H303 12/15/2009 9:51 AM 990

#### Return of Organization Exempt From Income Tax

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

OMB No. 1545-004) 2008

Yes No

Form 990 (2008)

Open to Public Inspection benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements Department of the Treasury Internal Revenue Service 6/30/09 7/01/08 For the 2008 catendar year, or tax year beginning , and ending **EIGHTEENTH AVENUE FAMILY ENRICHMENT** C. Name of omegization D Employer identification number Chack if applicables use IRS CENTER Address change label e 62-0562855 Doing Business As Names change orint or type. Number and street (or P.O. box 3 mail is not delivered to street address) Room/suite Telephone number missi katin' 615-320-1131 1811 OSAGE STREET Specific Termination 484,06L City or town, state or country, and ZIP + 4 G Grass mosters S Instruc TN 37208 NASHVILLE Amandas return tions F. Name and address of principal officer. H(a) is this a croup return for Application pending Shantrelle Edmondson alfiliator? Are all all included? 1811 Osage Street Yes 37208 Nashville if "No," attach a list, (see instructions) X 501(c) ( ◆ (Insert no.) 527 Tax-exempt status: Website: ► N/A H(c) Group exemption number Type of organization Corporation 1934 X one > Non Profit Year of formation: M. State of legal confede: Association Part ! Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE HIGH QUALITY CHILD CARE AND CHILD DEVELOPMENT Governance FOR LOW INCOME INNER CITY FAMILIES. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 12 4 Number of Independent voting members of the governing body (Part VI, line 1b) 4 31 5 Total number of employees (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 1 7a Total gross unrelated business revenue from Part VIII, line 12. column (C) 7a () 7b b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 388 8 Contributions and grants (Part VIII, line 1h) 327 386 386, 9 Program service revenue (Part VIII. line 2g) 124.291 96,829 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 571 844 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 484,061 452,248 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) ...... 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 296,329 334,03E 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 181,502 146,495 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 477,831 480,533 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -25,583 3,528 19 Revenue less expenses. Subtract line 18 from line 12 Assets or Beginning of Year 121,323 127.071 20 Total assets (Part X, line 16) 220,475 222,695 21 Total liabilities (Part X, line 26) -99,152 -95,624 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block I have examined this return, including accompanying schodules and statements, and to the bost of my knowledge to Deptaration obtropping (other than officer) is based on all information of which preparer has any knowledge. Under penalties of perjury, I declare that I have Sign l<del>le</del>re Signature of officer Date SHANTRELLE EDMONDSON EXECUTIVE DIRECTOR Type or print name and title Preparer's identifying number Check if Preparer's Robert 2 Horis Paid 12-15.07 P00184832 signature employed • l'reparer's Business Management Associates EIN Firm's rame (or yours Use Only 7107 Crossroads Blvd Phone 37027-2805 Brentwood, TN na. 🕨

May the IRS discuss this return with the preparer shown above? (see instructions)

LAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	Statement of Program Serv	ice Accomplishments (s	ee instructions)	P:
1 Brief)	ly describe the organization's mission:			
TO P	PROVIDE HIGH QUALITY LOW INCOME INNER CIT	CHILD CARE AND (	CHILD DEVELOPME	NT
• • • • •		• • • • • • • • • • • • • • • • • • •	****************	**
Did to	ne organization undertake any significant p	Vonram condoor during the		
iiic pi	101 1 0111 990 0L 890-EV		Which were not listed on	J., 5
If "Yes				
Did th	ne organization cease conducting, or make	significant changes in how it cor	iducts, any program	
	s," describe these changes on Schedule O	· · · · · · · · · · · · · · · · · · ·	*******************	Yes 🗓
Descri	ribe the exempt purpose achievements for	each of the omanization's three	arcest process senious by a	
	Supplied to the property of Sautes all bus st	NO Section 4947(a)(1) Insete are a	actificat to comme the second	renses.
allocal	lions to others, the total expenses, and rev	venue, if any, for each program s	ervice reported.	, gong allu
(Codo:	:	44 046		
HILI	D DAY CARE: THE CENTE	44,946 including grants of	OTTAT TIME CHALL	) (Revenue \$
		R CITY PAMETTES	MITTE	************
·	TOBO SERVICES TO AN E	AVERACE OF TO OUR	TT 550000	••••••
IVE	DAYS PER WEEK THROUG	HOUT THE FISCAL	YEAR.	
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		including grants of		
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Code:	) (Expenses \$			
Code:	) (Expenses \$ gram services. (Describe in Schedule O.)			
Pode:	) (Expenses \$ gram services. (Describe in Schedule O.)			

**Checklist of Required Schedules** Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C. Part II X 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 5 Did the organization maintain any donor advised funds or any 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 ß 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 Old the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 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 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, 11 Parts VI. VII. VIII. IX, or X as applicable X 11 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes." complete Schedule D. Parts XI, XII, and XIII 12 X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X Did the organization maintain an office, employees, or agents outside of the U.S.? 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F. Part I X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 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 16 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 X Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 18 X Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedulo G, Part III 19 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 2!D X 20 Did the organization report more than \$5,000 on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II ::1 21 X Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedu'e I, Parts I and III :2 X 22 :3 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 23 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 questions 24b-24d and complete Schedule K. If "No," go to question 25. X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d 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 disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I X 25b 25 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L. Part III x

Form 990 (2003)

During the tax year, did any person who is a current or former officer, director, trustee, or key employee: 28 a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII. Section A)? If "Yes," complete Schedule L. 28a X b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV X c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schodule L. Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 28c 29 X 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II. 34 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 ж 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 X 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 X

Form 990 (2008)

1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	,	1	fier	Yo	75
	U.S. Information Returns. Enter -0- if not applicable	1 <sub>a</sub>	6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and report		1			
	gaming (gambling) winnings to prize winners?			1	C	X.
23	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	]	• • • • • • • • • • • • • • • • • • •	•	88.9	<b>8</b> 8
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	31			
þ	If at least one is reported on line 2n, did the organization file all required federal employment tax returns:	)		2	ЬХ	
	Note. If the surn of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	• • • • •	•••••			11
	instructions)			X		*
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	٧				
	this return?	-		3:	a (1868)	**
Þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O					7
la	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	ority	. • • • • • • • • • • • • •	·····  - <del></del>	_	十
	over, a financial account in a foreign country (such as a bank account, securities account, or other financecount)?	ial		4		
b	If "Yes," enter the name of the foreign country:		• • • • • • • • • • •			8
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Ban	k	• • • • • • • • • • • • •			
	and Financial Accounts.					
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	.88 <b>8</b> 83	*ax
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • •	5t		十
C	diseases 32 or 50, did the erganization his Form abuse-1. Diseasatire by Tax-Exempt Entity		• • • • • • • • • • • • • • •	·····	+-	+
	Regarding Prohibited Tax Shelter Transaction?			50	.	-
1	Did the organization solicit any contributions that were not tax deductible?			62		$\top$
	" 193, The the organization include with every scholaron an express statement that such contributions of	or .	• • • • • • • • • • • • • • • • • • • •			T
	gifts were not tax deductible?			6b	. 1	1
	Organizations that may receive deductible contributions under section 170(c).			3 1	1.5	
3	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	•			***	
	\$75?			7a		
,	if "Yes," did the organization notify the donor of the value of the goods or services provided?			7ь		T
•	required to file Form 8282?	•••••	•••••	7c		
	f "Yes," indicate the number of Forms 8282 filed during the year	7d	• · · · · · · · · · · · · · · · · · · ·			1
'	bid the diganization, during the year, receive any funds, directly or indirectly, to pay premiums on a perso	nal				1
- 1	penefit contract?			7e	. 24 O . C 27 (O . C	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
۱ ۱	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	• · · • • •	••••	71		T
	or contributions of qualified intellectual property, did the organization file Form 8899 as required?		••••••	i _	1	
1	for contributions of cars, boats, aliptanes, and other vehicles, did the organization file a Form 1098-C as equired?			7h		
1	ection 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sectio	n.	• • • • • • • • • • • • • • •	2.3 (2) 6	(1)	
	i09(a)(3) supporting organizations. Did the supporting progration, or a fund maintained by a sponsor					
•	rganization, have excess business holdings at any time during the year?	-		8	w.ax;	
					100	2
Ĺ	old the organization make any taxable distributions under section 4966?				7.200	2
	The state of distribution to a doller, delicit auvisor, or related person?		•••••	9b		3
						353 303
l	nitiation fees and capital contributions included on Part VIII, line 12	0a				3
•	1000 receipts, included on Form 900, Part VIII, line 12, for public use of club facilities	0b				
3	ection 501(c)(12) organizations. Enter:		<del></del>			<b>.</b>
0	ross income from members or shareholders	1a		l which		
_	recording from other sources (the not not amounts due or paid to other sources against					
	mounts due or received from them.)	1b		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		33
	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	2			" ' '	
5	"Yes," enter the amount of tax-exempt interest received or accrued during the year	1		12a	, ,	

