IRS *e-file* Signature Authorization for an Exempt Organization

OMB	No	1545	1272

For calendar year 2009, or fiscal year beginning ____ , 2009, and ending_

► Do not send to the IRS. Keep for your records.

nternal Revenue Service	► See instruction	IS.		
Name of exempt organization			1 ' '	tification number
ABE'S GARDEN			06-1818	302
Name and title of officer				_
Part Tax Return a	nd Return Information (Whole Dollars Only))		
the box on line 1a, 2a, 3a, 4	n for which you are using this Form 8879-EO and ent 4a, or 5a, below, and the amount on that line for the receiver is applicable, blank (do not enter -0-). But, if you enter more than 1 line in Part I.	er the applicable amount, i return for which you are fili tered -0- on the return, then e	if any, from to ng this form onter -0- on the	ne return. If you check was blank, then leave e applicable
1a Form 990 check here	b Total revenue, if any (Form 990, Part	VIII, column (A), line 12) .	1	b 2,827,659.
3a Form 1120-POL check in	b Total revenue, if any (Form 990-Eck here b Total tax (Form 1120-POL, linere b Tax based on investment income (Form 990-Eck here b Tax based on investment income (Form 990-Eck here b Tax based on investment income (Form 990-Eck here b Tax based on investment income (Form 990-Eck here b Tax based on investment income (Form 990-Eck here b Tax based on investment income (Form 990-Eck here b Tax based on investment income (Form 990-Eck here b Tax based on investment income (Form 990-Eck here b Tax based on investment income (Form 990-Eck here b Tax based on investment income (Form 990-Eck here b Tax based on investment income (Form 990-Eck here b Tax based on investment income (Form 990-Eck here b Tax based on investment income (Form 990-Eck here b Tax based on investment income (Form 990-Eck here b Tax based on investment income (Form 990-Eck here b Tax based on investment income (Form 990-Eck here)	e 22)	3	b
4a Form 990-PF check h	pere b Tax based on investment income (Form 9	990-PF, Part VI, line 5)	4	b
5a Form 8868 check her	e ▶ D Balance Due (Form 8868, line 3c)		5	ib
Part II Declaration a	and Signature Authorization of Officer			
electronic return and accor complete. I further declare allow my intermediate server receive from the IRS (a) an ac reason for any delay in pro- designated Financial Agen preparation software for pa account. To revoke a payn payment (settlement) date	I declare that I am an officer of the above organization mpanying schedules and statements and to the best of that the amount in Part I above is the amount shown vice provider, transmitter, or electronic return originate knowledgement of receipt or reason for rejection of the transmit to initiate an electronic funds withdrawal (direct debayment of the organization's federal taxes owed on the nent, I must contact the U.S. Treasury Financial Agen. I also authorize the financial institutions involved in ecessary to answer inquiries and resolve issues relate ture for the organization's electronic return and, if approximation of the properties of the organization's electronic return and, if approximation is the second of the content of the organization's electronic return and, if approximation is the second of the content of the organization's electronic return and, if approximation is the content of the organization of the content of the con	or my knowledge and belief in on the copy of the organizor (ERO) to send the organizor (ERO) an indication of the indication of the processing of the election of the payment. I have so	, they are the cation's electinization's retund offse horize the U. stitution accoinstitution to er than 2 bus reonic paymerelected a per elected a per elec	ronic return. I consent to one return. I consent to our to the IRS and to to to the IRS and its unt indicated in the tax debit the entry to this iness days prior to the nt of taxes to receive sonal identification
Officer's PIN: check one b			0105	
X I authorize BELLEI	NFANT & MILES, PLLC	to enter my PIN	0125 Enter five numb	ers, but
	ERO firm name			
a state agency(ies) reg the return's disclosure	x year 2009 electronically filed return. If I have indicated v gulating charities as part of the IRS Fed/State prograr consent screen.	m, i also authorize the alor	emendonea i	_NO to enter my 1 mv on
As an officer of the orgindicated within this reprogram, I will enter m	ganization, I will enter my PIN as my signature on the eturn that a copy of the return is being filed with a star ny PIN on the return's disclosure consent screen.		009 electronic harities as pa	ally filed return. If I have art of the IRS Fed/State
Officer's signature	hiteld Shurly, Chann	Date ►	10	
Part III Certification	and Authentication			- Williams
	our six-digit EFIN followed by your five-digit self-select	ted PIN	[62765337027 do not enter all zeros
above I confirm that I am	meric entry is my PIN, which is my signature on the 2 submitting this return in accordance with the require viders for Business Returns.	2009 electronically filed ret ments of Pub. 4163 , Mode	urn for the or ernized e-File	ganization indicated (MeF) Information for
ERO's signature		Date ►		
	ERO Must Retain This Form – Do Not Submit This Form to the IRS U	- See Instructions nless Requested To Do So		

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2009)

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements. 2009, and ending For the 2009 calendar year, or tax year beginning D Employer Identification Number Check if applicable: Please use IRS label 06-1818302 ABE'S GARDEN Address change or print or type See specific instruc-E Telephone number 618 CHURCH STREET #220 Name change NASHVILLE, TN 37219 615-248-9255 Initial return Termination 2,827,659. G Gross receipts \$ Amended return H(a) Is this a group return for affiliates? Application pending F Name and address of principal officer: Yes H(b) Are all affiliates included? Yes SAME AS C ABOVE If 'No ' attach a list (see instructions) 527 4947(a)(1) or Tax-exempt status X 501(c) (3) ◄ (insert no.) H(c) Group exemption number WWW.ABESGARDEN.ORG Website: ► L Year of Formation: 2007 M State of legal domicile: TN Form of organization: X Corporation | Trust Association Part Summary 1 Briefly describe the organization's mission or most significant activities: ABE'S GARDEN IS A NONPROFIT ORGANIZATION THAT IS AN INDEPENDENT SENIOR CITIZEN LIVING FACILITY SPECIALIZING IN Governance ALZHEIMERS AND ADULT CARE. THE ORGANIZATION WAS FOUNDED ON MAY 25, 2007. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets 14 Number of voting members of the governing body (Part VI, line 1a). Number of independent voting members of the governing body (Part VI, line 1b) 14 4 92 5 5 Total number of employees (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 0. 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..... **Prior Year Current Year** 2,211,054. 2,082,363. 283,940. 8 Contributions and grants (Part VIII, line 1h) Revenue 535,097. 9 Program service revenue (Part VIII, line 2g) 5,768.731. 10 Investment income (Part VIII, column (A) lines 3, 4, and 7d) 129,173. 11 Other revenue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and 11e) 891. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,428,358 2,827 ,659. 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) 1,239,665. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 804,261 16a Professional fundraising fees (Part IX, column (A), line 11e) 200,839. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,766,623. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,207,079 3,011,340 3,006,288. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12..... 1,417,018 -178,629. Beginning of Year **End of Year** 15,222,788. 15,255,252 20 Total assets (Part X, line 16) 13,967,300. 13,821,135. Total liabilities (Part X, line 26) 21 Net assets or fund balances. Subtract line 21 from line 20.... 1,255,488. 1,434,117 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Date Here Signature of officer Type or print name and title. Preparer's identifying number (see instructions) Date Check if self-employed Paid Preparer s signature Pre-P00285790 parer's BELLENFANT & MILES, PLLC Firm's name (or Use EIN > 27-0187314 136 WILSON PIKE CIRCLE Only Phone no. ► (615) 370-8700 BRENTWOOD, TN 37027 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Form	n 990 (2009) ABE'S GARDEN	06-18	31830	2	ļ	Page 2
	Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission: ABE'S GARDEN IS A NONPROFIT ORGANIZATION THAT IS AN INDEPENDENT S FACILITY SPECIALIZING IN ALZHEIMERS AND ADULT CARE. THE ORGANIZAMAY 25, 2007.	TION W	CITIZ AS FO	EN I UNDE	D 01	NG N
2	Did the organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O	the prior		Yes	X	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser If 'Yes, describe these changes on Schedule O	vices?		Yes	X	No
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	anocation	15 10 011		ie tota	
48	a (Code: \$\) (Expenses \$\) 2,685,370. including grants of \$\) (SENIOR LIVING FACILITY	Revenue 	\$)
41	b (Code:) (Expenses \$ including grants of \$) (Revenue	\$)
40	c (Code:) (Expenses \$ including grants of \$) (Revenue	\$)
40	d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
	e Total program service expenses > 2.685.370.					

