# Return of Organization Exempt From Income Tax

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

2009

OMB No. 1545-0047

Open to Public

Department of the Treasury

benefit trust or private foundation)

Inspection Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning , 2009, and ending 07-01 06-30 .20 10 Check if applicable: Please C Name of organizationEIGHTEENTH AVE FAMILY ENRICHMENT CENTER D Employer identification no. Address change Doing Business As 62-0562855 label or print or Name change Number and street (or P.O. box if mall is not delivered to street address) Room/sulte E Telephone number type. Initial return 1811 OSAGE STREET (615)320-1131 Specific Terminated City or town, state or country, and ZIP + 4 Gross receipts Instruc tions Amended return NASHVILLE, TN 37208 592,818 F Name and address of principal officerSHANTRELLE EDMONDSON Application pending Is this a group return for affiliates? 1811 OSAGE STREET, NASHVILLE, IN 37208 Yes X No X 501(c)(3 Tax-exempt status: ) < (insert no.) 4947(a)(1) or Are all affiliates included? Yes
If "No," attach a list. (see instructions) H(b) Website: ► N/A H(c) Group exemption number > Form of organization: Corporation Trust Association X Other NON PROFIT L Year of formation: 1934 M State of legal domicile: TN Summarv Briefly describe the organization's mission or most significant activities: TO PROVIDE HIGH QUALITY CHILD CARE AND CHILD DEVELOPMENT FOR LOW INCOME INNER CITY CHILDREN. G v Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . . . . . . . . . . . . . 3 10 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . . . 4 10 5 25 Total number of volunteers (estimate if necessary)...... ĸ 5 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34. . . . . . . . . . 0 Current Year R 386.388 434,826 96,829 91,447 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . . . . ٥ 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . . . 844 66,545 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). . . . . . 484,063 592,818 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . . . . . . . . . . . . . . O 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . . . . . . . 0 E 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . . . 334,038 354,942 0 Total fundraising expenses (Part IX, column (D), line 25)▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . . . 146,495 165,482 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . . 480,533 520,424 Revenue less expenses. Subtract line 18 from line 12 . . . . . . . . . . . . 3,528 72,394 Net Beginning of Current Year End of Year Assets 20 Total assets (Part X, line 16) 127,071 126,707 Fund 21 Total liabilities (Part X, line 26) . . . . . . . . 222,695 149,938 Bai-22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . ances (95,624 (23, 231)Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sian Here SHANTRELLE EDMONDSON, OFFICER Type or print name and title Preparer's Identifying number Check If Preparer's (see Instructions) Robert & Hour signature employed 🕨 🛚 11-8-10 Paid POO 184832 Preparer's Business Management Associates EIN Use Only Firm's name (or yours 62-1090782 if self-employed), 7107 Crossroads Blvd. Ste. 102 address, and ZIP + 4 Brentwood, TN 37027 Phone no. ► 615-373-4829

No

		562855	Page 2
Pa	Part III Statement of Program Service Accomplishments		
1	•••		
	TO PROVIDE HIGH QUALITY CHILD CARE AND		
	CHILD DEVELOPMENT FOR LOW INCOME INNER CITY CHILDREN.		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Yes 2	K No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		<b></b>
	services?	res ⊵	₹ No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a			)
	CHILD DAY CARE: THE CENTER PROVIDES HIGH QUALITY CHILD CARE FOR LOW INCOME INNER		
	FAMILIES. THE CENTER PROVIDED SERVICES TO AN AVERAGE OF 85 CHILDREN DAILY (FIVE D	AYS PER	<u>.</u>
	WEEK) THROUGHOUT THE FISCAL YEAR.		
		<del></del>	
			· · · · · · · · · · · · · · · · · · ·
		***************************************	
4b	<b>b</b> (Code:) (Expenses \$ including grants of \$ ) (Revenue \$		)
	,		
			····
4c	c (Code:) (Expenses \$ including grants of \$) (Revenue \$		)
		···	
4d	d Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$ )		
4e	e Total program service expenses ▶ 376,126		

Part IV

62-0562855

Checklist of Required Schedules

EIGHTEENTH AVE FAMILY ENRICHMENT CENTER

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 2 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Х 4 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х Я Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," X 9 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or 10 X 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D. Parts VI, X 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No X X 13 13 X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . . . . . . . . . . . . . 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 19 X 20 

62-0562855

Form 990 (2009) Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	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	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," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		····	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	3,535,53		
	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
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28ь		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		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			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	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	35		Х
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			*****
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			5 000
	U.S. Information Returns. Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			800000
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	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 2a 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	За		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			]
	account)?	4a		Х
þ	If "Yes," enter the name of the foreign country: >			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1000000	CONTRACTOR OF THE PARTY OF THE	
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	356 55 56 45	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	١ ـ		7.7
	required to file Form 8282?	7c	100000000000	X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	0.0000000	i de la como	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		2000/00/00/00 2000/00/00/00	v
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
,	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			X
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098–C as	7g		Δ.
"	required?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
_	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	baararga e	
9	Sponsoring organizations maintaining donor advised funds.		000	
a	Did the organization make any taxable distributions under section 4966?	9a		009000000
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		
0	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
1	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	p.20102000300
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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.

Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2	Х	2011.000.2
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 organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		000000	
_	the year by the following:			
а	The governing body?	8a	Х	134111345
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		-4.1	
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal	, ,		72
	enue Code.)			
TIEVE	HIME COUCE()		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	165	X
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	102		71
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100	<del> </del>	
* 1	form?	11	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1,000,000		198/3988/8
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	200,000,000
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12.4		
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<u> </u>	
·	describe in Schedule O how this is done	122	х	
13	Does the organization have a written whistleblower policy?	12c		X
14	_ , ,	ļ		$\frac{X}{X}$
	Does the organization have a written document retention and destruction policy?	14		<u>.</u>
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	
ь	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.)			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			iii
	with a taxable entity during the year?	16a	514666156601	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	00000000		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			\$8.565
<del></del>	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  TN			
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 X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► BUSINESS MANAGEMENT ASSOCIATES, INC (615)373-4829			
	7107 CROSSROADS BLVD STE 102 BRENTWOOD, TN 37027-2805			

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

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

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

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

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

(A)	(B)	officer, director, or trustee.						(D)	(E)	(F)	
Name and Title	Average	Position (check all that apply)					oly)	Reportable	Reportable	Estimated	
	hours per week	ltd nri dur lse vtc let de o u r a o	T		K	Highery estse ted	Form	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
SHANTRELLE EDMONDSON											
OFFICER	40.00	X		X				61,641	0	0	
SEDORA JOHNSON											
DIRECTOR	1.00	X	İ					0	0	0	
VANESSA JACKSON											
DIRECTOR	1.00	X						0	0	Ð	
TRACYE HENDERSON											
DIRECTOR	1.00	X						О	o	0	
HAROLD M LOVE JR	1										
DIRECTOR	1.00	X						o	0	O	
BELINDA PATTERSON											
DIRECTOR	1.00	X						0	0	0	
BEN SANDERFUR											
DIRECTOR	1.00	Х						0	o	0	
DAWANA WADE											
DIRECTOR	1.00	X						o	o	0	
JULIUS WITHERSPOON											
DIRECTOR, BOARD CHAIR	1.00	X						a	0	0	
DR NATALIE ARNETT					<u> </u>						
DIRECTOR	1.00	X						o	0	0	
PASTOR CHRISTOPHER RINGER											
DIRECTOR	1.00	Х						o	o	0	
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	TVII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Com	pens	sated Employees	(continued)		
	(A)	(B)			(0	C)			(D)	(E)	(F)	
	Name and Title	Average hours per	Posit Itd nrl	l t	O	k all 1 K e	Hce iom	F	Reportable compensation	Reportable compensation	n amount of	
		week	latur I	l s 11	ıl <del>f</del>	У	8 m b	L L	from the	from related organizations		lon
			isevtc	li t lt e	c	m	le e o :	£ 1	organization (W-2/1099-MISC)	(W-2/1099-MIS		
			n t	lu e It	ı	þ	sny tse ae t		(44-51 1033-1013C)		organizatio and relate	
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1b	Total								61,641		0	0
2	Total number of individuals (including but not limited to	o those liste	d abov	ve) ı	who	rece	eived r	nore	than \$100,000 in		_	
	reportable compensation from the organization >										0 Yes	No
3	Did the organization list any former officer, director or	trustee, kev	emplo	vee	e. or	hiah	nest ca	mpe	ensated		163	
	employee on line 1a? If "Yes," complete Schedule J fo					_					3	X
4	For any individual listed on line 1a, is the sum of repor											
	the organization and related organizations greater than											
-	individual										. 4	X
5	Did any person listed on line 1a receive or accrue com	•		-			_				-	v
500	services rendered to the organization? If "Yes," completion B. Independent Contractors	ete Schedule	3 J for	suc	n pe	erso	n	• • •			. 5	<u>X</u>
1	Complete this table for your five highest compensated	independer	nt cont	ract	tors '	that	receiv	ed m	nore than \$100.000	) of		
	compensation from the organization.								,			
	(A)								(B)		(C)	
	Name and business address	5							Description of	services	Compensation	1
									ļ			
	WWW.											<del></del>
2	Total number of independent contractors (including bu		to the	ose	liste	d ab	ove) v	vho r	received			
	more than \$100,000 in compensation from the organiz	ation >										

