Part IX, column (A), line 25)			,251	
3	Revenue less expenses. Subtract line 2 from line 1	3 1	,362		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7002	,,,,,	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
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 1	,362	050	
Pa	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: X Cash Accrual Other		**********	Yes	No
	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?	• • • • • • • • • • • •		<u> </u>	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	• • • • • • • • • • • • • • • • • • • •	2b		X
_	audit review or compilation of its financial statements and a lastic finan	of the	ł		ł
	audit, review, or compilation of its financial statements and selection of an independent accountant?	N/A	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
d					
u	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were iss	sued on			

Both consolidated and separate basis

За

Form **990** (2010)

X

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits $\dots N/A$

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a separate basis, consolidated basis, or both:

Consolidated basis

TWF 41349

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Separate basis

10 99012

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

OMB No. 1545-0047

2010

Open to Public

Internal Revenue Service Name of the organization ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

Employer Identification number SKELLEY HOUSE, INC. 27-2223749 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(l). 1 2 A school described in section 170(b)(1)(A)(II). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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). 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..... 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) Yes No and (iii) below, the governing body of the supported organization? 11g(i) X 11g(ii) 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (VI) Is the (II) EIN (iii) Type of organization (iv) Is the organization (V) Did you notify the (vii) Amount of organization in col. (i) organization (described on lines 1-9 in col. (I) listed in your organization in col. (I) support organized in the above or IRC section governing document? of your support? (see instructions)) U.S.? Yes No Yes No Yes No

Part III

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Boxt II.)

Se	Section A. Public Support								
	alendar 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.")			(0) 2000	(4) 2003		(f) Total		
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					1,500,200	1,500,200		
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5					1,500,200	1,500,200		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					1,500,200	1,300,200		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b					-			
8	Public support (Subtract line 7c from line 6.)						1,500,200		
	tion B. Total Support						g-,,		
Gai	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
9	Amounts from line 6					1,500,200	1,500,200		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
C	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)					1,500,200	1,500,200		
14	First five years. If the Form 990 is for the orgatorganization, check this box and stop here			urth, or fifth tax y	ear as a sectio				
	er er er er er er er er er er er er er e	OIL LEICEIIL	age						
15	Public support percentage for 2010 (line 8, colu	ımn (f) divided	by line 13, colu	mn (f))		15 1	00.00 %		
16	Public support percentage from 2009 Schedule	A, Part III, line	15	<u></u>		16	%		
3 e C	non b. Computation of investment i	ncome Per	centage						
i 8	Investment income percentage for 2010 (line 10	Jc, column (f) c	divided by line 1:	3, column (f))		17	0.00 %		
19a	Investment income percentage from 2009 Sche	aule A, Part III	, line 17	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • •	18			
Ja	33 1/3 % support tests 2010. If the organization more than 33 1/3 % check this box and state	ation did not ch	neck the box on	ine 14, and line	15 is more than	33 1/3 %, and li	ne 17 is		
b	not more than 33 1/3 %, check this box and sto 33 1/3 % support tests 2009. If the organiza	ation did not ch	ieck a box on lin	e 14 or line 10a	and line 16 is r	noro than oo 4/o	~		
	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 IVA	Private foundation. If the organization did not	check a box or	n line 14, 19a, or	19b, check this	box and see in	structions	▶		

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of the organization		Terrational transfer of
		Employer identification number
SKELLEY HOUSE, I	NC.	27-2223749
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 cove	ered by the General Rule or a Special Rule.	
110te. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	al Rule. See instructions.
General Rule		
For an organization filing F from any one contributor. (orm 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (ir Complete Parts I and II.	ı money or property)
Special Rules		
X For a section 501(o)(2) ora	nnination Eller F	
under sections 509(a)(1) ar	anization filing Form 990 or 990-EZ that met the 33 1/3% support test of the rend 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contributor on (i) Form 200, But 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	gulations
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. Comp	ontribution of the greater lete 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 cor	ntrila uta u
during the year, aggregate	contributions of more than \$1,000 for use exclusively for religious, charitable	ata water
literary, or educational purp	oses, or the prevention of cruelty to children or animals. Complete Parts I, II, a	and III.
For a section 501(c)(7), (8),	or (10) organization filing Form 990 or 990-EZ that received from any one con	. Audit
and your, contabations for a	se exclusively for religious, charitable, etc. purposes, but those contributions	d! = 1
το τποτο αταπ ψ1,000. II (IIIS	box is checked, enter here the total contributions that were received during the	
reading entantable, etc., pe	in pose. Do not complete any of the parts unless the General Puls applies to	hata a
it received nonexclusively re	oligious, charitable, etc., contributions of \$5,000 or more during the year	▶\$
Caution. An organization that is no or 990-PF), but it must answer "No form 990-PF, to certify that it does	t covered by the General Rule and/or the Special Rules does not file Schedule o" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990 not meet the filing requirements of Schedule B (Form 990, 990–EZ, or 990–PF	∋ B (Form 990, 990-EZ, -EZ, or on line 2 of its -).

for Form 990, 990-EZ, or 990-PF.