201	CHANNES OF CONTROL OF		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	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,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes ' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV.	9		x
10	A Colored Colo	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI. VIII, IX. or X as applicable	11	Х	
•	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.			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes.' complete Schedule D, Parts XI, XII, and XIII	12	X	
12	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D. Parts XI, XII, and XIII is optional Yes No 12 A X			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes, complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
15	or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	column (A), lines 6 and 11e? If 'Yes.' complete Schedule G, Part I	17		Х
18	lines 1c and 8a? If 'Yes' complete Schedule G. Part II	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 20		X X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	L	L_^_

Form	990 (2009)	ABE'	GARDEN						06-18183	302	P	age 4
		ecklist	of Require	ed Schedu	les (continu	ued)						
	•										Yes	No
21	Did the orga United State	nization s on Par	report more t IX, column	than \$5,000 ((A), line 1?	of grants and c If 'Yes _. ' comple	other assista lete Schedul	ince to gover e <i>I, Parts I a</i>	nments and c nd II	organizations in the	21		X
22	Did the orga IX, column (nization (A), line 2	report more ?? If 'Yes,' co	than \$5,000 o	of grants and c edule I, Parts I	other assista and III	nce to indivi	duals in the U	Inited States on Part	22		X
23	Did the orga and former of Schedule J	nization officers, o	answer 'Yes' lirectors, trus	to Part VII, s stees, key en	Section A, line nployees, and	e 3, 4, or 5 a highest com	bout comper pensated еп	nsation of the nployees? If '	organization's currei Yes,' complete	nt . 23		X
24 a	Did the orga as of the las complete So	st day of	the year, and	that was iss	issue with an o sued after Dece	outstanding p ember 31, 20	orincipal amo 002? If 'Yes,	ount of more t ' answer lines	han \$100,000 5 24b through 24d ar	24a		Х
b	Did the orga	ınization	invest any pi	roceeds of ta	x-exempt bond	ds beyond a	temporary p	eriod exception	n?	24b		
c	: Did the orga any tax-exer	nization mpt bond	maintain an	escrow accou	unt other than	a refunding	escrow at ar	ny time during	the year to defease	24c		
d				behalf of is	suer for bonds	outstanding	at any time	during the ye	ar?	24d		
25 a	Section 501 disqualified	(c)(3) and person d	d 501(c)(4) o uring the yea	rganizations. ar? If 'Yes,' c	Did the organ	nization enga dule L, Part	ige in an exc <i>l</i> .	ess benefit tr	ansaction with a	25a		X
. b	Is the organ that the tran Schedule L,	isaction f	ware that it e las not been	engaged in ar reported on	n excess benef any of the orga	fit transactio anization's p	n with a disc prior Forms 9	qualified perso 90 or 990-EZ	n in a prior year, an ? If 'Yes,' complete	d <u>25b</u>		х
26	Was a loan disqualified	to or by a person o	a current or futstanding a	former officer s of the end o	, director, trust of the organiza	tee, key em ation's tax ye	ployee, highlear? If 'Yes,	y compensate ' complete Sci	ed employee, or hedule L, Part II	26	Х	
27	Did the orga contributor, Schedule L,	or a gran	provide a gra t selection c	ant or other a omittee mem	assistance to a aber, or to a pe	in officer, dir erson related	ector, trusted I to such an	e, key employ individual? <i>If</i>	ee, substantial 'Yes,' complete	27		Х
28	Was the org	anization	a party to a	business tra	nsation with or nditions, and e	ne of the fol	lowing partie	s (see Sched	ule L, Part IV			
_	instructions	tor applic	cable filing the	nresholds, co: or trustee o	naitions, and e r key employee	exceptions): e2	complete Sci	hedule I. Parl	· IV	28a	X	
	Schedule L,	Part IV			, director, trus					28b	X	-
	was an offic	er, direct	or, trustee, o	or direct or in	direct owner?	If 'Yes,' con	nplete Sched	dule L, Part IV		28c	x	
	-				00 in non-cash					29	<u> </u>	X
30	contributions	s? If 'Yes	: ' complete	Schedule M					alified conservation	30		Х
31	Did the orga	anization	liquidate, ter	minate, or di	ssolve and cea	ase operation	ns? If 'Yes,'	complete Sch	nedule N, Part I	31	ļ	X
32	Did the orga Schedule N,	anization , <i>Part II</i>	sell, exchan	ge, dispose o	f, or transfer n	more than 25	i% of its net	assets? If 'Ye	es ' complete	32		<u>x</u>
33	Did the orga 301 7701-2	anization and 301	own 100% o 7701-3? <i>If 'Y</i>	f an entity dis 'es _. ' complete	sregarded as s s Schedule R, i	separate from <i>Part I</i>	n the organiz	zation under F	Regulations sections	33		х
34	Was the org	janization	related to a	ny tax-exemp	ot or taxable er	ntity? If 'Ye:	s,' complete	Schedule R, I	Parts II, III, IV, and \	34		Х
35	Is any relate Part V, line		zation a con	trolled entity	within the mea	aning of sect	ion 512(b)(1	3)? If 'Yes, c	omplete Schedule R	35		X
36	Section 501 organization	(c)(3) org	janizations ,' complete \$	Did the organ Schedule R F	nization make a Part V, line 2	any transfer	s to an exem	npt non-charit	able related	36		Х
37	Did the orga treated as a	anization partners	conduct mor hip for feder	e than 5% of al income tax	its activities the purposes? If	hrough an ei f 'Yes,' comp	ntity that is n plete Schedul	not a related o le R, Part VI	rganization and that	is 37		х
38	Did the orga Note. All Fo	anization orm 990 fi	complete Sc lers are requ	hedule O and ired to comp	d provide expla lete Schedule	anations in S	Schedule O fo	or Part VI, line	es 11 and 19?	. 38	X	
BAA				-						Form	990	(2009)