Part	VIII	Statement of Revenue			_			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	1a					
Ct-1	b	Membership dues	1b					
Contri- butions,	c	Fundraising events	1c					
gifts,	ď	Related organizations	1d					
grants and	e	Government grants (contribution	ıs) <b>1e</b>	330,325				
other	f	All other contributions, gifts, gran	nts,					
similar amounts		and similar amounts not include		104,501				
anouns	g	Noncash contributions included	in lines 1a-1f: \$	·				
	h	Total. Add lines 1a-1f			434,826			
				Business Code				
	2a	PROGRAM SERVICE FEES		624410	74,459	74,459		
December	b	SUMMER CAMP PROGRAM FI	EE	624410	16,988	16,988		
Program Service Revenue	c d e							
	l	All other program service revenue						
	g	Total. Add lines 2a-2f			91,447			
	3 4 5	Investment income (including divother similar amounts) Income from investment of tax-exemples	empt bond pro	ceeds >				
	3	noyaldes						
	<b>6</b> -2	Gross Rents	(I) Real	(li) Personal	-			
		Less: rental expenses			-			
		Rental income or (loss)			-			
		Net rental income or (loss)				aris de la recondición de la recondición		
			······································		natobološtia intipgrošovanjento	ngi em njej enjemen grege	l Didicion especialment secucial	
	7a	Gross amount from sales of assets other than inventory	(I) Securities	(ii) Other	_			
0 t	С	Less: cost or other basis and sales expenses						
h e		Net gain or (loss)		· · · · · · <b>&gt;</b>				
r R	8a	Gross income from fundraising events (not including \$ of contributions reported on line)	10)					
e		See Part IV, line 18						
v e	h	Less: direct expenses						
n		Net income or (loss) from fundrai						
u e		Gross income from gaming activity	_					
_	Ju	See Part IV, line 19						
	h	Less: direct expenses			-			
ĺ		Net income or (loss) from gaming						
			activities					
	IUB	Gross sales of inventory, less returns and allowances	а					
	Ь	Less: cost of goods sold			-			
		Net income or (loss) from sales of			_			
}		Miscellaneous Revenue	i inveniory a s	Business Code				
	11a	BOARD CONTRIBUTIONS		624410	601	601		
		BOARD DUES		624410	600			
		PR P/R TX LIAB FORGIVE		624410	65,344	1		
		All other revenue			03,544	33,311		
		Total. Add lines 11a-11d			66,545			
		Total revenue See instructions			502 818		0	n

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). (A) (C) Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . . 2 Grants and other assistance to individuals in the U.S. See Part IV. line 22....... 3 Grants and other assistance to dovernments. organizations, and individuals outside the U.S. See Part IV. lines 15 and 16 . . . . . . . . . . . . 4 Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . 7 329,344 211,116 118,228 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . . . q (72)(171)(99) 10 25,769 15,024 10,745 11 Fees for services (non-employees): Accounting 6.650 6,517 133 d Professional fundraising services. See Part IV, line 17. f g 12 127 469 342 13 8,475 7,132 1,343 14 15 16 20,556 17,943 2,613 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . . . . 20 4,784 4,689 95 21 22 Depreciation, depletion, and amortization . . . . . . 1,261 11,899 10,638 23 16,855 16,127 728 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.) FOOD COSTS 17,788 17,788 CLASS/EDUCATIONAL SUPPLIES 12,146 12,146 OUTSIDE SERVICES 24,980 3,747 21,233 d REPAIRS & MAINTENANCE 13,154 11,319 1,835 UNITED WAY CLASSROOM PURCH 8,133 8,133 19,593 16,078 2,019 1,496 Total functional expenses. Add lines 1 through 24f. . 520,424 376,126 142,802 1,496 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and 

Part X

**Balance Sheet** (A) (B) Beginning of year End of year 1 28,670 34,837 2 2 3 3 4 14,210 15,983 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete A 6 5 5 7 7 Notes and loans receivable, net ................. 8 Inventories for sale or use 8 9 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D. . . . . | 10a 368,975 Less: accumulated depreciation . . . . . . . . . . . . 10b ь 293.088 84,191 10c 75,887 11 11 12 12 Investments - other securities. See Part IV, line 11 . . . . . . . . . . . . . . . . . 13 Investments - program-related. See Part IV. line 11.......... 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . . . . 16 127,071 16 126,707 17 17 170,872 105,027 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 20,000 22 17,767 23 Secured mortgages and notes payable to unrelated third parties ...... 23 21,693 23,401 24 Unsecured notes and loans payable to unrelated third parties . . . . . . . . . . . . . 24 8,422 5,451 25 25 26 26 222,695 149,938 Organizations that follow SFAS 117, check here ▶ 🛛 and complete lines 27 through 29, and lines 33 and 34. NF е u 27 (95,624)27 (23, 231)t h 28 28 Α 29 29 В s Organizations that do not follow SFAS 117, check here 🕨 🗌 s e and complete lines 30 through 34. t а 30 30 5 n 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . . o e 32 32 Retained earnings, endowment, accumulated income, or other funds . . . . . . (95,624) 33 33 (23, 231)34 127,071 34 126,707

Form	990	(2009)

EIGHTEENTH AVE FAMILY ENRICHMENT CENTER
Financial Statements and Reporting

62-0562855

Page **12** 

	1 manetal statements and reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🔃 Accrual 📗 Other			
	If the organization changed its methods 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?	2a	Х	
ь	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in	2000000		90000000
	Schedule O.			
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis	1000000		0.0000000000000000000000000000000000000
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		

EEA

Form **990** (2009)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization Employer identification number EIGHTEENTH AVE FAMILY ENRICHMENT CENTER 62-0562855 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** Type II c Type III-Functionally integrated d Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Νo 11g(i) 11g(ii) 11g(iii)

h Provide the follow	ing information abou	it the supported organiz	ation(s).							
(f) Name of supported organization	(ii) E(N	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in coi. (i) li:	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	Is the Lion in col. zed in the S.?	(vii) Amount of support	
			Yes	No	Yes	No	Yes	No		
								ļ		
						}				
Total										