Form 990 (2008)

BRENTWOOD

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policy, and financial statements available to the public.

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of Interest

State the name, physical address, and telephone number of the person who possesses the books and records of the

organization: ► BUSINESS MANAGEMENT ASSOCIATES 7107 CROSSROADS BLVD, STE 102

615-373-4829

#### Form 990 (2008) EIGHTEENTH AVENUE FAMILY ENRICHMENT 62-0562855

Page 7

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. 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, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 employees; and former such persons.

(A)	(B)			(	C)			uslee, or key employee. (D)	(E)	(F)
Name and Title	Average hours per week	o Individual trustee De or director		Officer	_	Highest compansated		Reportable compensation from the crganization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
SEDORA JOHNS						П				
DIRECTOR VANESSA JAC	KSON 1	X			<u> </u>	-		0	0	
SEC/DIRECTOR	rson 1	$ \mathbf{x} $			ĺ					_
Y.Y. CLARK	<u>-</u>		-					0	0	
REAS/DIRECT	1	x						o	ol	o
JASPER BREWS										
DIRECTOR TRACYE HENDE	1	X						0	0	0
IRACIE RENDE	RSON 1	x	Ì					o		
CARRELL HORT		-	_		_	$\dashv$			0	0
DIRECTOR	11	X						0	o	0
HAROLD M. LO	VE, JR	_						_		
BELINDA PATT		X	$\dashv$	-			-	0	0	0
IRECTOR	1	$ \mathbf{x} $				1	ł	o	ol	0
THOMAS SMITH	1									
DR. MICHELE		X	$\dashv$	-		-+	_	0	0	0
IRECTOR	1	_ x	-					o	اه	o
JULIUS WITHE			T			$\neg$	$\neg$			<u>·</u> <u> </u>
IRECTOR	1	X	$\downarrow$	_	$\perp$			0	0	0
BEN SANDEFUR IRECTOR	1	x		- [		-		o	0	0
SHANTRELLE EI	DMONDSON		寸.	十	1	$\dashv$	╅	<del></del>		
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	<del></del>		_	7	1	$\dagger$	7			
		11	+	+	$\dashv$	$\top$	+			

Form 990 (2008)

Part VII Section A.	Officers, Directors, Tr	ustee	, Ka	v Fr	nplo	Wilder TO 1016	AL.	CHMENT 62-0562 d Highest Compensated Er	CC02	Pa
(A)	(B)	1	, 100		C)	7000	, all	1		
Name and title	Average	Pas	ilion (			hat ep	ply)	(D) Reportable	(E) Reportable	(F)
	haurs per	2 g	Ē	g	\$	33.	3	compensation	compensation	Estimated amount of
1	week	or director	natitutional trustee	Officer	Key omployee	highest componsated employee	Former	from	from related	other
		5 등	2	1	륁	AN		the organization	organizations	compensation
		25	3		ž	Įį		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		3	8			) ž		·		and related
		1	"			ted				organizations
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b Total	_ <del></del>	ــــــــــــــــــــــــــــــــــــــ				ᆜ	+	60,000		
Total number of individu	als (including those in	la) wn	o rec	eive	d mo	re th	an \$	100,000 in reportable compe	nsation from the	
organization > 0								•		
Prideto and the state										Yes N
employee on line 1a? If	any former officer, dire	ctor or	trus	tee, I	key (	emplo		, or highest compensated		
For any individual listed	on line 1a. is the sum of	ule J K if renor	ar suc table	CO ID	olvid	iuai Nasin	n an	d other compensation from	• • • • • • • • • • • • • • • • • • • •	3 3
the organization and rela	ated organizations grea	ter tha	n \$1	50,0	00? I	isaud If "Ye	s." c	omplete Schedule J for such		
individual										4 3
Did any person listed on	i line 1a receive or accr	ue con	าตยก	satio	ın fra	m an	חנו עו	related organization for		
ction B. Independent Co	ntractors	compi	ete S	cne	апів	J IOT	SUC	person	<del></del>	5 3
	our five highest compe	nsated	inde	pen	dent	contr	aclo	rs that received more than 5	100,000 of	
	(A) lama and business address					Т		(B) Cescription		(C) Compansation
· · · · · · · · · · · · · · · · · · ·						1		Lesunptorn	1 SEIAEG2	Compensation
						-				
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Total number of indexes	doct control of the first	• ••	<u></u>							
Total number of independ	dent contractors (includ	ing tho	se in	1) v	vho r	receiv	ed r	nore than \$100,000 in		

D/A

Form 990 (2008) EIGHTEENTH AVENUE FAMILY ENRICHMENT 62-0562855 Page 9 Statement of Revenue (A) Total revenue (B) (C) (0) Related or Unrelated Revenue exempt business excluded from tax function under sections revenue 512, 513, or 514 1a Federated campaigns 1a b Membership dues 1b Particular in c Fundraising events 4,496 1c 386,388 d Related organizations 1d 278,986 Government grants (contributions) 10 f All other contributions, gifts, grants, and similar amounts not included above 102,906 Q Noncash contributions included in lines 1a-1f. S h Total, Add lines 1a-1f Revenue Busn. Code 2a DAY CARE SERVICE FEES-PARENTS 96.829 96,829 į f All other program service revenue ....... g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ... (I) Real (ii) Personal 6a Gross Rents b Less: rental exps. Rental inc. or thesi d Net rental income or (loss) Gross amount from (i) Securities (II) Other seles of assets other than inventor b Less: cost crother basis & sales exps. c Gain or (loss) d Net gain or (loss) .... 8a Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from garning activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold ..... b Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a BOARD DUES/CONTRIBUTIONS **B15** 815 29 MISCELLANEOUS INCOME 29 C All other revenue ..... Total. Add lines 11a-11d 844 Total Revenue. Add lines 1n, 2g, 3, 4, 5, 6d, 7d, 8c, 9c. 10c, and 11e 484,061 97,673

Form 990 (2008)