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Form 990 (2009) ABE'S GARDEN	06-1818302	F	age !
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S Information Returns. Enter -0- if not applicable	14		
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 repo (gambling) winnings to prize winners?	rtable gaming 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	92		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax return	os? 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 in	nstructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered this return?	1		Х
b 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 at financial account in a foreign country (such as a bank account, securities account, or other financial account	uthority over, a		Х
b 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 Ba Financial Accounts	nk and		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		1	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	***************************************		
Tax Shelter Transaction?	<u>5c</u>		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the solicit any contributions that were not tax deductible?	organization 6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions deductible?	or gifts were not 6b		
7 Organizations that may receive deductible contributions under section 170(c).	The first state of the state of		1111
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods and services		
provided to the payor?			Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	-	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Form 8282?	required to file 7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per			
benefit contract?	7e		<u>X</u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			<u>X</u>
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C a		Х	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess holdings at any time during the year?	business 8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a	*	-taricula
b Did the organization make any distribution to a donor donor advisor or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:	Particular of States		
a Gross income from other members or shareholders	Temperatur 1 of Type Temperatur 2 of Type		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	The state of the s		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	1? . 12 a		nussiin
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	124		

Form 990 (2009) ABE'S GARDEN

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.

1a Enter the number of voting members of the governing body be Enter the number of voting members that are independent 1d 1d 1d 1d 1d 1d 1d 1	Sec	tion A.	Governing Body and Management				,	,
b Entier the number of voting members that are independent Discriptions of the number of voting members that are independent Discriptions of the control o				, ,		<u></u>	Yes	No
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employees? SEC SCEROUS. 3 Did the organization delegated control over management of officers, directors or incises, or key employees to a management company or other person? SEC SCEROUS. 4 Did the organization may significant changes to its organizational document organization is since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the organization shape members, stockholders, or other persons who may elect one or more members of the processing obdy? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 Is there any officer, director or trustee, or key employees listed in Part VII, Section A, who cannot be reached at the organization's maining address? If Yas, provide the names and addresses in Schedule O. 9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maining address? If Yas, provide the names and addresses in Schedule O. 10 a Dess the organization have local chapters, branches, or effiliates? 10 if Yes, idees the organization have written policies and pracedures poverning the activities of such chapters, affiliates, and branches to ensure their operations are ornised with those of the organization? 11 Has the organization have a written orfific of interest policy? If No 2 to line 13 12 Describe organization than a written policies and pracedures poverning the activities of such chapters, affiliates, and branches to ensure their operations are ornised wi	1 8	Enter the	number of voting members of the governing body	-	4-4-4			
3 X X of the organization delegate control over management duries customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? SEE SCH O 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Does the organization have members, stockholders? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 Is there any officer, director or (rustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes, provide the names and addresses in Schedule O. 9 Section B. Pollicies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Abacroibe in Schedule O the process, if any, used by the organization of which is done SEE SCHEDULE O 12a Does the organization regularly and consistently monitor and enforce compliance with the policy? If Yes, describe in Schedule O how this is done SEE SCHEDULE O 12a Does the organization have a written consistently monitor and enforce compliance with the policy? If Yes, describe in Schedule O how this is done SEE SCHEDULE O 15b Did the process for determining compensation of the following						14		
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12a Does the organization have a written conflict of interest policy? If 'No ' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written whistleblower policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosures 12b X 12c X 13 X 14 Does the organization in the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Did the proganization invest in, contribute assets to, or participation of the deliberation and decision? 15a Did the organization invest in, contribute assets to, or participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's								
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20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:			Land '					
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JIM PHILLIPS 618 CHURCH STREET, STE 220 NASHVILLE TN 37219 615-248-9255								ncial
OTEL TITEMEN AND OTTOTOM REPORT LANGUE AND MED MINISTER THE CAMPACTURE AND MED	20	State the	name, physical address, and telephone number of the person who possesses the b	ooks a	and records of the o	rganizati	on:	
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Form 990 (2009)

BAA

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

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

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations'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 employees'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did no	ot compen	sate a	iny o	curre	ent c	officer	, dire	ector, or trustee.		
(A)	(B)				c) .			(D)	(E)	(F)
Name and Title	Average hours per week	P Individual trustee or director	Institutional trustee	·	Key employee	Highest compensated a employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
SEE ATTACHED LISTING	1		 				m			
	1 0							0.	0.	0.
JUDY GIVEN	40	Х			Х			49,349.	0.	0.
	-									
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Part VIII Section A. Officers, Directors, Trust	tees, K	ίеу	En	plq	ye	es,	an	d Highest Con	npensated Em	ployees (cont.)
(A)	(B)			(6	c)			(D)	(E)	(F)
Name and Title	Average hours per week	ļ		Check Officer				Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	hours per week	vidua! Irector	Institutional trustee	cer	employee	Highest compensat employee	ner	(10-2/1033-14/13C)	(44-2/1055-14113C)	organization and related
		truste	al trus		уев	mpen				organizations
		10	tee			sated				
						-	-			
				<u> </u>						
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					-					
1b Total	L			<u></u>	<u></u>	L	<u> </u>	49,349.	0	. 0.
2 Total number of individuals (including but not limited							o rec		\$100,000 in repor	
from the organization 0										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	ee, k	кеу	emp	loye	ee, d	or hi	ghest compensate	ed employee	
on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of re-	ndividua. portable	l con	npei	nsat	ion	and	oth	er compensation t	rom	3 X
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater the individual	nan \$15	0,00	0?	If 'Y	es'	com	plet	e Schedule J for s	uch	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens	ation	n fro	m a	iny i	unre	late	d organization for	services	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compensation from the organization.	ed indep	end	ent	con	trac	tors	tha	t received more th	an \$100,000 of	
(A) Name and business addres:	c							(B) Description of	of Services	(C) Compensation
MANUEL ZEITLIN ARCHITECTS 1819 21ST AVENUE S		ASH	VIL.	LE,	TN	37	212	***************************************		106,000.
XMI HOLDINGS, INC. NASHVILLE, TN								MNGT SERVICES	- COST	350,606.
2 Total number of independent contractors (including		limit	ed t	o th	ose	liste	ed a	bove) who receive	d more than	
\$100,000 in compensation from the organization	2									