Schedule A (Form 990 or 990-EZ) 2009 1990 or 990-EZ) 2009 EIGHTEENTH AVE FAMILY ENRICHMENT CENTER 62-0562855 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 62-0562855 Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from In 4						
	tion B. Total Support				,		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2005	( <b>b</b> ) 2006	(c) 2007	( <b>d</b> ) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	<b>∍</b>					▶ 🗍
	tion C. Computation of Public Su					T	
14	Public support percentage for 2009 (line 6,						%
15	Public support percentage from 2008 Sche						%
16a	33 1/3% support test - 2009. If the organiz			•			
	and stop here. The organization qualifies a						▶ 📙
b	33 1/3% support test - 2008. If the organiz						-
	box and stop here. The organization quali	• •					▶ ∐
17a	10%-facts-and-circumstances test - 200	_					
	more, and if the organization meets the "fac			-	•		
	organization meets the "facts-and-circums		-				
þ	10%-facts-and-circumstances test - 200 more, and if the organization meets the "factorial factorial factor	cts-and-circumsta	inces" test, check t	his box and <b>stop</b>	here. Explain in P	art IV how the	
	organization meets the "facts-and-circums		-		-		
18	Private foundation, If the organization did	not check a box c	n line 13, 16a, 16b	o. 17a. or 17b. ch	eck this box and s	ee instructions	▶□

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

	(Complete only if you checked the	box on line 9 of h	art I.)	<del> </del>			
	ction A. Public Support		.,				
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	membership fees received. (Do not include	57.4.005	205 504			45.4 55.5	
2	any "unusual grants.")	214,205	303,201	327,286	386,388	434,826	1,665,90
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	48,027	116,602	124,291	96,829	91,447	477,19
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 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	262,232	419,803	451,577	483,217	526,273	2,143,10
7a	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 \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						2,143,10
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	( <b>d</b> ) 2008	(e) 2009	(f) Total
9		262,232	419,803	451,577	483,217	526,273	2,143,10
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6					
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	6					
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.)	839	12,660	571	844	66,545	81,45
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						2,224,56
	First five years. If the Form 990 is for the or organization, check this box and stop here.	·		h, or fifth tax year i	as a section 501(c	)(3)	▶□
************	Public support percentage for 2009 (line 8, c	<del>* *</del>		(f))		15	96.34
	Public support percentage for 2008 (fine a, c		•			16	75.60 °
	ction D. Computation of Investmen				<u> </u>		,5.00
	Investment income percentage for 2009 (line			column (f))		17	0.00 %
	Investment income percentage from 2008 So		•			18	0.02
	33 1/3% support tests - 2009. If the organiz	zation did not chec	k the box on line	14, and line 15 is n	%nore than 33 1/3	, and line	
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2008. If the organiz line 18 is not more than 33 1/3%, check this	ation did not ched	k a box on line 14	or line 19a, and li	ne 16 is more thar	33 1/3%, and	

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

#### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Internal Revenue Service If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

#### If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes." to Form 990, Part IV, line 5 (Proxy Tax), then

	o di sori (Va) (c) (a)	To the Town	•				
	Section 501(c)(4), (5), or (6) organizations	: Complete Part III.		· · · · · · · · · · · · · · · · · · ·		dentification number	
	·			İ	, ,		ſ
	GHTEENTH AVE FAMILY ENRICHM		: 504/-\		62-0562		
		ization is exempt under sect			52/ org	anization.	
1	Provide a description of the organization				_		
2	Political expenditures						
3	Volunteer hours		• • • • • • • • •		-		
	30000 O		: F04/-\/0\				
		ization is exempt under sect					
1	Enter the amount of any excise tax incur	=			N101101-0-0-0-		
2	Enter the amount of any excise tax incur						
3	If the organization incurred a section 495					=	☐ No
4a	Was a correction made?					.   Yes	∐ No
b		ization is exempt under sect	iam 501/a\ au	and andian	E01/-\/-	<u> </u>	
	Enter the amount directly expended by the			cept section	501(0)(.	3).	
1	* * *	- "	•		. m		
_	activities				<b>▶</b> ⇒		
2	Enter the amount of the filing organization	•					
,	527 exempt function activities				P >		
3	Total exempt function expenditures. Add						
	line 17b						□ No
4 5	Did the filing organization file Form 1120						□ N0
5	State the names, addresses and employ		=	-			
	were made. For each organization listed,	•			•		
	contributions received that were promptl	•	_		arate segi	regated	
	fund or a political action committee (PAC	.). Il additional space is needed, provid	te information in F	aπ iv.			
	(a) Name	(b) Address	(c) EIN	(d) Amount pa filing organiz	ation's	(e) Amount of po	ived and
				funds. If none, o	enter -0	promptly and di delivered to a se	
						political organiza	
						none, enter -	.0
	- WARRANGE COLOR		1				
					•		
	<del></del>						