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 finitude amounts apported on lines 60, Total chorenous Programments of grant and other assistance to governments and organizations to but 5. See Part IV, fine 21 of state and other assistance to provenments or governments or		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,  Total exponses  Program service  Management and  Fundatising													
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3 Other employee benefits   -900   -567   -333     10 Payroll taxes   25,612   16,148   9,464     11 Fies for services (non-employees):   a Management	8					1									
10   Payroll taxes   25,612   16,148   9,464	_		800	5.00	200										
11 Fass for services (non-employees): a Management b Legal c Accounting d Lobbying Professional fundraking services. See Part IV, Ine 17 f Investment management fees Other 2 Advertising and promotion 2 O 15 5  Office expenses 1 Information technology 1 Royalties 1 Concipancy 1 Trave! 2 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Conversed above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of lotal expenses shown on line 25 below.) a FOOD COSTS b OUTSTIDE SERVICES 1 Tagle Interest 1 Tagle Interest 1 Conferences, conventions and meetings 1 Interest 1 Payments to affiliates 2 Depreciation, deplation, and amortization 1 Interest 2 Conferences, conventions and meetings 2 Interest 3 Payments to affiliates 2 Depreciation, deplation, and amortization 2 Interest 3 Payments to affiliates 4 J. 382 2 Interest 3 Payments to affiliates 4 J. 382 3 Insurance 1 Interest 4 J. 382 4 J. 295 8 Total function accompany to exceed 5% of lotal expenses shown on line 25 below.) a FOOD COSTS b OUTSTIDE SERVICES 1 J. 39.19 c TELEPRONE 9 J. 657 9 J. 677 6 90 c EQUIPMENT RENTALS 6 MAINT 6 Interest Internal 24 (480, 533) 344, 946 1 J. 35, 587  John Costs, Check new 6 1 if following SOP 82.7 Complete this line only if the organization reported in column (8) joint coats from a combined detication and pand of the propriets and better the organization reported in column (8) joint coats from a combined detication and pand of the propriets and better the organization reported in column (8) joint coats from a combined detication and pand of the propriets and better the organization reported in column (8) joint coats from a combined detication and pand of the propriets and better the organization reported in column (8) joint coats from a combined detication and pand of the propriets and the pand of the propriets and the pand of the	-	Oiner employee benefits													
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for any federal, state, or local public officials  Conferences, conventions, and meetings Interest In	17														
19   Conferences, conventions, and meetings   20   Interest   24,382   4,295   87     21   Payments to affiliates   22   Depreciation, depletion, and amortization   11,355   10,152   1,203     22   Depreciation, depletion, and amortization   15,643   15,326   317     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.)   18,258   18,258   18,258   18,258   16,164   13,739   2,425   16,164   13,739   2,425   16,164   13,739   2,425   16,164   13,739   13,919   13	13	Payments of travel or entertainment expenses													
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		Joint Costs. Check nere if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	,												

Page	1	

35	Jrt X	Balance Sheet			
لندعت			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	32,459	1	28,670
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net	14,268	4_	14,210
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L	2000 CONTRACTOR (CONTRACTOR (C	5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		1003	
		Part II of Schedule L		-6	<u> </u>
\$	7	Notes and loans receivable, net		7	
Accole	8	Inventories for sale or use		8	
<	9	Prepald expenses and deferred charges  Land, buildings, and equipment: cost basis 10a 365,380	Allunia de Caración de Car	9 	
	10a			* 2	
	b	Less: accumulated depreciation. Complete	74 506	1000	04 101
		Part VI of Schedule D         10b         281,189	74,596		84,191
	11	investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	<del></del>	12	
	13	investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	<u></u>
	15	Other assets. See Part IV, line 11	101 202	15	107 071
	16	Total assets. Add lines 1 through 15 (must equal line 34)	121,323		127,071 170,872
	17	Accounts payable and accrued expenses	171,372	_	170,812
	18	Grants payable		1 <u>B</u>	
	19	Deferred revenue		19	
48	20	Tax-exempt bond liabilities		20	
ä	21	Escrow account liability. Complete Part IV of Schedule D	Part of the state	21	See the first considering the see
	22	Payables to current and former officers, directors, trustees, key			
15	Į.	employees, highest compensated employees, and disqualified	04 103	2388	20 000
_,,	1	persons. Complete Part II of Schedule L	24,103	22	20,000
	23	Secured mortgages and notes payable to unrelated third parties	25,000		23,401
	24	Unsecured notes and loans payable		24	8,422
	25	Other liabilities. Complete Part X of Schedule D	220,475	25	222,695
	26	Total liabilities. Add lines 17 through 25	220,475	26	222,033
E0011		Organizations that follow SFAS 117, check here ▶ X and			
12	1	complete lines 27 through 29, and lines 33 and 34.	-99,152	27	-95,624
10	27	Unrestricted net assets		1	33,024
ÇŽ	28	Temporarily restricted net assets		28	<del>                                     </del>
13 15	29	Permanently restricted net assets  Organizations that do not follow SFAS 117, check here ▶		23	
įĹ					
5		and complete lines 30 through 34.	\$11500 CONTRACTOR (2000)	30	research was an experience of
ä	30	Capital stock or trust principal, or current funds Paid-In or capital surplus, or land, building, or equipment fund		31	
, nn	31	Retained earnings, endowment, accumulated income, or other funds		32	
	32		-99,152		-95,624
157	33	***************************************	121,323		127,071
	34 art )	Total liabilities and net assets/tund balances  Financial Statements and Reporting			
: <u>33</u>	ar 1:5	ti Financial Statements and Reporting	· · · · · · · · · · · · · · · · · · ·		Yes No
4	An	counting method used to prepare the Form 990: Cash X Accrual O	ther		
1 2:		ere the organization's financial statements compiled or reviewed by an independent accountar			1
Ł		tre the organization's financial statements audited by an independent accountant?			
		Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for			
•		a audit, review, or compilation of its financial statements and selection of an independent acco			2c X
3		a result of a federal award, was the organization required to undergo an audit or audits as se			
J					3a X
		Single Audit Act and OMB Circular A-133? Yes,* did the organization undergo the required audit or audits?		<b></b> .	
	, 41	tion' and trie distancement amonths are reduced each of pages 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			ram BBD more)

SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008

Open to Fublic.