Pai	TVIII Statement of Revenue					1
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
10	1a Federated campaigns 1a					
ANTS	b Membership dues 1b					
R S	c Fundraising events. 1c					
IFTS RA	d Related organizations 1d					
S,G	e Government grants (contributions) 1e					(A)
S S	f All other contributions, gifts, grants, and					
BE	f All other contributions, gifts, grants, and similar amounts not included above 1f	283,940.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	g Noncash contribns included in Ins 1a-1f: \$					
	h Total. Add lines 1a-1f	Business Code	283,940.)	
PROGRAM SERVICE REVENUE	O- DECIDENTAL CEDUTORS	Business Code	2,229,614.	Nii aftailista an an an an an an		2,229,614.
ËVE	b SERVICES SOLD TO RESIDENT		160,098.			160,098.
핑	c INDEPENDENT LIVING SERVIC		145,385.			145,385.
ER	d					
S	e					
GR.	f All other program service revenue					
PR	g Total. Add lines 2a-2f		2,535,097.			
	3 Investment income (including dividends,	interest and	7 701			7 721
	other similar amounts)	-	7,731.			7,731.
	4 Income from investment of tax-exempt b	.				
	5 Royalties(i) Real	(ii) Personal	00,445,848			
	6a Gross Rents			1.4.4		3
	b Less: rental expenses					
	c Rental income or (loss)		2000		7. K	
	d Net rental income or (loss)	>				
	7 a Gross amount from sales of (i) Securities	(ii) Other	X.	K		
	assets other than inventory.				(4.) (4.)	
	b Less: cost or other basis					
	and sales expenses c Gain or (loss).					.
	d Net gain or (loss)	! >				
	- · · · · · · · · · · · · · · · · · · ·					
빌	8a Gross income from fundraising events (not including \$					
REVENUE	of contributions reported on line 1c)					W
	See Part IV, line 18 a					
OTHER	b Less: direct expenses b					
U	c Net income or (loss) from fundraising ev	ents				
	9a Gross income from gaming activities					
	See Part IV, line 19 a b Less: direct expenses b					
	c Net income or (loss) from gaming activit	ies. >				
	10a Gross sales of inventory, less returns					
	and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inven					
	Miscellaneous Revenue	Business Code	001			
	11a OTHER REVENUE		891.			891.
	b					
	d All other revenue					
	e Total. Add lines 11a-11d	>	891.			
	12 Total revenue. See instructions		2,827,659.	0.	0.	2,543,719.

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).