EEA

	edule C (Form 990 or 990-EZ) 2009 EIGHTEENTH A				62-0562	
3.36	under section 501(h)).	nı 19 evellihr di	idei Sectioni Ju	T(C)(3) and med	1 1 Ottili 3700 (ele	cuon
Α	Check ► ☐ if the filing organization belongs	to an affiliated group				
	Check ► ☐ if the filing organization checked			nnlv.		
	IMU	bying Expenditure		7-17-	(a) Filling	(b) Affillated
	(The term "expenditures"				organization's totals	group totals
1a					<u> </u>	
b	•					
c		•				
d	, e					
e						
f	Lobbying nontaxable amount. Enter the amount					
•	columns.	it itotit the following	rable iti botii			
	If the amount on line 1e, column (a) or (b) is Not over \$500,000		nontaxable amoun lount on line 1e.	t is :		
	Over \$500,000 but not over \$1,000,000		15% of the excess of	21/07 \$E00 000		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess of			
	Over \$1,500,000 but not over \$17,000,000	<del></del>	5% of the excess or			
	Over \$17,000,000  Over \$17,000,000	\$225,000 plus \$1,000,000.	5% Of title excess of	/er \$1,500,000.		
g					-	
h	Subtract line 1f from line 1c. If zero or less, en					
:	If there is an amount other than zero on either				<u> </u>	
,	section 4911 tax for this year?		_		_	☐ Yes ☐ No
	(Some organizations that	made a section 50	eriod Under Sectio 1(h) election do no tions for lines 2a th		all of the five .)	
	Lobb	ying Expenditures	During 4-Year Ave	raging Period	· · · · · · · · · · · · · · · · · · ·	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? e f Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? . . . . . . . . . . . . h Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . . . . . . If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . . . . . . . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . . . . . . . . . . . . . Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 1 2 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). ь 2b 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . . . . . . . . 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

### SCHEDULE D (Form 990)

# Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

EIGHTEENTH AVE FAMILY ENRICHMENT CENTER 62-0562855 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) . . . . . 3 Aggregate grants from (during year) . . . . . . A 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other 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 a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . . . . d Number of conservation easements included in (c) acquired after 8/17/06 . . . . . . . . . . . . . . 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year > Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ➤ Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 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: 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: 

	dule D (Form 990) 2009 EIGHTEENTH AVE					- 01	62-056			Page 2
	tt III Organizations Maintaining							ssets (	continu	ieq)
3	Using the organization's acquisition, accession	and other records	s, check any	of the following	g that are a	a signi	ificant use of its			
	collection items (check all that apply):									
а	a 🔲 Public exhibition d 🔲 Loan or exchange programs									
ь	b Scholarly research e Other									
c	c Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in									
	Part XIV.									
5	During the year, did the organization solicit or r	eceive donations	of art, histori	cal treasures, or	other sim	ilar				
	assets to be sold to raise funds rather than to be							П	Yes	□No
Pa	TIV Escrow and Custodial Arra	<u>.</u>								
10000000	Part IV, line 9, or reported an amou	_	•	_			,			
1a	Is the organization an agent, trustee, custodiar				er assets n	int				
	included on Form 990, Part X?		-					$\square$	Yes	□No
b	If "Yes," explain the arrangement in Part XIV ar					• • •		⊔	103	
	in res, explain the attackerners att Aiv at	a complete the for	ilowing table	•				nount		
_	Danis siana kalanan							nount		
C	Beginning balance									<del></del>
d	Additions during the year						+			
e	Distributions during the year					_				
1	Ending balance						<u> </u>	——————————————————————————————————————		
2a	Did the organization include an amount on For	m 990, Part X, line	21?		• • • • •			⊔	Yes	No.
ь	If "Yes," explain the arrangement in Part XIV.									
Pa	t V Endowment Funds. Complete	if the organization	answered "	Yes" to Form 95	0, Part IV,	line 1	10.			
		(a) Current year	(b) Pri	oryear (c)	Two years b	ack	(d) Three years bad	ck <b>(e)</b> Fo	our years	s back
1a	Beginning of year balance									0.0000000000000000000000000000000000000
ь	Contributions									
c	Net investment earnings, gains, and losses .			1001100	0.0000000000000000000000000000000000000					
d	Grants or scholarships									
e	Other expenditures for facilities			2042 X237						
	and programs									
f	Administrative expenses			77 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -					20000000	
g	End of year balance									
2	Provide the estimated percentage of the year e	nd balance held a	ıs:							
а	Board designated or quasi-endowment ▶	%								
b	Permanent endowment > %	-								
С	Term endowment ▶ %									
3a	Are there endowment funds not in the possess	ion of the organiza	ation that are	held and admi	nistered fo	or the				
	organization by:	g <b>-</b>			,,,,				Yes	No
	(i) unrelated organizations							. 3a(i		+
	(ii) related organizations							. 3a(i		+
ь	If "Yes" to 3a(ii), are the related organizations li							ļ		+
4	Describe in Part XIV the intended uses of the o	•								
	1 VI Investments - Land, Build				art V line	10				,
o to comme	20.000		· · · · · · · · · · · · · · · · · · ·		1					·
	Description of Investment	(a) Costor		(b) Cost or ot	1	• •	Accumulated epreciation	(d) B	ook valu	le
1a	Land		tment)	basis (othe	22/20/2	uc	preciation		9.5	2,100
Ь	Buildings	<u> </u>			,100	<u> </u>	198,950			3,565
	<del>-</del>	<del></del>		43 /	,515		130,330			,,500
C	Leasehold improvements	1					24			
d	Equipment	<del></del>		109	,360		94,138		15	5,222
e	Other	**************************************	- > 4	(5) " : : : : : : : : : : : : : : : : : :						
Total	. Add lines 1a through 1e. (Column (d) must ed	ual Form 990, Par	rt X, column	(B), line 10(c).}			<u></u> ▶		75	5,8B7