Liepartment of the Treasury Internal Revenue Service Flame of the organization

EIGHTEENTH AVENUE FAMILY ENRICHMENT

Employer identification number 62-0562855

7 (page \$1000)	• • ::::::		I EAR								62.	-05628	22	
Part		son for P	ublic Charit	y Status (	All organization	ons must	comple	le this	part.)	(see i	nstructio	ons)		
					se check only on									
1 ⊢	A church, d	convention of	churches, or a	ssociation of	churches describe	d in section	170(b)(1)	(A)(i).						
2			ection 170(b)(1											
3 _	A hospital o	or a cooperat	live hospital ser	vice organiza	tion described in s	section 170(	b)(1)(A)(ii	i). (Atta	ch Sche	dule H.)				
4	A medical r	esearch orga	anization operat	ted in conjunc	tion with a hospita	al described i	n section	170(b)	(1){A}(iii	). Enter	the hospit	al's name,		
5	city, and sta						••••••					<b></b>		
• <u> </u>	_ Aut organiza	MPMAMAME	O for the penetr	t of a college	or university owne	ed or operate	d by a go	vernmer	ntal unit d	describe	ed in			
6			). (Complete Pa											
7					l unit described in									
′ –	docerihad is	scotion 17	many receives a	a substantizi    Complete De	part of its support	from a gover	nmenta: u	init or fro	om the g	eneral :	oublic			
в Г			'0(b){1}(A)(vi). (											
9 X					(vi). (Complete Pa									
3 14	-				33 1/3 % of its su									
	receips mo	u activides t	elated to its exe	mpt functions	-subject to certa	in exceptions	s, and (2)	uo more	than 33	3 1/3 %	of its			
	support from	ii gross inve:	sument income a	and unrelated	business taxable	income (less	section 5	11 tax)	from bus	sinesse:	S			
10	An occasion	we organiza	mon aner June	30, 19/5. Se	e section 509(a)(2	z). (Complete	Part III.)							
11	An omaniza	tion organize	o and operated	exclusively t	o test for public se	elety. See se	ction 509	(a)(4). (:	see instr	uctions)	)			
'' ∟	nurnoses of	one or more	ru anu operateo Poublicky suppos	rted organizat	or the benefit of, to Bons described in	o periom inc	· runctions	5 01, Of 16	o carry o	ul the	41			
	509(a)(3), C	herk the ho	padice toilant a	the tune of e	upporting organiza	9800 (100398 Vice and an-	a)(i) or se		19(a)(z).	5ee se	ction			
	а Птур		1	ale type of all										
e 🗆					Type III—Funct not controlled dire			d		pe III-O	liter			
ــا "	persons of	er than found	tation manager	ganization is cand other th	an one or more pu	cuy or indired	oy by one	or mor	e oisqua	Miled				
	509(a)(1) or			s and outer u	an one or more po	ubliciy suppo	rren organ	uzalions	aescrib	ed in se	ction			
f			,	armination for	m the IRS that it i	Toma 1 T	11	T 111						
•	organization			en muacon ne	in isa car en nu	sa ype i, i	ype II, or	туре ш	negguz	ng				
_	•			ding accorde	any gift or contri			· • • · • •						. Ц
9	following pa		isa bie Organize	addii acceptet	any girt or contri	outen iibin a	ny or me							
			h or indirectly c	enstrals eithe	r alone or togethe	e with name	a dagarih	ad la 439						Γ
					ed organization?	wiin person	s describe	eo an (a)					Yes	No
			a person descri			• • • • • • • • • •	· • • · · · · • ·	• • • • • •			· • • • · · · · · ·	11g(i)		⊢
						• • • • • • • • • •		• • • • • •			· • • · · • · ·	11g(II)	<b> </b> -	⊢
h			itity of a person				<b></b>	• · · · • •	• • • • • • •	• • • • • • •		[11g師]		
<u></u>				ine organizati	ons the organizati	on supports.		,						
	e of supported anization	1	(ii) EIN		ree of organization	1	manization		you notify		is the	(vii) Am	ount of	
	,				ribed on lines 1–3 e or IRC section		sted in your document?		nization in   of your	-	tion in col. ized in the	SUPP	ort	
		ì		(see	Instructions))				part?		S.7			
		ļ	<del></del>			Yes	No	Yes	No	Yes	No			
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 980.

Schedule A (Form 990 or 990-EZ) 2008

Sche		GHTEENTH A				-056 <u>2855</u>	Page 2
P	Support Schedule for O				1){A)(iv} and 17	'0(b)(1)(A)(vi)	
	(Complete only if you ch	ecked the box	<u>on line 5, 7. or</u>	8 of Part !.)			
	tion A. Public Support	-,			ı <del></del>	· · · · · · · · · · · · · · · · · · ·	
Ca	lendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(0) 2008	(f) Total
•	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						
:1	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
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)					100	
<u> </u>	Public support. Subtract line 5 from line 4	200 V4 F W02					
	tion B. Total Support						
Ca	lendar year (or liscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
••	Amounts from line 4						
11	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						
1:2	Gross receipts from related activities, etc.			• • • • • • • • • • • • • • • • • • • •		12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourth	n, or fifth tax year a	s a section 501(c)(	3)	- □
<u></u>	organization, check this box and stop here tion C. Computation of Public Su	Baraget Baraget	<u></u>	<u> </u>	<u> </u>	<u> </u>	
<u> </u>	don C. Computation of Public Su	pport Percenta	age	(0)		14	%
14	Public support percentage for 2008 (line 6,						
15	Public support percentage from 2007 Sche 33 1/3 % support test—2008. If the organ					• • • • • • • • • • • • • • • • • • •	
19a	and stop here. The organization qualifies a						▶ □
h	33 1/3 % support test—2007. If the organ	as a publicly suppoi direction did not chec	k a hov on line 13 c			check this	· · · · · ·
U	box and stop here. The organization qualif			_			▶ 🗍
1	·					is 10% or	······ - —
114	more, and if the organization meets the "far						
	organization meets the "facts-and-circumst						▶ 🗆
ь	10%-facts-and-circumstances test—200						
_	more, and if the organization meets the 'far						
	organization meets the "facts-and-circumst						▶ 🗓
13	Private foundation. If the organization did						

Schedule A (Form 990 or 990-EZ) 2008

H303 12/15/2009 1:13 PM Sichedule A (Form 990 or 990-EZ) 2008 EIGHTEENTH AVENUE FAMILY ENRICHMENT 62-0562855 Page 3 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) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 359.840 303,201 214,205 327,386 386,388 1,591,020 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 143,064 48,027 116.602 organization's tax-exempt purpose 124,291 96,829 528,813 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 502,904 262,232 419,803 451,677 483,217 2,119,833 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 ..... 138,007 43,027 111.602 119.291 91,829 503,756 c Add lines 7a and 7b 138,007 43,027 111,602 119,291 91,829 503,756 Public support (Subtract line 7c from 364,897 219,205 308,201 332,386 391,3<mark>88</mark> line 6.) 4 3 3 1,616,077 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 6 502,904 262,232 419,803 451,677 483,217 2,119,833 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 485 sources ..... 495 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 489 2 495 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on ..... Other income. Do not include gain or 1.2

	(Explain in Part IV.)	2,329	839	12,660	571	844	17,2	243
13	Total support. (Add lines 9, 10c, 11.	505,722	263,077	432,463	452,248	484,061		
	and 12.)						2,137,9	571
14	First five years. If the Form 990 is for the o	organization's first, se	cend, third, fourth	i, or lifth lax year as	a section 501(c)(3)			
	organization, check this box and stop here		<u> </u>				<b>&gt;</b>	
Sec	tion C. Computation of Public Su	pport Percentag	9					
15	Public support percentage for 2008 (line 8,	column (f) divided by	line 13, column (	())		15	75.6034	%
16_	Public support percentage from 2007 Schee	dule A, Part IV-A, line	27g		· · · · · · · · · · · · · · · · · · ·	16		%
Sec	tion D. Computation of Investmen	t Income Percei	ntage					
17	Investment income percentage for 2008 (lim	e 10c, column (f) divi	ded by line 13, co	olumn (f))	<u> </u>	17	0.0232	<u>~</u>
18	Investment income percentage from 2007 S					18	•	%
1 <b>9</b>	33 1/3 % support tests—2008. If the organ	ization did not check	the box on line 1	4, and line 15 is mo	re than 33 1/3 %, and	line		_
	17 is not more than 33 1/3 %, check this bo						•	X
b	33 1/3 % support tests—2007. If the organ						• • • • •	_
	line 18 is not more than 33 1/3 %, check this						<b>•</b>	П
21	Private foundation. If the organization did					•••••	·····	П
DAA						odulo A (Form DO)	or 000 E71 200	_

Statedule A (Form 990 or 990-EZ) 2008 EIGHTEENTH AVENUE FAMILY ENRICHMENT 62-0562855 Page 4
Part IV: Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
Part III, Line 12 - Other Income Detail
FUNDRAISERS/FACILITY RENTAL \$ 17,243
•
•
• • • • • • • • • • • • • • • • • • • •
2 - 1 - 2 (F 200 - 200 ET) 2000

#### SCHEDULE D (Form 990)

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

CMB No. 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization Employer identification number EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER 62-0562855 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included In (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🕨 \_\_ \_ \_ \_ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ß Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