For Paperwork Reduction Act Notice, see the Instructions

Schedule B (Form 990, 990-l	EZ, or 990-PF) (2010)SKELLEY	HOUSE,	INC.	27-222374	9 Page 1	L of	of Part
lame of organization					Employer ide	ntificati	on number
SKELLEY HOUSE.	INC.				27 2222		

	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$1,500,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2010

	ernal Revenue Service (99)	► See separate	instructions.		► Attach to	o vour	tax return.			Attachment Sequence No. 67	
	me(s) shown on return			ss or ac	tivity to whic					Identifying number	
SKELLEY HOUSE, INC. FOR FORM 990										27-2223749	
	Election To Ex	pense Certain	Property Un	der Se	ection 179	9					
_		any listed property, o									
1	Maximum amount (see instr	uctions)		• • • • • •					1		
2	Total cost of section 179 pro	perty placed in servi	ice (see instruction	ons)	• • • • • • • • •	• • • • •		• • • • •	2		
3	Threshold cost of section 17	9 property before re	duction in limitat	ion (see	instructions)	• • • • • • • • •	• • • • •	3		
5	Reduction in limitation. Subt	Subtract line 4 from	2. If zero or less,	enter -)				4		
3											
6	(a) Descrip	otion of property	• • • • • • • • • • • • • • • • • • • •	(h) Co	ot (buop use		(a) Fla		_5_	500,000	
Ť	6 (a) Description of property (b) Cost (busn. use only) (c) Elected cost										
											
7	Listed property. Enter the an	nount from line 29				7					
	Total elected cost of section								8		
9	Tentative deduction. Enter the	ne smaller of line 5 o	or line 8				• • • • • • • • •		9		
10	Carryover of disallowed ded	uction from line 13 o	f your 2009 Forn	n 4562					10		
	Business income limitation.								11	500,000	
	Section 179 expense deduct								12	5507550	
	Carryover of disallowed ded					13					
Not	te: Do not use Part II or Part	III below for listed pr	operty. Instead,	use Parl	. V.						
	irt II Special Depre	ciation Allowan	ce and Othe	r Depi	eciation	(Do no	t include lis	ted prop	erty.)	(See instructions.)	
14	Special depreciation allowar	nce for qualified prop	erty (other than	listed pr	operty) place	ed in s	ervice				
	during the tax year (see instr	ructions)							14		
15	Property subject to section 1	68(f)(1) election	• • • • • • • • • • • • • • • • • • • •					[15		
16	Other depreciation (including	ACRS)	· · · · · · · · · · · · · · · · · · ·			<u>.</u>			16		
	irt III MACRS Depre	ciation (Do not in	clude listed prop	erty.) (S	See instruction	ns.)					
	144000 1 1 1 1 1			Section							
	MACRS deductions for asse							· · · · · `	17		
18	If you are electing to group a										
	general asset accounts, chec	- Assets Blaced In	Samulas During		V 11-1		0	>			
	Section D	Assets Placed In (b) Month and	(c) Basis for d					r		/stem	
	(a) Classification of property	year placed in service	(business/investn	nent use	(d) Recover		(e) Convention	(f) Met	hod	(g) Depreciation deduction	
19a	3-year property	Service	only see instru	ictions)	Polica	-	Oliveliuoli			deduction	
	7 ()					+					
	10-year property										
•	15-year property		697,	567	15	\top	HY	150 I	DВ	34,878	
1						$\neg \vdash$				22,070	
_ ç	25-year property				25 yrs.	\neg		S/L	.		
r	Residential rental	07-2010	518,	566.	27.5 yrs.		MM	S/L		8,644	
	property				27.5 yrs.		MM	S/L			
ı	I Nonresidential real 39 yrs. MM S/L										
	property MM S/L										
		- Assets Placed in S	Service During 2	2010 Ta	(Year Using	g the A	liternative l	Deprecia	tion S	System	
<u>20a</u>	Class life							S/L			
	12-year				12 yrs.	_		S/L]		
	c 40-year 40 yrs. MM S/L										
	If IV Summary (See i					_					
	Listed property. Enter amount							:····	21		
~~	Total. Add amounts from line and on the appropriate lines	o iz, iiiles 14 liiroug of vour ratura. Dada	II I/, IINES 19 an	u 20 In	column (g), a	and line	e 21. Enter i	nere	_	in	
23	For assets shown above and	l placed in service di	uring the current	vear	nis see Ir	เรแนตโ	UIIS	• • • • • •	22	43,522	
				,,				18		***************************************	

enter the portion of the basis attributable to section 263A costs.