Care Compensation Care Compensation Care		7. Cities of games and the control of the cities of the ci	(4)	(B)	(C)	(D)
and organizations in the U.S. Sée Part IV, line 21 and organizations in the U.S. Sée Part IV, line 22 discussion of the assistance to invividuals in Carolis and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 15 and 16 decision of current officers, directors, strustes, and ley employees. Compensation of current officers, directors, strustes, and ley employees. Compensation of current officers, directors, strustes, and ley employees or section 498(0)(10) and persons described in section 498(0)(10) and section 43(0) employer conflict and section 43(0) employer on the conflict and the conflict a	Do . 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service	Management and	Fundraising
2 Grants and other assistance to individuals in the U.S. See Part IV, line 2	1	and organizations in the U.S. See Part IV,				
organizations, and individuals cutside the U S Sue Fart IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees and the contributions of the current officers of the current of the current of the current officers of the current of the current officers of the current officers of the current of the current officers of the current officers of the current of	2	Grants and other assistance to individuals in				
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons described in constitutions (and the person of the constitutions of the constitution of the constitutions of the constitutions of the constitutions	3	organizations, and individuals outside the				
Trustées, and key employees	4	Benefits paid to or for members .				
disqualified persons (as defined under section 4958(c)(3)(B) most of the section 4958(c)(3)(B) m	5	trustees, and key employees.	0.	0.	0.	0.
8 Pension plan contributions (include section 401(f) and section 403(f) employer contributions) 9 Other employee benefits 10 Payroll taxes	6	disqualified persons (as defined under section 4958(f)(1) and persons described in	0.	0.	0.	0.
401(f) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes. 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbyting e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 364, 621. 194, 714. 8, 498. 161, 409. 12 Advertising and promotion 24, 553. 9, 556. 9, 932. 5, 065. 13 Office expenses 61, 708. 48, 095. 24. 13, 589. 14 Information technology 15 Royalties 6 Occupancy 7, 7, 968. 6, 165. 153. 1, 650. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Interest 11 Peyments of stravel or entertainment expenses for any federal, state, or local public officials 20 Interest 21 Payments of stravel or entertainment expenses for any federal, state, or local public officials 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, ltemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 24 Other expenses, Itemize expenses prouped together and labeled miscellaneous may not exceed 5% of total expenses stryon on line 25 below) 24 Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses stryon on line 25 below) 30 UTILITIES 30, 59, 50, 52, 193. 31, 1757. 4 REPAIRS AND MATINTENANCE 53, 950. 52, 1931. 53, 1950. 54, 1951. 55, 1951. 56, 2952. 57 Total functional expenses, Add lines 1 through 4through 13, 30, 916. 57 Total functional expenses, Add lines 1 through 4through 13, 30, 916. 58 Joint costs. Check here 1 1 if following 50, 288. 59 Joint costs. Check here 1 1 if following 50, 288. 50 Joint costs. Check here 1 1 if following 50, 288. 50 Joint costs. Check here 1 1 if following 50, 288. 51 Joint costs. Check here 1 1 if following 50, 288. 52 Joint costs. Check here 1 1 if following 50, 288. 53 Joint costs. Check here 1 1 if following 50, 288. 54 Joint costs. Check here 1 1 if following 5	7	Other salaries and wages.	1,052,240.	1,052,240.		
10 Payroll taxes 88,994 88,994	8	401(k) and section 403(b) employer				
11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 24 Advertising and promotion 24,553. 364,621. 39,556. 9,932. 5,065. 30 Office expenses 61,708. 48,095. 24. 13,589. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization lansurance 24 Other expenses Iterrize expenses not covered above. (Expenses shown on line 25 below) a UTILITIES 204,592. 205,983. 206,993. 207,998. 204,592. 204,592. 204,592. 204,592. 204,592. 204,592. 204,592. 204,592. 204,592. 204,592. 204,593. 4 REPAIRS AND MAINTEMANCE 25,098. 5,0	9	Other employee benefits	98,431.	98,431.		
a Management b Legal c Accounting d Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 2 Advertising and promotion 2 Advertising a	10	Payroll taxes .	88,994.	88,994.		
b Legal c Accounting d Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 364, 621. 194,714. 8,498. 161,409. 12 Advertising and promotion 24,553. 9,556. 9,932. 5,065. 13 Office expenses 61,708. 48,095. 24. 13,589. 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 2,926. 153. 1,650. 19 Payments to affiliates 20 Depreciation, depletion, and amortization 21 Insurance 21 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) 20 UTILITIES 204,592. 204,592. 50,978. 200,978. 200,978. 200,978. 201,791. 33,916. 710. 1,865. 25 Total functional expenses. Add lines 1 through 24f. 3,006,288. 2,685,370. 120,079. 200,839. 200,982. Complete this line only if the organization reported in column (8) joint costs from a combined educational c	11	Fees for services (non-employees)				
d Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 364,621. 194,714. 8,498. 161,409. 244,553. 9,556. 9,332. 5,665. 3 Office expenses 61,708. 48,095. 24. 13,589. It Information technology Fravel Travel Cocupancy Travel Travel Travel Travel Tonferences, conventions, and meetings Conferences, conventions, and meetings Conferences, conventions, and meetings Depreciation, depletion, and amortization Insurance Depreciation, depletion, and amortization Sinsurance This insurance This insuranc	ā	a Management				
d Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 2 Advertising and promotion 2 4, 553. 3 Office expenses 6 17, 708. 4 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 2 Depreciation, depletion, and amortization 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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) 3 UTILITIES 5 FOOD COSTS 6 TAXES AND LICENSES 7 Information PUBLICATIONS 12, 327. 5 John June 18 John June 19 John June 19 John Costs from a combined educational campaign and fundraising solicitation. 2 John Costs Check here ► if if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	E	Legal				
e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 364, 621. 194,714. 8,498. 161,409. 12 Advertising and promotion 24,553. 9,556. 9,932. 5,065. 13 Office expenses 61,708. 48,095. 24. 13,589. 14 Information technology 15 Royalties 16 Occupancy 17 Travel 7,968. 6,165. 153. 1,650. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 2,926. 292,907. 99,812. 19 Payments to affiliates 2 Depreciation, depletion, and amortization 13 Insurance 2 Depreciation, depletion, and amortization 2 Insurance 2 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a UTILITIES b FOOD COSTS c TAXES AND LICENSES d REPAIRS AND MAINTENANCE 167,513. 167,513. d REPAIRS AND MAINTENANCE 153,950. 52,193. 1,757. e PRINTING AND PUBLICATIONS 12,327. 5,991. 6,336. f All other expenses. Add lines 1 through 24f. 3,006,288. 2,685,370. 120,079. 200,839. 26 Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation.	(: Accounting				
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12 Advertising and promotion	f	Investment management fees	,			
13 Office expenses 61,708. 48,095. 24. 13,589. 14 Information technology	ç	Other				
14	12	Advertising and promotion				
15 Royalties	13	Office expenses	61,708.	48,095.	24.	13,589.
16 Occupancy	14	Information technology				
17 Travel	15	Royalties				
Payments of travel or entertainment expenses for any federal, state, or local public officials	16	Occupancy				
expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 2,926. 20 Interest 392,719. 292,907. 99,812. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 210,244. 204,002. 23 Insurance 26,033. 25,083. 950. 24 Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a UTILITIES b FOOD COSTS 200,978. c TAXES AND LICENSES 167,513. d REPAIRS AND MAINTENANCE 53,950. 52,193. 1,757. e PRINTING AND PUBLICATIONS 12,327. f All other expenses 36,491. 33,916. 710. 1,865. 710. 1,865. 710. 1,865. 710. 200,839. 710. 200,839. 200,839.			7,968.	6,165.	153.	1,650.
20 Interest 392,719. 292,907. 99,812.	18	expenses for any federal, state, or local				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 21 Insurance 22 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below). a UTILITIES b FOOD COSTS c TAXES AND LICENSES c TAXES AND LICENSES d REPAIRS AND MAINTENANCE PRINTING AND PUBLICATIONS 12, 327. b FOID Total functional expenses. Add lines 1 through 24f 3, 006, 288. 2, 685, 370. 200, 839. 200, 839.	19	Conferences, conventions, and meetings				2,926.
Depreciation, depletion, and amortization 210,244. 204,002. 6,242.	20	Interest	392,719.	292,907.	99,812.	
23 Insurance 26,033. 25,083. 950.	21	Payments to affiliates				
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and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below). a UTILITIES 204,592. 204,592. b FOOD COSTS 200,978. 200,978. c TAXES AND LICENSES 167,513. 167,513. d REPAIRS AND MAINTENANCE 53,950. 52,193. 1,757. e PRINTING AND PUBLICATIONS 12,327. 5,991. 6,336. f All other expenses 36,491. 33,916. 710. 1,865. 25 Total functional expenses. Add lines 1 through 24f. 3,006,288. 2,685,370. 120,079. 200,839. 26 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 fundraising solicitation.	24	Other expenses, Itemize expenses not covered above. (Expenses grouped together				
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a UTILITIES 204,592. 204,592. 5						
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c TAXES AND LICENSES 167,513. 167,513. d REPAIRS AND MAINTENANCE 53,950. 52,193. 1,757. e PRINTING AND PUBLICATIONS 12,327. 5,991. 6,336. f All other expenses 36,491. 33,916. 710. 1,865. 25 Total functional expenses. Add lines 1 through 24f 3,006,288. 2,685,370. 120,079. 200,839. 26 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 fundraising solicitation. 200,079. 200,839.						The state of the s
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e PRINTING AND PUBLICATIONS 12,327. 5,991. 6,336. f All other expenses 36,491. 33,916. 710. 1,865. 25 Total functional expenses. Add lines 1 through 24f 3,006,288. 2,685,370. 120,079. 200,839. 26 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 fundraising solicitation	c					1,757.
f All other expenses 36,491. 33,916. 710. 1,865. 25 Total functional expenses. Add lines 1 through 24f 3,006,288. 2,685,370. 120,079. 200,839. 26 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 fundraising solicitation						
25 Total functional expenses. Add lines 1 through 24f	f	All other expenses			710.	
26 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 fundraising solicitation		·				
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	26					
		organization reported in column (B) joint costs from a combined educational				
	BAA				***************************************	Form 990 (2009)