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a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schodulo D (Form 990) 2008

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Sche	dule D (Form 990) 2008 EIGHTEEN!	TH AVENUE FAMI	LY ENRICHM	ent	62-056	<u> 2855</u>		Pa	age 2
hemic (check all that apply):    Powide a describition   d   Coan or exchange programs	ି ନି	irt III Organizations Maintaining	Collections of Art, Hi	storical Treasu	ıres, o	r Other Sim	ilar Asset	(contin	ued)	
Public exhibition   d   Loan or exchange programs   Other	3		records, check any of the following	owing that are a sig	nificant L	use of its collect	lion			
b	_	Dublic aybibition	d  loan or	evehance program	) <b>C</b>					
Preservation for future generations		H ' *****		aversuide biodiess	13					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parx XV.  Parx XV.  During the year, did the organization solicit or receive denations of art, historical treasures, or other similar assesses to be sold to mains hinds rather than to be maintained as part of the organization's collection?  Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, tustes, custodian or other invamediary for contributions or other assets not included on Form 990, Part XY and complete the following table:  Beginning balance  Beginning balance  Annount  Is did to corparization the arrangement in Part XIV and complete the following table:  Beginning balance  In the organization balance and the organization of the organization answered "Yes" to Form 990, Part IV, line 10, but Yes's explain the arrangement in Part XIV.  Part VIII Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10, but Yes's explain the arrangement in Part XIV.  Part VIII Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10, but Yes's explain the arrangement in Part XIV.  Part VIII Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10, but Yes's explain the arrangement in Part XIV.  Part VIII Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10, but Yes's explain the arrangement in Part XIV.  Part VIIII Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10, but Yes's explain the arrangement in Part XIV.  Part VIII Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10, but Yes's value the year and year a			⊕ □ Culei					•		
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar successes to be soft to pass funds rather than to be maintained as part of 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 intermetris. Complete if organization answered "Yes" to Form 990, Part X?  1a Is the organization and intermined the part XIV and complete the following table:  1 Ending belance  2 Beginning belance  3 Additions during the year  4 Ending belance  4 Additions during the year  5 Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  1 Ending belance  4 Additions during the year  5 Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  1 Ending belance  4 Additions during the year  6 Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  1 Beginning of year balance  5 Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  1 Contributions  1 Contributions  1 Contributions  2 Contributions  2 Contributions  3 Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  3 Endowment Funds and programs and programs  4 Administrative expenses  5 End of year balance  6 Contributions  7 Contributions  8 Endowment Funds and in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  (iii) related organizations  (iii) related organizations  (iv) cartier relative estimated percentage of the year end balance held as:  a Board designated or quasi-endowment   %  b Permanent endowment   %  Contributions  6 If "Yes" to 3a(ii), are the related organizations stated as required on Schedule R?  4 Description of investment  (ii) related organizations  (iii) related organizations  (iv) cartier to the related orga	4	Provide a description of the organization's co	Rections and explain how the	further the organiz	ation's e	xempt purpose	in			
Part IV. line 9, or reported an amount on Form 990, Part X, line 21.  14 Is the organization an agent, itustee, custodian or other insemediary for contributions or other assels not included on Form 990, Part X?  b If Yes, explain the arrangement in Part XIV and complete the following lable:  c Beginning balance  d Additions during the year  1 d	5	During the year, did the organization solicit or	receive donations of art, hist	orical treasures, or	other sim	idar			п.	4
Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, it ustee, oustodian or other intermedilary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complate the following table:  C Beginning balance  d Additions during the year  d It   G   Amount    1c   Amount    1d   Distributions during the year   1d   G    d Beginning of the organization include an amount on Form 990, Part X, line 217   Yes   No    1d   Brever   Brev	8 H	<u> </u>				anguared	Voc" to E		<u> </u>	40_
included on Form 990, Part X?  If Yes, explain the arrangement in Part XIV and complete the following table:    Beginning balance		Part IV, line 9, or reported	an amount on Form 99	00, Part X, line	21.					
b If Yes, "explain the arrangement in Part XIV and complete the following table:  □ Beginning balance □ Itc □ Additions during the year □ Itc □ Itc   Itc □ Itc □ Additions during the year □ Distributions during the year □ Itc □ Beginning of year an amount on Form 990, Part X, line 21? □ It Bedding balance □ Itc □ It Pres," explain the arrangement in Part XIV □ If Yes," explain the arrangement in Part XIV □ If Yes," explain the arrangement in Part XIV □ If Yes," explain the arrangement in Part XIV □ If Yes," explain the arrangement in Part XIV □ If Yes," explain the arrangement in Part XIV □ If Yes," explain the arrangement in Part XIV □ If Yes," explain the arrangement in Part XIV □ If Yes," in Yes," in Yes, and in It	1a							_		
Beginning balance    Collection during the year   1d   1d   1d   1d   1d   1d   1d   1		included on Form 990, Part X?			<b></b>	• • • • • • • • • • • • •		Yes	<u> </u>	No.
c Beginning balance d Additions during the year 1	b	if "Yes," explain the arrangement in Part XIV	and complete the following tal	ble:						
Additions during the year    Distributions during the year   Distributions during the year   Distributions during the year   Distributions during the year   Distributions during the year   Distributions during the year   Distributions   D								Amou	nt	
d Additions during the year    Distributions during the year   1e   1e   1e   1e   1e   1e   1e   1	C	Beginning balance			<b></b>		1c			
c Distributions during the year  1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 217  b if "Yes," explain the arrangement in Part XIV.  Part XIII Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance										
1 Ending balance	e								_	
b If "Yes," explain the arrangement in Part XIV.    Pair V   Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.    1a Beginning of year balance	f									
Pair V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  (a) Current year (b) Proyeer (c) Two years back (d) Trese years back (e) Four years back (for Interest years back (for Interest years back)  b Contributions c Investment earnings or osses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	23							Yes	_ ∐ ∧	do
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Fo	b	if "Yes," explain the arrangement in Part XIV.								
Beginning of year balance  Contributions  Circ investment earnings or losses  Grants or scholarships  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  ———————————————————————————————————	Pa	Endowment Funds. Comp	lete if organization ans	swered "Yes" to				- · · <del>,</del>		
b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as: a Board designated or quest-endowment							l) Three years t	ack (e) Fo	ur years t	ack
c Investment earnings or 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 \( \begin{array}{c} \begin{array}{c} \text{Year No organization that} \) 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 (II) related organizations (III) related organizations (III) related organizations (III) restments—Land, Buildings, and Equipment. See Form 990. Part X, line 10.  Description of investment  (a) Cast or other basis (the content basis (the content basis (the standard)) beautiful to the content basis (the standard)  14 Land 22, 100 (the expenditures of the described organization) and Equipment. See Form 930. Part X, line 10.  22, 100 (the expenditures of the described organization) and Equipment basis (the content basis (the standard) and Equipment (the standard) and Equipm	1a	Beginning of year balance			16 (18)		200			
c Investment earnings or 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 \( \begin{array}{c} \begin{array}{c} \text{Year No organization that} \) 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 (II) related organizations (III) related organizations (III) related organizations (III) restments—Land, Buildings, and Equipment. See Form 990. Part X, line 10.  Description of investment  (a) Cast or other basis (the content basis (the content basis (the standard)) beautiful to the content basis (the standard)  14 Land 22, 100 (the expenditures of the described organization) and Equipment. See Form 930. Part X, line 10.  22, 100 (the expenditures of the described organization) and Equipment basis (the content basis (the standard) and Equipment (the standard) and Equipm	b	Contributions								
d Grants or scholarships e Other expenditures for facilities and programs f Administrative exponses g End of year balance  2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment									# EE	\$\$.i
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment  % b Permanent endowment  % c Term endowment  % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unretated organizations (ii) related organizations b If "Yes" to 3a(F), are the related organizations fisted as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds.    Part   Investments					85 (188): 85 (188):					<b>68</b>
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	e									
f Administrative exponses g End of year balance  Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment		and programs			200					
g End of year balance  2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment  % b Permanent endowment   % c Term endowment	f	Administrative expenses			8				30 P	
Provide the estimated percentage of the year end balance held as:  a Board designated or quasi-endowment  %  b Permanent endowment  %  c Term endowment  %  a 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  b If "Yes" to 3a(F), 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 (b) Cost or other (c) Deprodation (d) Book value taxis (other)  1a Land							300 2			
a Board designated or quasi-endowment  %  b Permanent endowment  %  c Term endowment	_	Provide the estimated percentage of the year	end balance held as:							
b Permanent endowment  %  c Term endowment	а									
c Term endowment \	b	· · · · · · · · · · · · · · · · · · ·								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (I) unrotated organizations (II) related organizations (III) related organizations listed as required on Schedule R?  4 Describe in Part XIV the Intended uses of the organization's endowment funds.  Part Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (Investment) (Inve	c									
organization by:  (i) unrelated organizations  (ii) related organizations  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 (b) Cost or other basis (other)  1a Land  22,100  b Buildings  1 Land  22,100  22,100  c Leasehold improvements  d Equipment  d Equipment  e Other	3a		sion of the organization that a	re held and adminis	stered for	r the				
(ii) related organizations (iii) related organizations 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 (b) Cost or other basis (other)  1a Land 22,100 b Buildings 237,516 194,172 43,344 c Leasehold improvements d Equipment e Other			•						Yes	No
(ii) related organizations 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 Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment  (a) Cost or other basis (b) Cost or other basis (investment)  1a Land  22,100  b Buildings  C Leasehold improvements  d Equipment  e Other								3a(i)		
b If "Yes" to 3a(F), 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 VIV   Investments   Land   Buildings   Book value								3a(II)		
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 (b) Cost or other basis (other)  1a Land 22,100 237,516 194,172 43,344  c Leasehold improvements 105,764 87,017 18,747  e Other	ь	If "Yes" to 3a(f), are the related organizations	listed as required on Schedu	le R?				3b	<u> </u>	
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) Depreciation (d) Book value	4									
Description of investment   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Depreciation   (d) Book value	Pa		ings, and Equipment.	See Form 990	(Part)	K, line 10.				
1a Land       22,100         b Buildings       237,516       194,172       43,344         c Leasehold improvements       105,764       87,017       18,747         e Other       24,101							ciaton	(d) B00	k value	
b Buildings 237,516 194,172 43,344 c Leasehold improvements 105,764 87,017 18,747 e Other			(investment)	basis (other)	) <u></u>					
b Buildings 237,516 194,172 43,344 c Leasehold improvements 105,764 87,017 18,747 e Other	10	Land		22	,100					
c Leasehold improvements d Equipment 105,764 87,017 18,747 e Other			1	237	,516	19	4,172		43,3	344
d Equipment 105,764 87,017 18,747										
e Other				105	,764	8	37,017		<u> 18,7</u>	47
			)							-
				line 10(c).)			<u>▶</u>		<u>84,1</u>	91