Part VII	Investments - Other Securities	See Form 990, Part X, line 12.		<u>.                                    </u>
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
	/atives	•		
	equity interests	•		
Other				
			***	
		_	**	***************************************
		_		
### · · · · · · · · · · · · · · · · · ·				
		_		
		_		
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>		
Part VIII	Investments - Program Related	· ·		
benedeed conversion and	(a) Description of investment type	(b) Book value	(c) Method of val	ustlan
	(a) Description of investment type	(b) Book value	Cost or end-of-year m	
		**************************************		
	11.11.11			
Part IX	Other Assets. See Form 990, Part X, li			0.5.4.4
	(	a) Description		(b) Book value
		· · · · · · · · · · · · · · · · · · ·		
		***************************************		
	n (b) must equal Form 990, Part X, col. (B) lin			
Part X	Other Liabilities. See Form 990, Part X	I, line 25.		
1.	(a) Description of liability	(b) Amount		
Federal incom	e taxes		_	
			_	
			_	
			<del> </del>	
			-	
			_	
			$\dashv$	
Total (Column)	o) must equal Form 990, Part X, col. (B) line 25.)	<b>•</b>	$\dashv$	
	tnote. In Part XIV, provide the text of the footr		al statements that reports the	

Sche	dule D (Form 990) 2009 EIGHTEENTH AVE FAMILY ENRICHMENT CENTER	62-0562855	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	<del></del>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	***************************************
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	•
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)	<del></del>	
e	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	*****	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	<del></del>	
c	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	TXIII Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements	<del></del>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses	1000000	
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
c	Add lines 4a and 4b	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pai	t XIV Supplemental Information	· 1	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	1b	
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete		
	part to provide any additional information.	-	
- "	11.500		

#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

#### **Transactions With Interested Persons**

► Complete if the organization 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. OMB No. 1545-0047

2009

Open to Public

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. Internal Revenue Service Inspection Name of the organization Employer identification number 62-0562855 EIGHTEENTH AVE FAMILY ENRICHMENT CENTER Part I Excess Benefit Transactions (section (501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes Nο Enter the amount of tax imposed on the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . . . . . . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of Interested person and purpose (b) Loan to or from (c) Original (e) in default? (f) Approved (d) Balance due (g) Written the organization? principal amount by board or agreement? committee? Yes Nο Yes No Yes No Τo From HAROLD LOVE X 17,767 X X X ········ **>** \$ 17,767 Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of Interested person (b) Relationship between Interested person and the (c) Amount and type of assistance organization Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction (e) Sharing of Interested person and the transaction organization's organization revenues? Yes No

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

Schedule L (Form 990 or 990-EZ) 2009

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization Employer identification number EIGHTEENTH AVE FAMILY ENRICHMENT CENTER 62-0562855 01. Officer, directors, etc. family relationship (Part VI, line 2) SEDORA JOHNSON VANESSA JACKSON DIR-MOTHER DIR-DAUGHTER 02. Form 990 governing body review (Part VI, line 11) A COPY OF FORM 990 AND SUPPORTING SCHEDULES IS PROVIDED TO THE TEN MEMBER BOARD AND REVIEWED BEFORE FILING WITH THE INTERNAL REVENUE SERVICE. DISCUSSIONS, AS NEEDED, ARE ALLOWED AND ENCOURAGED IN A NON-FORMAL MANNER. 03. Conflict of interest policy compliance (Part VI, line 12c) THE BOARD HAS PREPARED A WRITTEN CONFLICT OF INTERESTS POLICY THAT IS ENFORCEABLE AS IT PERTAINS TO THE ORGANIZATION. 04. CEO, executive director, top management comp (Part VI, line 15a) COMPENSATION ISSUES, INCLUDING RAISES, ARE DECISIONS THAT ARE SUBJECT TO REVIEW AND DISCUSSION BY THE TEN MEMBER BOARD. 05. Other officer or key employee compensation (Part VI, line 15b COMPANY COMPENSATION ISSUES, INCLUDING RAISES, ARE DECISIONS SUBJECT TO BOARD DISCUSSION AND APPROVAL FOR OTHER OFFICERS AND CERTAIN KEY EMPLOYEES. 06. Governing documents, etc, available to public (Part VI, line 19) THE ORGANIZATION, UPON REQUEST WILL PROVIDE COPIES OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE GENERAL PUBLIC EVEN THOUGH NOT LEGALLY REQUIRED TO DO SO.

Form **4562** 

# **Depreciation and Amortization** (Including Information on Listed Property)

OMB No. 1545-0172

2009

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No. **67** 

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EIGHTEENTH AVE FAMILY ENRICHMENT	FORM 990	- 1			62-0562855
Part   Election To Expense Certain Property	Inder Section 179				
Note: If you have any listed property, complete Part		art I.			
1 Maximum amount. See the instructions for a higher limit for c	······································			1	
2 Total cost of section 179 property placed in service (see instr			-	2	
3 Threshold cost of section 179 property before reduction in lin			L-	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or le			-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero			` '	•	
separately, see instructions		_		5	
(a) Description of property	(b) Cost (business use or		cted cost		
6	(b) Cost (business use of	(6) 67	Cied Coat		
7 Listed property. Enter the amount from line 29					
8 Total elected cost of section 179 property. Add amounts in co				8	
9 Tentative deduction. Enter the smaller of line 5 or line 8			L-	9	
Carryover of disallowed deduction from line 13 of your 2008			j	10	
Business income limitation. Enter the smaller of business inco		,	´ <b>⊢</b>	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do n		1		12	 
13 Carryover of disallowed deduction to 2010. Add lines 9 and 1		5			
Note: Do not use Part II or Part III below for listed property. Instea					\/-
Part II Special Depreciation Allowance and Ot			sted prop	erty.	) (See instructions.)
14 Special depreciation allowance for qualified property (other the					
during the tax year (see instructions)			ļ-	14	
				15	
Property subject to section 168(f)(1) election			1-		
16 Other depreciation (including ACRS)			1	16	2,408
	property.) (See instructio		1		2,408
16 Other depreciation (including ACRS)	property.) (See instruction	ns.)		16	
16 Other depreciation (including ACRS)	property.) (See instruction Section A peginning before 2009 .	ns.)			2,408
16 Other depreciation (including ACRS)	property.) (See instruction Section A peginning before 2009 and the tax year into one or	ns.)		16	
16 Other depreciation (including ACRS)	property.) (See instruction Section A Deginning before 2009 and the tax year into one or section in the section one or section in the section one or section in the section one or section in the section one or section in the section one or section in the section one or section one or section one or section on the section of the section	ns.)  more general		17	8,978
16 Other depreciation (including ACRS)	property.) (See instruction Section A peginning before 2009 ong the tax year into one or g 2009 Tax Year Using the	ns.)  more general  ne General De		17	8,978
16 Other depreciation (including ACRS)	property.) (See instruction Section A peginning before 2009 ong the tax year into one or g 2009 Tax Year Using the	ns.)  more general  ne General De	· · · · · · · · · · · · · · · · · · ·	16 17 n Sys	8,978
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16 Other depreciation (including ACRS)	property.) (See instruction Section A peginning before 2009 ong the tax year into one or g 2009 Tax Year Using the	ns.)  more general  ne General De	· · · · · · · · · · · · · · · · · · ·	16 17 n Sys	8,978
16 Other depreciation (including ACRS)	property.) (See instruction Section A peginning before 2009 ong the tax year into one or g 2009 Tax Year Using the	ns.)  more general  ne General De	· · · · · · · · · · · · · · · · · · ·	16 17 n Sys	8,978
Other depreciation (including ACRS)	property.) (See instruction Section A peginning before 2009 ong the tax year into one or g 2009 Tax Year Using the	ns.)  more general  ne General De	· · · · · · · · · · · · · · · · · · ·	16 17 n Sys	8,978
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Part III MACRS Depreciation (Do not include listed  MACRS deductions for assets placed in service in tax years to life you are electing to group any assets placed in service during asset accounts, check here  Section B - Assets Placed in Service Durin  (a) Classification of property  (a) Classification of property  b 5-year property  c 7-year property STATEMENT #50	property.) (See instruction Section A peginning before 2009 ong the tax year into one or g 2009 Tax Year Using the	ns.)  more general  ne General De	· · · · · · · · · · · · · · · · · · ·	16 17 n Sys	8,978  stem  (g)Depreciation deduction
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Other depreciation (including ACRS)  Part III   MACRS Depreciation (Do not include listed MACRS deductions for assets placed in service in tax years to lif you are electing to group any assets placed in service during asset accounts, check here  Section B - Assets Placed in Service During (a) Classification of property (b) Month and year placed in service (b) Month and year placed in service (c) Basis for including the property of the property STATEMENT # 50 (d) 10-year property (e) 15-year property (f) 20-year property (f) 20-year property (f) 25-year property (f) Residential rental (f) MACRS Depreciation (Do not include listed (Do no	property.) (See instruction Section A peginning before 2009 and the tax year into one or a graph or depreciation instructions) (d) Recovery period	more general  me General Dep (e) Convention	reciatio (f) Meth	16 17 n Sys	8,978  stem  (g)Depreciation deduction
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Other depreciation (including ACRS)  Part III   MACRS Depreciation (Do not include listed MACRS deductions for assets placed in service in tax years to lify you are electing to group any assets placed in service during asset accounts, check here  Section B - Assets Placed in Service During  (a) Classification of property  (b) Month and year placed in service only-see on	property.) (See instruction Section A Deginning before 2009 and the tax year into one or section of the tax year into one or section on the tax year using the production of the tax year using the production of the tax year using the production of the tax year using the section of the tax year using the tax year using the section of the tax year using the section of tax years using the section of tax years using the section of tax years using the section of tax years using tax years years years using tax years yea	more general  ce General Dep  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	s/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S	16 17 17 n Sys	8,978  stem (g)Depreciation deduction  513