		Balance Sheet			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			119,453.	1	962,314
	2	Savings and temporary cash investments.				2	
	3	Pledges and grants receivable, net			1,000,000.	3	999,516
	4	Accounts receivable, net			3,614.	4	35,073
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	s, trus II of S	tees, key employees, chedule L	951,932.	5	
-	6	Receivables from other disqualified persons (as define					
.		and persons described in section 4958(c)(3)(B) Com	olete F	Part II of Schedule L		6	
A S S E T S	7	Notes and loans receivable, net				7	
E	8	Inventories for sale or use			9,051.	8	9,110
5	9	Prepaid expenses and deferred charges	. ;		3,731.	9	12,00
	10 a	Land, buildings, and equipment: cost or other basis	10a	13,301,659.			
		Complete Part VI of Schedule D					
ı	b	Less: accumulated depreciation	10b	326,266.	12,905,506.	10 c	12,975,393
	11	Investments - publicly-traded securities				11	
	12	Investments - other securities See Part IV, line 11	•			12	
ļ	13	Investments - program-related See Part IV, line 11			,	13	
Ì	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		•	261,965.	15	229,37
	16	Total assets. Add lines 1 through 15 (must equal line	34)		15,255,252.	16	15,222,788
	17	Accounts payable and accrued expenses		252,053.	17	298,850	
	18	Grants payable		18			
	19	Deferred revenue			19	<u> </u>	
<u> </u>	20	Tax-exempt bond liabilities				20	
À	21	Escrow or custodial account liability Complete Part				21	TATAL CONTRACT OF THE PARTY OF
Ī	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees,	key employees,			
Į			sons.	Complete Part II	016 072		217 //2
1		of Schedule L			216,073.	22	317,429
Ė S	23	Secured mortgages and notes payable to unrelated the			13,200,000.	23	13,200,000
	24	Unsecured notes and loans payable to unrelated third	partie	es	14,846.	24	1 1 1 00
	25	Other liabilities Complete Part X of Schedule D.			138,163.	25	151,021
_	26	Total liabilities. Add lines 17 through 25	 		13,821,135.	26	13,967,300
Y E		Organizations that follow SFAS 117, check here ▶	X ar	nd complete lines			
		27 through 29 and lines 33 and 34.					000 100
S	27	Unrestricted net assets			-517,815.	27	-928,108
ASSETS	28	Temporarily restricted net assets			1,951,932.	28	2,183,596
	29	Permanently restricted net assets				29	
R R		Organizations that do not follow SFAS 117, check he	ere >	and complete			
F UND		lines 30 through 34.					
Ď	30	Capital stock or trust principal, or current funds				30	
В	31	Paid-in or capital surplus, or land, building, and equip				31	
L	32	Retained earnings, endowment, accumulated income	or oth	ner funds	7 40 4 1 7 7	32	1 000 404
BALANCES	33	Total net assets or fund balances			1,434,117.	33	1,255,488
s l	34	Total liabilities and net assets/fund balances			15,255,252.	34	15,222,788

Page 12

Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b 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?	2с	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
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.	3b		
366	Form	990 ((2009

TEEA0112L 02/05/10

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer Identification number

ABE	l'S	GARDEN							06-1	818302	2		
Par	tl.	Reason for Pu	blic Charity Statu	ıs (All organizations	must o	comple	ete this	part.)) See i	nstruct	ions		
The o	orgai	nization is not a pri	vate foundation becau	se it is: (For lines 1 thro	ugh 11.	check o	nly one	box)					
1	\prod	A church, convention	on of churches or ass	ociation of churches desc	cribed in	section	n 170(b)	(1)(A)(i)).				
2	П	A school described	l in section 170(b)(1)(A)(ii) (Attach Schedule I	E)								
3	П	A hospital or coope	erative hospital servic	e organization described	in secti	on 170(b)(1)(A)	(iii).					
4	П	A medical research	n organization operate	ed in conjunction with a h	ospital o	describe	d in sec	tion 17	O(b)(1)(A)(iii) . Er	nter the ho	spital's	5
		name, city, and sta	ate:		·			. .					
5	ш	170(b)(1)(A)(iv). (0	Complete Part II)	of a college or university					nmental	unit des	cribed in	sectio	n
6 7	Н	An organization that	· local government or at normally receives a I)(A)(vi) . (Complete P	governmental unit descri substantial part of its su art II)	bed in s ipport fr	om a go	vernme)(A)(v). ntal uni	t or fron	n the gen	eral public	: descr	ribed
8				170(b)(1)(A)(vi) (Comple	te Part I	1)							
9		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	П	An organization org	ganized and operated	exclusively to test for pu	ıblic safe	ety See	section	n 509(a)	(4)				
11		more nublicly supp	orted organizations of	exclusively for the benet described in section 509(szation and complete lines	a)(1) or	section	509(a)(2	ctions c 2) See	f, or car section	ry out th 509(a)(3	e purpose). Check t	s of or the box	ne or k that
		a Type!	b ☐ Type II	c Type II				ted		d	Type III-	- Other	r
е		By checking this both than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	rganization is not controll n one or more publicly so	ed direc upportec	tly or in I organi:	directly zations	by one describe	or more ed in sec	disqualition 509	fied perso (a)(1) or s	ns oth ection	er
f			received a written det	termination from the IRS	that is a	Type I,	Type II	or Type	e III sup	porting o	rganizatio	n,	
g	1	Since August 17. 2	2006, has the organiza	ation accepted any gift o	r contrib	ution fro	om any	of the fo	illowing	persons	?		
												Yes	No
		(i) a person who below, the go	o directly or indirectly overning body of the s	controls, either alone or tupported organization?	together	with pe	rsons de	escribed	d in (ii) a	and (iii)	11g (i)		
			nber of a person desc	· •							11 g (ii)		
		(iii) a 35% contro	olled entity of a persor	described in (i) or (ii) al	bove?						11 g (iii)		
h		Provide the following	ng information about t	the supported organization	ns.						*		
	(1)	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(i) lister	Is the iion in col d in your erning ment?	the organ	ou notify nization in (i) of upport?	organizat (I) organi	s the ion in col. zed in the S ?	(vii) Amou	nt of Sup	pport
					Yes	No	Yes	No	Yes	No			
													A
Tatal			I THE REAL PROPERTY OF THE PARTY OF THE PART		1000		ropin Costill						

Schedule A (Form 990 or 990-EZ) 2009 ABE'S GARDEN 06-1818302 Page 2 Partile Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (d) 2008 (e) 2009 (f) Total (a) 2005 (b) 2006 (c) 2007 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-through 3 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) Public support. Subtract line 5 from line 4... Section B. Total Support Calendar year (or fiscal year (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 beginning in) 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 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 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here..... Section C. Computation of Public Support Percentage 14 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)

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

15 %

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

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

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

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

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

Schedule	Α	(Form	990	or	990	-EZ)	200
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Schedule A (Form 990 or 990-EZ) 2009 ABE'S GARDEN

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

i rate	(Complete only if you ched	cked the box on lin	e 9 of Part I.)		(,(,		
Section	on A. Public Support						•
	ar year (or fiscal yr beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 G	ifts, grants, contributions and nembership fees received. (Do ot include 'unusual grants')				2,211,054.	283,940.	2,494,994.
2 G or fa th	iross receipts from dmissions, merchandise sold r services performed, or acilities furnished in a activity nat is related to the granization's tax-exempt urpose				2,082,363.	2,229,614.	4,311,977.
3 Gr	orss receipts from activities that are of the control of the contr						0.
4 To or either	ax revenues levied for the rganization's benefit and ither paid to or expended on s behalf.						0.
fa ge	he value of services or acilities furnished by a overnmental unit to the rganization without charge						0.
	otal. Add lines 1 through 5	0.	0.	0.	4,293,417.	2,513,554.	6,806,971.
2	mounts included on lines 1, , 3 received from disqualified ersons	0.	0.	0.	0.	0.	0.
a d e	mounts included on lines 2 nd 3 received from other than isqualified persons that xceed the greater of 1% of he amount on line 13 for the			0		0.	
•	ear	0.	0. 0.	<u>0.</u>	0.	0.	0.
	dd lines 7a and 7b	U.	U.	U.	0.) (· · · · · ·
	ublic support (Subtract line c from line 6.)						6,806,971.
	on B. Total Support					In the second second	
······································	ar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	mounts from line 6	0.	0.	0.	4,293,417.	2,513,554.	6,806,971.
o d	ross income from interest, ividends, payments received n securities loans, rents, oyalties and income form imilar sources.			101.	5,768.	7,731.	13,600.
ir ta a	Inrelated business taxable ncome (less section 511 axes) from businesses cquired after June 30, 1975						0.
11 N ad w	dd lines 10a and 10b et income from unrelated business stivities not included inline 10b, hether or not the business is sgularly carried on	0.	0.	101.	5,768.	7,731.	13,600.
12 C	other income. Do not include ain or loss from the sale of apital assets (Explain in eart IV) SEE PART IV				129,173.	306,374.	435,547.
	otal support. (add ins 9, 10c, 11 and 12)						7,256,118.
0	Irst five years. If the Form 990 rganization, check this box and	stop here		d, third, fourth, o	or fifth tax year as	s a section 501(c)(3)
	on C. Computation of Pul bublic support percentage for 20			e 13 column (fl)		15	%
	ublic support percentage for 20 ublic support percentage from 1						%
	on D. Computation of Inv						
	nvestment income percentage f				mn (f))	17	%
18 lr	nvestment income percentage f	rom 2008 Schedul	e A, Part III, line	17		18	%
19a 3	3-1/3 support tests — 2009. If the coore than 33-1/3%, check this b	organization did not oox and stop here	check the box on li The organization	ine 14, and line 15 qualifies as a pu	ibliciy supported (organization.	
is	3-1/3 support tests – 2008. If the not more than 33-1/3% check	k this box and sto p	here. The organi	zation qualifies a	is a publicly supp	orted organizatio	n • []
20 P	rivate foundation. If the organi	ization did not che	ck a box on line 1	4, 19a, or 19b, c	heck this box and	I see instructions	▶

Schedule A	(Form	990 or	990-E	Z) 2009	AL	SE. S	GARI	DEN								00-19	T83	12		ge 4
Schedule A	Supp Part	lemer I, line	ntal Ir : 17a	or 17	ation o; an	. Com d Par	iplete t III, I	this line 1:	part t 2. Pro	o prov	vide any	the ex other	oplana additio	itions onal i	requi nform	red by ation.	/ Par See	t II, IIn instru	e 10; ctions.	
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2009 SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT ABES	Į.	ABE'S GARDE	N		06-1818302
6/07/10					. 09:19AM
PART III, LINE 12 - OTHER INCOM	E				
NATURE AND SOURCE	2009	2008	2007	2006	2005
OTHER REVENUE SERVICES SOLD TO RESIDENTS	891.	1,517.			- -
TOTAL \$	305,483. 306,374.	127,656. \$ 129,173.	<u>\$</u> 0.	\$ 0	<u> </u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

ABE'S GARDEN 06-1818302

Partie Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year 2 Aggregate contributions to (during year) 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? No Yes 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 for any other purpose conferring impermissible private benefit?? Part III 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 Preservation of certified historic structure Protection of natural habitat 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 Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 20 d Number of conservation easements included in (c) acquired after 8/17/06. 2d 3 Number of conservation easements modified transferred, released extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No 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 Yes 170(h)(4)(B)(i) and 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. Parelle 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: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Part III Organizations Maintai	ning Collection	s of Art, Histo	rical Treasures, or	Other Similar Ass	ets (continuea)				
3 Using the organization's acquisition items (check all that apply):	on accession and ot	—		that are a significant us	e of its collection				
a Public exhibition		d Loan o	or exchange programs						
b Scholarly research		e Other							
c Preservation for future genera									
Part XIV	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 organizat assets to be sold to raise funds re	tion solicit or receive ather than to be mai	e donations of art intained as part o	, historical treasures, o of the organization's col	r other similar lection?	Yes No				
Part V Escrow and Custodial 9, or reported an amou	Arrangements unt on Form 990	Complete if o , Part X, line	rganization answer 21.	red 'Yes' to Form 9	90, Part IV, line				
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or of	ther intermediary	for contributions or oth	er assets not	Yes No				
b If 'Yes,' explain the arrangement	in Part XIV and con	nplete the following	ng table:						
					Amount				
c Beginning balance				1c					
d Additions during the year				1d					
e Distributions during the year				1 e					
f Ending balance				1f					
2a Did the organization include an a	•	Yes No							
b If 'Yes,' explain the arrangement	in Part XIV.			00 m 1 N 1 1 10					
Part V Endowment Funds Cor		1 .							
	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four years back				
1 a Beginning of year balance		4							
b Contributions									
c Net Investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance									
Provide the estimated percentage		lance held as:							
a Board designated or quasi-endow	ıment ►								
b Permanent endowment	<u></u> &								
c Term endowment ►	8 								
3a Are there endowment funds not in organization by:	n the possession of	the organization	that are held and admi	nistered for the	Yes No				
(i) unrelated organizations					3a(i)				
(ii) related organizations					3a(ii)				
b If 'Yes' to 3a(ii), are the related o	organizations listed a	as required on Sc	hedule R?		3b				
4 Describe in Part XIV the intended	duses of the organiz	zation's endowme	ent funds.						
Part VI Investments-Land, B	uildings, and Ed	quipment. See	Form 990, Part X	, line 10.					
Description of investment	(a) Co	st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value				
1a Land			7,272,275.		7,272,275.				
b Buildings			5,865,564.	306,967.	5,558,597.				
c Leasehold improvements									
d Equipment			163,820.	19,299.	144,521.				
e Other									
Total. Add lines 1a through 1e (Column	n (d) must equal Fo	rm 990, Part X, c	olumn (B), line 10(c).).		12,975,393.				
BAA				Sched	ule D (Form 990) 2009				

Part VII Investments-Other Securities See Fo	orm 990, Part X, lir	ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation
(including name of security) Financial derivatives		Cost or end-of-year m	larket value
Closely-held equity interests			
Other			

			-11-11-12-12-12-12-12-12-12-12-12-12-12-
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ►			
Part VIII Investments-Program Related (See I			
(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	uation arket value
		Cost of end-or-year in	arret value
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)			
Part X Other Assets (See Form 990, Part X,		k	
(a) De	scription		(b) Book value
			-
		and the state of t	
Total. (Column (b) must equal Form 990, Part X, col.(B), li	ne 15)		•
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
ACCRUED INTEREST	15,89	96.	
SECURITY/WAITING LIST DEPOSITS	135,12	25.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	151,02		policy or many programming and come of the company

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule	D (Form 990) 2009 ABE'S GARDEN	06-1818302	Page 4
Part XI	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
	al revenue (Form 990, Part VIII,column (A), line 12)		2,827,659.
	al expenses (Form 990, Part IX, column (A), line 25).		3,006,288.
	ess or (deficit) for the year Subtract line 2 from line 1		-178,629.
	unrealized gains (losses) on investments		
	ated services and use of facilities		
	estment expenses		
	r period adjustments		
	er (Describe in Part XIV)		
	al adjustments (net) Add lines 4 through 8	-	
10 Exc	ess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-178,629.
Part XII	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1 Tota	al revenue, gains, and other support per audited financial statements	7 2	2,827,659.
	ounts included on line 1 but not on Form 990, Part VIII, line 12:	And a Proposition of Colors The Colors of Colors	
	unrealized gains on investments	A Committee of the Comm	
	ated services and use of facilities 2b	Va. d. Samone of the control of the	
	overies of prior year grants 2c	The Business of Man. 2 in 1-1-manual of Man. 2 in 1-1-manual of Man. 2 in 1-1-manual of Man. 2 in 1-1-man. 2 in 1-man. 3 in 1-man. 3 in 1-man. 4 in	
	er (Describe in Part XIV)		
	lines 2a through 2d.	2e	
	tract line 2e from line 1	3 2	2,827,659.
	punts included on Form 990 Part VIII, line 12, but not on line 1:	To the state of th	
	estments expenses not included on Form 990. Part VIII, line 7b	The comment of the co	
	er (Describe in Part XIV) 4b		
	lines 4a and 4b	4c	
	al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,827,659.
DarkYII	Reconciliation of Expenses per Audited Financial Statements With Expenses		
	al expenses and losses per audited financial statements	1 1	3,006,288.
	ounts included on line 1 but not on Form 990, Part IX, line 25:		
	ated services and use of facilities 2a		
	or year adjustments 2b	The state of the s	
	er losses 2c	Committee of Commi	
	er (Describe in Part XIV)	Salaman Ann, Tabusan A Salaman Ann, Tabusan A Salaman Ann, Tabusan A Salaman Ann, Salaman Salaman Ann, Sal	
	l lines 2a through 2d	2e	
	tract line 2e from line 1		3,006,288.
	punts included on Form 990 Part IX, line 25 but not on line 1:	Maria i han ga'a na b Maria in han ga'a na b Maria in han ga'a na b Maria in han ga'a na Maria in han an an an an	
	estments expenses not included on Form 990, Part VIII, line 7b		
	er (Describe in Part XIV) 4b	THE STREET OF TH	
	l lines 4a and 4b	4c	
	al expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	<u> </u>	3,006,288.
	V Supplemental Information	in in the second second	
Complete line 4; Pa informatio	this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete thion	t IV, lines 1b and s part to provide :	2b; Part V, any additional
	TELAGRAL COLORD	Schedule D (Form 990) 2009
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Schedule D (Form 990) 2009 ABE 'S GARDEN Part XIV Supplemental Information (continued)	06-1818302	Page 5
Part XIV Supplemental Information (continued)		
	former better	

SCHEDULE L (Form 990 or 990-EZ)

or 990-EZ.

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

2009

Schedule L (Form 990 or 990-EZ) 2009

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 06-1818302 ABE'S GARDEN 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? (a) Name of disqualified person (b) Description of transaction 1 No Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under Š Part 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. (f) Approved by board or committee? (b) Loan to or from the organization? (c) Original principal amount (d) Balance due (e) In default? (g) Written agreement? (a) Name of interested person and purpose Yes No Yes No Yes No From То MICHAEL D. SHMERLING PARTNERS, Х X Х 307,990 DEVELOPMENT PROJECT X 317,429 MICHAEL D. SHMERLING PARTNERS, GP X Х X 1,600,000 1,600,000 DEVELOPMENT PROJECT X 1,917,429 Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (b) Relationship between interested person and the organization (c) Amount and type of assistance (a) Name of interested person Part V Business Transactions Involving Interested Persons. Complete if the organization answered'Yes' on Form 990, Part IV, line 28a, 28b, or 28c. (b) Relationship between interested person and the organization (e) Sharing of organization's (d) Description of transaction (c) Amount of (a) Name of interested person revenues? Yes No REIMBURSEMENT OF EXPENSES CORPORATION CONTRO 350,606. XEBEC MANAGEMENT, INC

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number

06-1818302

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► Attach to Form 990.

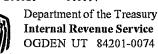
ABE'S GARDEN FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECT A BOARD MEMBER HAS A SISTER THAT IS EMPLOYED WITH THE ORGANIZATION. A PARTNERSHIP, WHICH A BOARD MEMBER IS A CONTROLLING PARTNER OF, HAS LOANS TO THE ORGANIZATION, AS WELL AS AND A LINE OF CREDIT. PLEDGES WERE RECEIVED FROM A BOARD MEMBER. A BOARD MEMBER IS THE MAJORITY STOCKHOLDER OF THE MANAGEMENT COMPANY THAT PROVIDES SIGNIFICANT MANAGEMENT AND ADMINISTRATIVE SERVICES TO THE ORGANIZATION AT COST. FORM 990, PART VI, LINE 3 - DESCRIPTION OF DELEGATED DUTIES TO MANAGEMENT COMPANY THE ORGANIZATION EMPLOYS XMI HOLDINGS, INC. FOR MANAGEMENT SERVICES AT COST. FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS FORM 990 IS REVIEWED BY CERTAIN MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS THE ORGANIZATION HOLDS REGULAR MEETINGS TO DISCUSS POSSIBLE CONFLICTS THAT COULD ARISE. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE THE ORGANIZATION'S DOCUMENTS, FINANCIAL STATEMENTS, AND TAX RETURNS ARE AVAILABLE UPON REQUEST.

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Schedule O (Form 990) 2009	Page 2
	Employer identification number
ABE'S GARDEN	06-1818302
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2009	FEDERAL WORKSHEETS							
CLIENT ABES	ENT ABES ABE'S GARDEN				06-1818302			
6/07/10					09:19AM			
FORM 990, PART IX, LINE 24 OTHER EXPENSES								
	_	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) <u>FUNDRAISING</u>			
CABLE EQUIPMENT RENTAL LICENSES AND FEES MISCELLANEOUS POSTAGE AND SHIPPING TELEPHONE	TOTAL §	11,415. 4,337. 3,155. 4,041. 2,049. 11,494. 36,491.		100 575 35 \$ 710.	300. 221. 1,344. \$ 1,865.			

061818302 For assistance, call:



1-877-829-5500

Notice Number: CP211A Date: June 7, 2010

Taxpayer Identification Number:

06-1818302 Tax Form: 990

Tax Period: December 31, 2009



ABES GARDEN % MICHAEL D SHMERLING 115 WOODMONT BLVD TÑ NASHVILLE 37205-2280993

092073.734989.0273.006 1 AT 0.357 540

092073

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

K

IRS USE ONLY

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is August 15, 2010.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.