Schedule D (Form 990) 2008

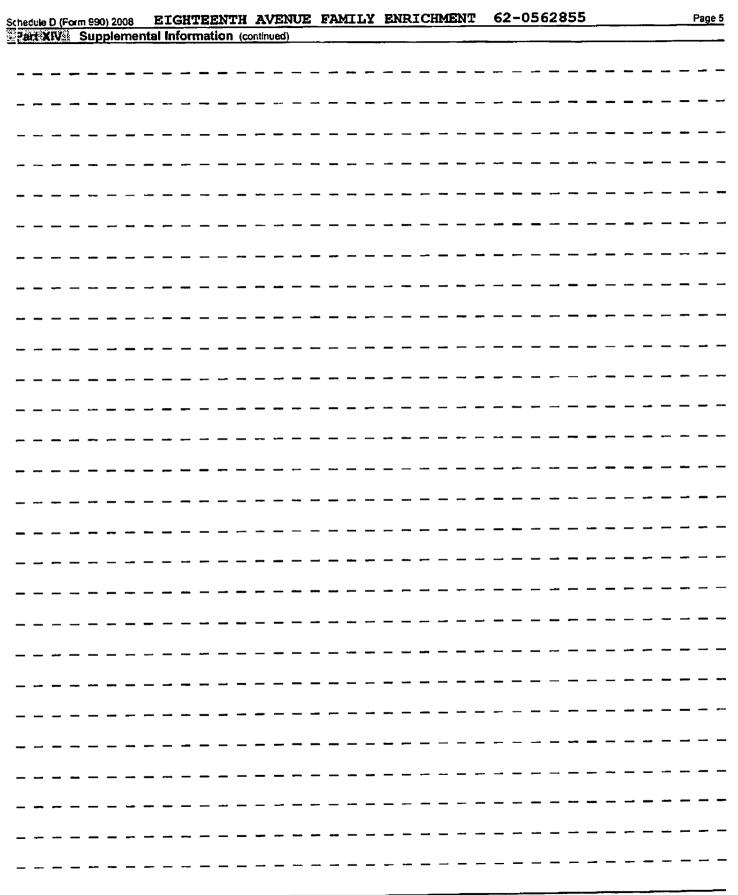
Schedule D (Form 990) 2008 EIGHTEENTH AVENUE FAM	ILY ENRICHME	NT 62-0562855	Page 3
Part VII Investments—Other Securities. See Form 990	), Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of	valuation:
(Including name of security)		Cost or end-of-yea	market value
Fi rancial derivatives and other financial products			
Closely-held equity interests		<del></del>	
Other			
		1	
		<del></del>	
		<del></del>	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 99	0 Part X. line 13.		
(a) Description of investment type	(b) Book value	(c) Method of	valuation:
(a) Description of investment type	(p) pook same	Cost or end-of-yea	
		Cust of end-on-year	UMP KGT ASIGE
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	<del></del>		
	<del></del>		
			<u></u>
	ļ	**************************************	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description			(b) Book value
			·
<del></del>			
		<del></del>	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		·	
Part X Other Liabilities. See Form 990, Part X, line 25	5.		· · · · · · · · · · · · · · · · · · ·
(a) Description of liability	(b) Amount		
	(5) / 656		
Fideral income taxes	ļ		
	<u> </u>		
	<del></del>		
	<del></del>		
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	<del> </del>		
	<del> </del>		
	<u> </u>		
T xtal. (Column (b) should equal Form 990, Part X, col. (B) line 25.)			
Ir Part XIV, provide the text of the footnote to the organization's financial states	ments that reports the org	ganization's liability for	
uncertain tax positions under FIN 46.	•		
U DOLLERS BAX POSITIONS GIRDET I 114 70.			

D₩

Schedule D (Form 990) 2008

Sched	ule D (Form 990) 2008 EIGHTEENTH AVENUE FAMILY ENF	RICHMENT 6	<u>2-0562855                                  </u>	Page 4
Sar	Reconciliation of Change in Net Assets from Form 990 t	o Financial State	ements	
	Total revenue (Form 990, Part VIII, column (A), line 12)			
	Total expenses (Form 990, Part IX, column (A), line 25)		E 2	
	Excess or (deficit) for the year. Subtract line 2 from line 1			
	Net unrealized gains (losses) on investments		4	
	Donated services and use of facilities		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
5	investment expenses		iel	
7	Prior period adjustments			
	Other (Describe in Part XIV)			
•	Total adjustments (net). Add lines 4-8		9	
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			
	Reconciliation of Revenue per Audited Financial Statem			_ <del></del> .
	Total revenue, gains, and other support per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
	Net unrealized gains on investments			
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIV)	2d	~~~~	
	Add lines 2a through 2d			<del></del>
3	Subtract line 2e from line 1	·····	3	<del></del>
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)		4c	
	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)		5	
36537	Reconciliation of Expenses per Audited Financial Stater	nents With Expe		
	Total expenses and losses per audited financial statements			
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities	2a		
	Prior year adjustments	1 1		
	osses reported on Form 990, Part IX, line 25			
	Other (Describe in Part XIV)	1		
	Add lines 2a through 2d		20	
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIV)	4b		
	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	<u> </u>	5	
	XIV Supplemental Information			
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, 6		, lines 1b	
ar d 2b	; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d	and 4b.		
		. <b></b>		
		. <b>_</b>		_ <b></b> _
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_	<del> </del>	. – – – –		- <b></b> -
		. – – – –		
_		<b></b>		

Schedulo D (Form 990) 2008



SCHEDULE L (Farm 990 or 990-EZ) **Transactions With Interested Persons** 

Attach to Form 990 or Form 990-EZ.

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury Internal Revenue Service Ne me of the organization

EIGHTRENTH AVENUE FAMILY ENRICHMENT

Employer identification number ACCORE

OMB No. 1545-0047

	CENTER_							1 02"	· U D (	<u> </u>	<u> </u>			
Part 1	Excess Benefit Transactions (so								art V	line 4	ton			
	To be completed by organizations that ans	swered Ye	s on	rom 990,	raπ IV, fin	e 258	UF 200, OF F	∪rm 950-EZ, F	an V.	ane 4	100.	1 (=)	~	
1	(a) Name of disqualified person						(b) Description	n of transaction				Yes	Comec	No.
												Tes	'	<u> </u>
												├	+	
·												┼─	+	
under se	e amount of tax imposed on the organization action 4958				<b></b>	<b>.</b> .				<u> </u>				
	e amount of tax, if any, on line 2, above, reim Loans to and/or From Interested			gariizaliçi	•••••	••••	· · · · · · · · · · · · · · · · · · ·	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>						
Part II	To be completed by organizations that ans			Form 990,	Part IV, lin	ne 26.	or Form 990	-EZ, Part V, lir	ю 38а	۱.				
	) Namo of Interested person and purpose	er to	(b) Loan to (c		Original pal amount		(d) Ba	anco due	(e) in	default?	by bo	porcived parc or mittee?		Vritten menti
			From						Yes	No	Yes	No	Yes	No
HAROLD	LOVE						,							
WORKING	CAPITAL	X					20,000			X	X	—		X
	-				<del></del>									Γ
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							<u></u>	20,000	2:3 <b>%</b>		88 3 2 2 E	1000	30	
rotal	Crasta as Appietopes Panelitin	a Inform	ctod	Porcone	<del></del>	<u>▶</u> \$		20,000	100		20020	\$ \$ \$ 355.	13	1800
Part III	Grants or Assistance Benefitting To be completed by organizations that ans	swered "Ye	steu s'on	Form 990.	Part IV, lin	e 27.								
	(a) Name of interested person						n nterested pe	erson and the	(c	) Amo		grant o	r type	of
-					organization				<u> </u>		assis	tance		
								·	<del> </del>					
				<u> </u>										
				_			<del>,</del>		<del>                                     </del>					
made data exc	Data Tanan dia a Insahin	a lutara		Parson					<u> </u>		—			
Part IV	Business Transactions Involving To be completed by organizations that ans	g interes swered "Ye	st <del>o</del> u s" on	Form 990.	s. Part IV, lin	e 28a	, 28b, or 28d	<b>:</b> .						
	(a) Name of interested person			nship betwee			nount of	(d) Descr	iption o	f trans	ection		(e) S	hairg org.
	for come an energy barran.		rested	person and t anization		trans	saction							org. nues? No
		_	orga	MINISTER CONT			•						108	1,40
		<del></del>			<del> -</del>								1	

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule L (Form 990 or 990-EZ) 2008

SCHEDULE O (Form 990)

#### Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 2008 Open to Public Inspection

Department of the Treasury Int arrad Revenue Service Name of the organization

EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER

Employer identification number 62-0562855

Form 990, Part VI, Line 2 - Related Party Information Among Officers
Sedora Johnson Vanessa Jackson
DirMother Dir-Daughter
Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990
A copy of Form 990 and supporting schedules is provided to the 12 member
Board and reviewed before filing with the Internal Revenue Service.
Discussions, as needed, are allowed in a non-formal manner.
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
The Board has prepared a written Conflict of Interests policy that is
enforceable as it pertains to the organization.
Form 990, Part VI, Line 15a - Compensation Process for Top Official
Compensation issues, including raises, are decisions that are subject to
review and discussion by the Board.
· · · · · · · · · · · · · · · · · · ·
Form 990, Part VI, Line 15b - Compensation Process for Officers
Compensation issues, including raises, are decisions subject to Board
discussion and approval for other officers and certain key employees.
······································
······································

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

Schedule O (Form 990) 2008

Fcm 4562

Department of the Treasury Internal Revenue Service

### Depreciation and Amortization

(Including Information on Listed Property)

Attachment Sequence No. 67

OMB No. 1545-0172

Name(s) shown on return

EIGHTEENTH AVENUE FAMILY ENRICHMENT

Identifying number

	CENTE	R				62-	056	2855
	ness or activity to which this form relate IGHTEENTH AVE. F		пмьиш					****
	Manager and the Association of t		perty Under Section	179				
	Note: If you hav	e any listed prope	rty, complete Part V	before you	u complete l	Part I.		
1	Maximum amount. See the instr	ructions for a higher limi	t for certain businesses				1	250,000
2	Total cost of section 179 proper	ty placed in service (se	e instructions)				2	
3	Threshold cost of section 179 p	roperty before reduction	in limitation (see instruction	ons)			3	800,000
4	Reduction in limitation. Subtract	line 3 from line 2. If zer	a ar laca antes A				4	
5_	Dollar limitation for tax year. Subtract	t line 4 from line 1. If zero o					5	
	(a) Descri	ption of property	(b) Co	st (business us	e cnly) (	) Elected ocst		
<u> </u>							2	
			- Control					
7	Listed property. Enter the amou	nt from line 29		**************************************	7			
8	Total elected cost of section 179	property. Add amounts	s in column (c), lines 6 and	7			8	
g	Tentative deduction. Enter the s	maller of line 5 or line 8	3				9	
10	Carryover of disallowed deduction	on from line 13 of your 2	2007 Form 4562				10	
11	Business income limitation. Ente	er the smaller of busines	ss income (not less than ze	ro) or line 5 (	see instructions	)	11	
12	Section 179 expense deduction.			e 11	•		12	
13_	Carryover of disallowed deduction			▶	13			
	: Do not use Part II or Part III belo							
P			nd Other Depreciation			ted proper	rty.)	(See instructions.)
14.	Special depreciation allowance t							
	during the tax year (see instruction	ons)					14	
15.	Property subject to section 168(	f)(1) election					15	
16	Other depreciation (including AC	RS)					16	
Pa	Int III MACRS Deprecia	ation (Do not inclu	ude listed property.)	See instr	uctions.)			
			Section A					
17	MACRS deductions for assets p	laced in service in tax y	ears beginning before 2008	3			17	7,864
18:	If you are electing to group any asset							
	Section E		ervice During 2008 Tax Ye			eciation Sys	tem	
	(a) Classification of property	(b) Month and year placed in service	<ul><li>(c) Basis for depreciation (business/investment use only-see instructions)</li></ul>	(d) Recovery period	(e) Convention	(f) Met	nod	(g) Depreciation deduction
1£a	3-year property		417	3.0	HY	SL		70
b	5-year property		7,200	5.0	HY	DDB		1,440
С	7-year property		13,332	7.0	HY	DDB		1,981
d	10-year property							
е	15-year property						0.000	
1	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
	Section C-	Assets Placed in Sen	vice During 2008 Tax Yea	r Using the	Alternative Dep	reciation Sy	stem	
2(a	Class life					S/L		
b	12-year			12 yrs.		S/L		
С	40-year			40 yrs.	MM	S/L		
Pa	rt IV Summary (See in	nstructions.)						
2:	Listed property. Enter amount fro	m line 28				L	21	
2::	Total. Add amounts from line 12,	lines 14 through 17, lin	es 19 and 20 in column (g)	, and line 21.				
	Enter here and on the appropriat						22	11,355
23	For assets shown above and pla	ced in service during the	e current year,				1	
	enter the portion of the basis atta	ributable to section 263A	costs		23			200
P	Danapusch Paduction Act Notic	o soo sonarate Instruc	tions.					Form 4562 (2008)

Fur Paperwork Reduction Act Notice, see sepa

615-320-5033

There are no amounts for Page 2

^^	<b>^</b> 1			Special E	vents Schedul	e	ı	2000
Form 99	U	For calendar ye	ar 2008, or ta	x year beginning	7/01/08	, and ending	6/30/09	2008
me							Employer Ide	ntification Number
eightee Center	NTH AV	/ENUE FAI	MILY EN	RICHMENT			62-056	2855
		(A)	•	(B)	(C)		hers	Total
Gross receipts		· · · · · · · · · · · · · · · · · · ·	$\frac{0}{0}$ —		0	0		
Less contribu Bross revenue	_		<del></del>		<del>5</del>	<del></del>	<del></del>	
Less direct e	_	<del>-</del>	<u> </u>		<del></del>	0	0	
vet income (los	_		<u> </u>		0	0	0	
Description:	(A) (B) (C) Cthers			'ALS/YARD				
		<del></del>		<del></del>	<del>-</del>			
					<del></del>			

	<u> </u>				
Forms	Loans fr	om Officers,	Directors, Trustees, and Other Disqualified Persons	s   2008	2
990 / 990 <b>-</b> PF	<b>Key Em</b> For calendar year 2008, or	ipioyees of C	Other Disqualified Persons 7/01/08 _and ending	6/30/09   <b>200</b> 0	,
Name			-,, , and and my	Employer Identification Nur	mber
EIGHTEENTH AVEN	UE FAMILY EN	RICHMENT		60_05.00055	
CENTER		_		62-0562855	
Form 990, Part	X, Line 22 -	Additional	l Information		
· · · · · · · · · · · · · · · · · · ·				THO	
Na (1) HAROLD LOVE	me of lender		DIRECTOR	Title	
(2) HAROID HOVE					
(3)					
(4)					
(5) (6)					
(7)					
(8)			ļ		
<u>(9)</u>					
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					
Original amount		Maturity		Intere	
borrowed	Date of loan	date	Repayment terms DEMAND	rate	
<u>(1)                                    </u>			DEMEND		
[3]					
(4)					
(5)			<del> </del>		
<u>6}</u>	<del>  </del>		<del> </del>	<del></del>	
[8]					
(9)					
(13)	Participating in the Control of the Control				
ere weeksteinspering von der 1856 f. Se		4×2,000 000 00 <b>0000</b>	THE PERSON NAMED AND PARTY OF THE PE	50	and the second second
	provided by borrower			se of loan	
(1) NONE			WORKING CAPITAL		
(2)					
(3) (4)					
(5)					
(6)					
(7)					
(9)					
(10)		500 <b>5 8 1</b> 7 8 11 12 13 14 1			
		1901-1901-1901-1901-1901-1901-1901-1901		Balance due at	33 tto 36
Consideration	furnished by lander		Balance due at beginning of year	end of year	0.0
(1) NONE			24,103	20,0	00
(2)				<del>- </del>	
(3) (4)	···				
(5)		,			
(6)					
(7)					
(8) (S)					
(10)			04 400	20,0	00
Totale			24,103	20,0	<u> </u>

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990 / 990-PF	Mor For calendar year 2008, o	tgages and Ot	her Notes Pay 7/01/08		6/30/09	2008
Name EIGHTEENTH AN CENTER	VENUE FAMILY EN	RICHMENT			Employer Ide	entification Number
Form 990, Par	rt X, Line 23 -	Additional	Information	on	-	
	Name of lender			<u> </u>	disqualified person	
) FIFTH THIRD				readionship to	disquellica person	
( <del>)</del>				· · · · · · · · · · · · · · · · · · ·		
·)						
• \			<del></del>		<del></del>	
ξ)						
<u>{)</u>						
				i de la companya de l	8 Di 18 Paulo	(:/*::12::10::12:1);
Original amount borrowed	l i	Maturity data		Repayment terms		Interest rate
1 <u>)</u> 2)			DEMAND			<del> </del>
? <i>/</i> ?)						
4)				·		
<u>()                                    </u>			-		<del></del>	
7)				<del></del>		
)						
<u> </u>		<del></del>	ļ	<del>.                                      </del>		
10)				F341 - 23 ( F4 F F2 )		
	ecurity provided by borrower		WORKING O	Purpose APTTAT.	of loan	_
2)			NOIGIZING (	~~~~		
<u> </u>						
5)	<u> </u>	·				<del></del> .
5)						
?}						
3)						
13)						
	ration furnished by lender		Balance beginnir	due at g of year 25,000		ance due at nd of year 23,401
1 <u> </u> 2				23,000		23,301
<u> </u>					1	
<u> </u>					<del> </del>	
31						
<u> </u>						
<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	-			
(1))				·		
<u>Fotals</u>				25,000		23,401

**Federal Statements** 

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Shantrelle Edmondson

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FYE: 6/30/2009

# Form 990, Part IX, Line 24f - All Other Expenses

Description	 Total xpenses	Program Service		agement & Seneral		Fund Raising
OFFICE EXP./BANK SVC CHGS SUMMER CAMP EXPENSES OFFICE SUPPLIES OPERATING SUPPLIES TRAINING & DEVELOPMENT FIELD TRIP EXPENSES BAD DEBTS/RET'D CHECKS TAX PENALTIES PAID FREIGHT & POSTAGE SUB TEACHER CONTRIBUTIONS PERMITS & LICENSES DUES & SUBSCRIPTIONS VEHICLE EXPENSES MEALS & ENTERTAINMENT	\$ 5,841 3,213 2,808 1,930 1,625 1,465 1,225 794 763 613 520 440 296	\$ 5,374 3,213 2,583 1,776 1,072 1,465	ş	467 225 154 553 1,225 794 748 16 440	ş	
Total	\$ 21,557	\$ 16,935	\$	4,622	ş	0

H303 EIGHTEENTH AVENUE FAMILY ENRICHMENT

62-0562855

FYE: 6/30/2009

## **Federal Statements**

## Schedule A, Part III, Line 7b - Excess Gross Receipts

Donor Name	Total	Excess			
	s	\$			
2008	96,829	91,829			
2007	124,291	119,291			
2006	116,602	111,602			
2005	48,027	43,027			
2004	143,064	<u>138,007</u>			
Total	\$ 528,813	\$ 503,756			

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