Other depreciation (including ACRS)  Part III   MACRS Depreciation (Do not include listed MACRS deductions for assets placed in service in tax years to lify you are electing to group any assets placed in service during asset accounts, check here  Section B - Assets Placed in Service During  (a) Classification of property  (b) Month and year placed in service only-see (b) Month and year placed in service only-see (b) Month and year placed in service only-see (b) Taylor property  5 - year property  5 - year property  5 - year property  6 10-year property  7 - year property  9 25-year property  1 Nonresidential rental property  I Nonresidential real property  Section C - Assets Placed in Service During 20a Class life  b 12-year  c 40-year	property.) (See instruction Section A Deginning before 2009 and the tax year into one or section of the tax year into one or section of depreciation investment use instructions) (d) Recovery period (d) Reco	more general  me General Dep (e) Convention  MM  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L	16 17 17 n Sys	8,978  stem (g)Depreciation deduction  513
Other depreciation (including ACRS)  Part III   MACRS Depreciation (Do not include listed MACRS deductions for assets placed in service in tax years to life you are electing to group any assets placed in service during asset accounts, check here  Section B - Assets Placed in Service During  (a) Classification of property (b) Month and year placed in service During (c) Basis foliations of property (c) 7-year property (c) 7-year property (c) 7-year property (c) 7-year property (c) 7-year property (c) 7-year property (c) 7-year property (c) 10-year pro	property.) (See instruction Section A peginning before 2009 and the tax year into one or a graph or depreciation investment use instructions) (d) Recovery period (d)	more general  me General Der  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	s/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S	17 17 n Systemed	8,978  stem (g)Depreciation deduction  513
Other depreciation (including ACRS)  Part III   MACRS Depreciation (Do not include listed MACRS deductions for assets placed in service in tax years to life you are electing to group any assets placed in service during asset accounts, check here  Section B - Assets Placed in Service During  (a) Classification of property   (b) Month and year placed in service   (c) Basis foliatiness/ only-see   (b) Month and year placed in service   (c) Basis foliatiness/ only-see   (d) Month and year placed in service   (d) Month and year placed in service   (d) Basis foliatiness/ only-see   (d) Month and year placed in service   (d) Basis foliatiness/ only-see   (d) Month and year placed in service   (d) Basis foliatiness/ only-see   (d) Basis foliatiness/ on	property.) (See instruction Section A peginning before 2009 and the tax year into one or a graph or depreciation instructions) (d) Recovery period	more general  e General Dep  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	16 17 17 n Sys	8,978  stem (g)Depreciation deduction  513
Part III MACRS Depreciation (Do not include listed MACRS Depreciation (Do not include listed III) MACRS Depreciation (Do not include listed III) MACRS deductions for assets placed in service in tax years it if you are electing to group any assets placed in service during asset accounts, check here  Section B - Assets Placed in Service During  (a) Classification of property  Section B - Assets Placed in Service During (C) Basis if (business/loanly-see III) Service  19a 3-year property  b 5-year property  c 7-year property STATEMENT # 50.  d 10-year property  e 15-year property  f 20-year property  f 20-year property  h Residential rental property  i Nonresidential real property  Section C - Assets Placed in Service During 20a Class life  b 12-year  c 40-year  Part IV Summary (see instructions)  21 Listed property. Enter amount from line 28  Total. Add amounts from line 12, lines 14 through 17, lines 15	property.) (See instruction Section A peginning before 2009 and the tax year into one or or depreciation instructions) (d) Recovery period period (d) Recovery period	more general  me General Dep  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	17 17 17 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	8,978  stem (g)Depreciation deduction  513
Other depreciation (including ACRS)  Part III   MACRS Depreciation (Do not include listed MACRS deductions for assets placed in service in tax years to life you are electing to group any assets placed in service during asset accounts, check here  Section B - Assets Placed in Service During  (a) Classification of property   (b) Month and year placed in service   (c) Basis foliatiness/ only-see   (b) Month and year placed in service   (c) Basis foliatiness/ only-see   (d) Month and year placed in service   (d) Month and year placed in service   (d) Basis foliatiness/ only-see   (d) Month and year placed in service   (d) Basis foliatiness/ only-see   (d) Month and year placed in service   (d) Basis foliatiness/ only-see   (d) Basis foliatiness/ on	property.) (See instruction Section A Deginning before 2009 and the tax year into one or or depreciation investment use instructions)  25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 40 yrs.  2 and 20 in column (g), ar S corporations – see inst	more general  me General Dep  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	17 17 n Systemed	8,978  stem (g)Depreciation deduction  513

	Federal Supporting Statements	2009	PG01
Name(s) as shown on return		FEIN	

# FORM 4562 - LINE 19C

STATEMENT # 50

<u>BASIS</u>	<u>RP</u>	<u>CV</u>	METHOD		<u>METHOD</u>		<b>DEDUCTION</b>
1,117	7	HY	200	DB	159		
1,700	7	HY	200	DB	243		
357	7	HY	200	DB	51		
422	7	HY	200	DB	60		
TOTAL					513		