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No. 1545-0047 2010

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Inspection **Employer identification number**

Name of the organization SKELLEY HOUSE INC.

27-2223749

THE TRUSTEES REVIEW A DRAFT OF FORM 990 BEFORE IT IS FILED.

990 PRINCIPAL OFFICER NAME AND ADDRESS

Attachment 1: Form 990 Page 1, Line F	
Open to Public	
Inspection For calendar year 2010, or tax period beginning	, and ending
Name of Organization	Employer Identification Number
SKELLEY HOUSE, INC.	27-2223749
990, Page 1, Line F	
Principal officer name	DEMED GUDI I DI
Principal officer name,	PETER SKELLEY
Business Name:	
Samoo Hallo.	
Street Address	2923 E WHISPERING WIND DRIVE
U.S. Address:	
Zip code 85024 City Phoenix	State AZ
or	
Foreign Address	
City	
Province or State	
Country	
Country	
Postal code	

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment	2: Form 990	Page 2,	Part	III					
Open to Public									
Inspection	Inspection For calendar year 2010, or tax period beginning , and ending								
Name of Organization	Name of Organization Employer Identification Number								
SKELLEY HO	USE, INC.					27-222374			
Part III - Statement of Program Service Accomplishments									
Code: Expenses: 26,646 including Grants of: Revenue: 1,500,201									
	Exempt Purpose Achievements								

DISBURSE MONIES TO PURCHASE BUILDING, REFURBISH, AND MAINTAIN IT AS A HALF WAY HOUSE FACILITY FOR FEMALE PAROLEES.

990 BOOKS ARE IN CARE OF

Open to Public Inspection For calendar year 2010 or tax period beginning , and ending	Attachment	3: Form	990 Page 6,	Part VI,	Section C,	Line 20
Name of Organization Employer Identification Number 27-223749						
Name of Organization Employer Identification Number 27-223749	Inspection	For calendar yea	r 2010 or tax period be	eginning	, and	ending .
SKELLEY HOUSE, INC. 27-2223749	Name of Organization	on				Employer Identification Number
Individual Name	SKELLEY HO	USE, INC.				27-2223749
Or Business Name: Street Address	Part VI - Line 20					
Or Business Name: Street Address						
Street Address Street Address State AZ	Individual Name .	• • • • • • • • • • • • • • • • • • • •			STEPHEN W.	MORGAN
Street Address	or		•			
U.S. Address: Zip code 85331 City Cave Creek State AZ	Business Name:					·
U.S. Address: Zip code						
U.S. Address: Zip code						
U.S. Address: Zip code 85331 City Cave Creek State AZ						
Zip code 85331 City Cave Creek State AZ	Street Address	<i>.</i>			5521 E WHIT	TE PINE DRIVE
Zip code 85331 City Cave Creek State AZ						
Zip code 85331 City Cave Creek State AZ						
or Foreign Address City Province or State Country Postal code Phone Number	U.S. Address:					
or Foreign Address City Province or State Country Postal code Phone Number		0=001	_			
Foreign Address City Province or State Country Postal code Phone Number	Zip code	85331	_ city <u>Cav</u>	<u>e Creek</u>		State AZ
City Province or State Country Postal code Phone Number						
Province or State Country Postal code Phone Number	Foreign Address					
Province or State Country Postal code Phone Number	0''					•
Country Postal code Phone Number	City	• • • • • • • • • • • • • • • • • • • •				
Country Postal code Phone Number	Duranta da da	O4-4-				
Country Postal code Phone Number	Province or	State			· · · · · · · · · · · · · · · · · · ·	
Postal code Phone Number						
Phone Number	Country	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	·.···
Phone Number	5					
	Postal code	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			
	5 1					
Fax Number	Phone Numi	per		• • • • • • • • • • • • • • • • • • • •		
Fax Number						
	Fax Number	••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · <u> </u>
		· ·-				

709 SCHEDULE OF OTHER EXPENSES Attachment 4: Form 990 Page 10, Line 24 - Other Expenses Open to Public Inspection For calendar year 2010 or tax period beginning , and ending Name of Organization **Employer Identification Number** SKELLEY HOUSE, INC. 27-2223749 (B) Program (C) Management Other Expenses (A) Total (D) Fundraising Services and General BANK CHARGES 70

70.

Total: