990

Department of the Treasury internal Revenue Service

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)

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

OMB No. 1545-0047 2007 Open to Public Inspection

Α	For the	2007 calendar year, or tax year beginning $7/01/07$, and ending -6	/30/	08			
В	Check if app Address cha	28 88			D		identification number 579243
	Name chan	ITTEL ST. MARY VILLA		Boom in the	E	•	ne number 356–6336
	initial return		55)	Room/suite	-		
一	Termination	Specific	<u>_</u>		1 77		g method: Cash
H		Instruction only is former, state of country, and 211 1				Accrual	Other (specify)
님	Amended re	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable	1 11	4 l aga aga aga baga la 4		F07	
Ц	Application	trusts must attach a completed Schedule A (Form 990 or 990-EZ).	1	I are not applicable to solve this a group return for		-	Yes X No
<u>G</u>	Website	: K www. stmaryvilla.org	H(b)	If "Yes," enter number of	of affilia	ites 🕨 🔝	
J	Organiz	ation type	H(c)	Are all affiliates include	d?		Yes No
	(check c	only one) ► X 501(c) (3) ◄ (insert no.) 4947(a)(1) or 527		(If "No," attach a list. See ins	structions	j.)	
ĸ	Check he	if the organization is not a 509(a)(3) supporting organization and its gross	H(d)	Is this a separate return	n filed b	y an	
	receipts a	are normally not more than \$25,000. A return is not required, but if the organization chooses	ļ	organization covered b	y a gro	up ruling?	Yes X No
	to file a re	eturn, be sure to file a complete return.		Group Exemption N	umbei	<u>r▶</u>	
			1	Check ► if th	e orga	inization i	is not required
<u>L</u>	Gross re	eceipts: Add lines 6b. 8b, 9b, and 10b to line 12 ▶ 2, 251, 071		to attach Sch. B (Fo			Z. or 990-PF).
F	art I	Revenue, Expenses, and Changes in Net Assets or Fund B	alanc	es (See the instri	<u>uctio</u>	<u>ns.)</u>	
	1	Contributions, gifts, grants, and similar amounts received:				54	
	a	Contributions to donor advised funds	1a				
	b	Direct public support (not included on line 1a)	1b	386,56			
	С	Indirect public support (not included on line 1a)	1c	187,42	<u>0</u>	4.1	
	1	Government contributions (grants) (not included on line 1a)	1d	92,33	<u>9</u>		
	e	Total (add lines 1a through 1d) (cash \$ 666,324 noncash \$)	1	e	666,324
	2	Program service revenue including government fees and contracts (from Part VII,	. 2	2	1,423,378		
	3	Membership dues and assessments			ľ	3	
	4	Interest on savings and temporary cash investments			. 4	4	12,012
	5	Dividends and interest from securities				5	
	6a	Gross rents	6a).	
	b	Less: rental expenses	6b				
	, c	Net rental income or (loss). Subtract line 6b from line 6a	•		6	ic	
	7	Other investment income (describe See Statement 1)			7	7	148,877
Revenue	8a	Gross amount from sales of assets other (A) Securities		(B) Other		11.1	
۷e۱	"	than inventory	8a		٦.,		
8	Ь	Less: cost or other basis and sales expenses	8b				
	°	Gain or (loss) (attach schedule)	8c		7.V		
	1 .	Net gain or (loss). Combine line 8c, columns (A) and (B)				3d	
	9	Special events and activities (attach schedule). If any amount is from gaming, ch			· -	4	
	a	Gross revenue (not including \$ of			75.3		
	"	contributions reported on line 1b)	9a		15.		
	l b	Less: direct expenses other than fundraising expenses					
	٥	Net income or (loss) from special events. Subtract line 9b from line 9a				Эс	
	10a	· · ·	10a			34	
	b	Less: cost of goods sold	10b				
	C	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b		e 10a	10	0c	
	11	Other revenue (from Part VII, line 103)				11	480
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		• • • • • • • • • • • • • • • • • • • •	1	12	2,251,071
_	13	Program services (from line 44, column (B))				13	1,536,084
ŭ		Management and general (from line 44, column (C))	• • • • • •		. —	14	552,795
9	15	Fundraising (from line 44, column (D))				15	
2000000	4 42	Payments to affiliates (attach schedule)			· ·	16	
L	- 1	Total expenses. Add lines 16 and 44, column (A)				17	2,088,879
-	17					18	162,192
Mot Acrote	18	Net assets or fund balances at beginning of year (from line 12)				19	3,462,687
4	19	Other changes in net assets or fund balances (attach explanation)	e S1	tatement 2	· ⊢	20	-252,804
Š	20	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	· · · · · · · · · · · ·	-, -, -, -, -, -, -, -, -, -, -, -, -, -		21	3,372,075
	21	ret assets of fully palariees at one of year. Commune miles to, to, and zo					

	must o	complete column (A). Co on 4947(a)(1) nonexem	olumns (B), (C), and i ot charitable trusts bu	(D) are required for sec it optional for others (S	ction 501(c)(3) and (4) See the instructions (
Do not include amounts reported on line			(B) Program	(C) Management	
6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)				1. 14. 4 4 1 4.	
(cash \$)					
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule)					
(cash §)			ì		YI YA
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach					
schedule)	23	İ			
24 Benefits paid to or for members (attach					
schedule)	24		}		
25a Compensation of current officers, directors,					
key employees, etc. listed in					
Part V-A See Statement 3	25a	89,733		89,733	
b Compensation of former officers, directors,					
key employees, etc. listed in		ļ		Ì	
Part V-B	25b			İ	
c Compensation and other distributions, not included above,			7 7		
to disqualified persons (as defined under section					
4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included					
on lines 25a, b, and c	26	1,055,495	763,135	292,360	
27 Pension plan contributions not included on					
lines 25a, b, and c	27	49,493	39,438	10,055	
28 Employee benefits not included on lines			/		
· ·	28	147,207	127,724	19,483	
• • • • • • • • • • • • • • • • • • • •	29	81,987	53,959	28,028	
29 Payroll taxes	30				
30 Professional fundraising fees	31	5,500		5,500	
31 Accounting fees	32	5,150		5,150	
32 Legal fees	33	263,461	256,358	7,103	
33 Supplies	34	7,631	2307330	7,631	
34 Telephone	35	1,201	1,201	1,7552	
35 Postage and shipping	36	262,532	216,442	46,090	
36 Occupancy 37 Equipment rental and maintenance	37	3,163	1,826	1,337	
* * * * * * * * * * * * * * * * * * * *	38	5,477	1,026	4,451	
38 Printing and publications	39		27020		
39 Travel	40	6,211	3,828	2,383	
40 Conferences, conventions, and meetings	41	0,211	_3,020	2,303	
41 Interest	42	3,080	3,080		
42 Depreciation, depletion, etc. (attach schedule)	+2	3,000	3,000		
43 Other expenses not covered above (itemize):	120	101,558	68,067	33,491	
a See Statement 4	43a 43b	101,330		33,431	
b					
<u> </u>	43c		 –		
d	43d				
e	43e				
f	43f				
9	43g	-			<u> </u>
44 Total functional expenses. Add lines 22a					
through 43g. (Organizations completing				ļ	
columns (B)-(D), carry these totals to lines	١.,	2 000 970	1,536,084	552,795	0
13-15)	44	2,000,019	1,330,084	1 332,193	
Joint Costs. Check ▶ if you are following SOP 98-2.	&	rojojno nolioji-ijen seese	tod in (B) Broaron or	nicos?	Yes X No
Are any joint costs from a combined educational campaign ar					r Les E NO
. 165, Citter (1) 1116 C33 C3 C1		: (ii) the amou			:
(iii) the amount allocated to Management and generaS	-	; and (IV) the amou	int allocated to Fundraisi	<u> </u>	Form 990 (2007)
DAA					rom 330 (2007)

Part III	Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

programs and accomplishments.	
What is the organization's primary exempt purpose? See Statement 5 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts; but optional for others.)
a PROVIDING CHILD CARE SERVICES TO OVER 250 CHILDREN RANGING FROM INFANTS TO PRESCHOOLERS.	1 536 094
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	1,536,084
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,536,084 Form 990 (2007)

Part Note	e: W	Balance Sheets (See the instructions.) //here required, attached schedules and amounts with	nin the d	descript	ion		(A) Beginning of year		(B) End of year
		olumn should be for end-of-year amounts only.				-+	100		Zilo oi yeai
45	C	ash—non-interest-bearing				. -	291,488		230,795
46	5	avings and temporary cash investments				·	231,400	46	230,193
47	'a A	ccounts receivable	47a		55,1	اهد		** ** ** ** ** ** ** ** ** ** ** ** **	
	a A	ess: allowance for doubtful accounts	47b		9,9		38,985	47c	45,128
	-	000. 4.10.14.10. 10. 404.14. 404.14.1.		1 21 3				Alege	
48	a Pi	ledges receivable	48a		331,9	02			
		ess: allowance for doubtful accounts	48b				98,343	48c	331,902
49		Grants receivable						49	
50	a R	eceivables from current and former officers, director	s, truste	es, and		Ì	_		
	ke	ey employees (attach schedule)				.		50a	
	b R	leceivables from other disqualified persons (as define	ed unde	r sectio	n 4958(f)(1)) a	nd			
	pe	ersons described in section 4958(c)(3)(B) (att. sched	lule)			.		50b	
51	la O	Other notes and loans receivable (attach	1 1						
vi l		chedule)	51a						
SSets		ess: allowance for doubtful accounts					0.70	51c	
∢ 34		nventories for sale or use					272		748
53	- 1 -	Prepaid expenses and deferred charges		_	1 —		2,966		236
	se	ecurities			Cost			54a	
	(a	attach schedule)	• • • • • •		Cost Fi	^v		54b	
55	sa Ir	rvestments—land, buildings, and	55a						
		quipment: basis ess: accumulated depreciation (attach	334			\dashv			
		chedule)	55b					55c	
56		nvestments—other (attach schedule)		See	Stmt 6		3,127,164		2,865,106
1		and, buildings, and equipment; basis	57a		668,3		- /.==/ - 5 -	7	
		ess: accumulated depreciation (attach				\neg			
	S	chedule) See Statement 7	57b		655,0	08	10,729	57c	13,362
58		Other assets, including program-related investments							
Ì	(0	describe >) [· 	58	
59		otal assets (must equal line 74). Add lines 45 through					3,570,047		3,487,284
60	0 A	Accounts payable and accrued expenses			• • • • • • • • • • • • • • • • • • • •		107,360	60	115,209
6	1 0	Grants payable						61	
6:		Deferred revenue				}		62	
sa 6:		oans from officers, directors, trustees, and key empl	oyees (attach					
Liabilities		schedule)		· · · · · ·	• • • • • • • • • • • • • • • • • • • •			63	
Lial P	4a T	Fax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach schedule)				}		64a	
6:		Other liabilities (describe >						64b	
"		Street Habilities (describe >				'		03	
6	6 Т	Fotal liabilities. Add lines 60 through 65					107,360	66	115,209
	rgani	izations that follow SFAS 117, check here ► X	and con	plete li	nes				
		57 through 69 and lines 73 and 74.		•					
Sa 6	7 L	Jnrestricted				l	699,822	67	600,865
ğ 6	8 T	Temporarily restricted					161,470		371,902
Ball 6	9 F	Permanently restricted					2,601,395	69	2,399,308
Fund Balances)rgani	izations that do not follow SFAS 117, check here	▶ ∐	and					
교		complete lines 70 through 74.				ļ			
Net Assets or								70	
set 7		Paid-in or capital surplus, or land, building, and equip						71	
8 7		Retained earnings, endowment, accumulated income						72	
ğ 7		Total net assets or fund balances. Add lines 67 thro	-						
		70 through 72. (Column (A) must equal line 19 and c					3,462,687	72	3,372,075
,,	9 م	equal line 21) Total liabilities and net assets/fund balances. Add	lines 69				3,570,047	7/	3,372,073
	4	Total naulities and het assetshand balances. Add	111103 00	/ allu / 3	<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	3,310,041	1 /4	2,301,204

orm	990 (2007) ST. MARY'S ORPHANAGE D/B/A	62-057				Page	: 5
Pa	art IV-A Reconciliation of Revenue per Audited Financial Sta instructions.)	tements With	Revenue per l	Retur	n (See th	ne	_
a	Total revenue, gains, and other support per audited financial statements			а	1,9	98,26	7
b	Amounts included on line a but not on Part I, line 12:	1 1		.			
1	Net unrealized gains on investments	b1	-252,804				
2	Donated services and use of facilities	b2		.			
3	Recoveries of prior year grants	<u>b3</u>					
4	Other (specify):			·]			
	Add lines b1 through b4			ь		252,80	
C	Subtract line b from line a			<u> </u>		251,07	<u> </u>
d	Amounts included on Part I, line 12, but not on line a:	1 1					
1	Investment expenses not included on Part I, line 6b						
2		امدا					
	Address March 10						
	Add lines d1 and d2			d		251 07	_
e D	Total revenue (Part I, line 12). Add lines c and d art IV-B Reconciliation of Expenses per Audited Financial St	atamanta Mi	th Evnonge no	e Do		251,07	<u> </u>
				erke		088,87	70
a	Total expenses and losses per audited financial statements Amounts included on line a but not Part I, line 17:			a		000,01	
b		ь1					
1	Donated services and use of facilities Prior year adjustments reported on Part I, line 20	 					
3				11			
ى	Losses reported on Part I, line 20						
4	Other (specify):	1					
	Add lines h1 through h4		· · · · · · · · · · · · · · · · · · ·	b			
С	Add lines b1 through b4			c	2	088,87	7 9
d	Subtract line b from line a Amounts included on Part I, line 17, but not on line a:			N		000,0	
1	Investment expenses not included on Part I, line 6b	a1					
2	Other (specify):						
-							
	Add lines d1 and d2			d			
	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d			e	2	088,8	79
P.	art V-A Current Officers, Directors, Trustees, and Key Emple						_
	or key employee at any time during the year even if they were not cor			00	cr, director,	udotee,	
		(B)	(C) Compensation (If not paid, en	ion (D)	Contributions to	(E) Expense	
	(A) Name and address	Title and average hou week devoted to pos	rs per (If not paid, en sition -0)	ter pla	hs & deferred nensation plans	account and or allowances	ther
S	ee Statement B						
]					
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		<u> </u>					
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				-1-			
		I .	j.	- 1		1	

Table Tenter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." f Yes," attach a statement that includes the information described in the instructions. d Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other E (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions. (A) Name and address A) Name and address (B) Loans and Advances (C) Compensation (C) Compen	Yes No
meetings Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) C Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II-A or II-B, receive compensation from any other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions. Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other E (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (IC) Compensation and compensa	X
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II-A or II-B, receive compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions. Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other E (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions. (A) Name and address (B) Loans and Advances (C) Compensation (C) Compensati	
employees listed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part IIA or IIB, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part IIA or IIB, receive compensation and other independent contractors listed in Schedule A, Part IIA or IIB, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization." If "Yes," attach a statement that includes the information described in the instructions. Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Equipment of the instructions of the person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions of prologies penson below and enter the amount of compensation or other benefits in the appropriate column. See the instructions of prologies penson below and enter the amount of compensation or other benefits in the appropriate column. See the instructions of prologies penson below and enter the amount of compensation or other benefits in the appropriate column. See the instructions of prologies penson below and enter the amount of compensation or other benefits in the appropriate column. See the instructions of prologies penson below and enter the amount of compensation or other benefits in the appropriate column. See the instructions of prologies penson below and enter the amount of compensation or other benefits in the appropriate column. See the instructions of prologies penson below and enter the instructions of prologies penson below and enter the inst	
contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions. d Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (described below) during the year person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (C) Compensation (D) Contributions to employee penefit plants 3 deproyee penefit plants 3 deptor plants 3 deptor plants 3 deptor plants 3 deptor plants 3 deptor plants 3 deptor plants 3 deptor plants 3 deptor plants 3 deptor plants 3 deptor plants 3 deptor plants 3 deptor plants 4 deptor plants 4 deptor plants 4 deptor plants 4 deptor plants 4 dep	3
relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions. d Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other E (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (I) Conflicturings to employee penefit parts deferred compensation also deferred compensation deffect deferred compensation deferred compensation deferred compen	3
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions. Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other E (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (D) Contributions to enter 4-) (C) Compensation (D) Contributions to enter 4-) (E) Compensation dans (D) Contributions to enter 4-) (E) Compensation dans (D) Contributions to enter 4-) (E) Compensation dans (D) Contributions to enter 4-) (E) Compensation dans (D) Contributions to enter 4-)	
compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions. Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other E (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions to prolocy benefit plans deferred compensation or other benefits in the appropriate column. See the instructions to find plans and Advances (If not pad, enter 0-) all compensation plans are counted to the organization plans and plans are compensation plans.	
compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions. Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other E (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions to prolocy benefit plans deferred compensation or other benefits in the appropriate column. See the instructions to find plans and Advances (If not pad, enter 0-) all compensation plans are counted to the organization plans and plans are compensation plans.	
independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions. Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other E (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (D) Contributions to employee penefit plans a deferred plans a deferred compensation or all columns. See the instructions all columns and address.	
the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions. d Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other E (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (I) Contributions to employee benefit plans & determed compensation dans alto compensation dans. N/A	
If "Yes," attach a statement that includes the information described in the instructions. d Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other E (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (C) Comp	
Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other E (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (I) Contributions to employee benefit denter -0-) account alice. N/A	7
Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other E (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (In to paid, enter -0-) (E) account allowed the compensation plans in the appropriate column. See the instructions to employee benefit plans a deferred compensation plans. (B) Loans and Advances (C) Compensation (D) Contributions to employee benefit plans a deferred compensation plans. (E) account allowed the compensation plans.	
(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (D) Contributions to employee benefit plans & deferred compensation plans (E) account all compensation plans	Panaf
person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (D) Contributions to employee benefit plans & deferred compensation plans (E) account alice	
(A) Name and address (B) Loans and Advances (C) Compensation (D) Contributions to employee benefit plans & deferred compensation plans (E) accourage to employee the plans and Advances (E) accourage to employee the plans and E) accourage to employee the employee the plans and E) accourage to employee the employee	ar, not ur
N/A compensation plans alik) Expense
N/A	unt and of
Part VI Other Information (See the instructions.)	Yes I
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a	
detailed statement of each change	
77 Were any changes made in the organizing or governing documents but not reported to the IRS? 77	
If "Yes," attach a conformed copy of the changes. 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	
#sia ashun0	
this return? 5 If "Yes," has it filed a tax return on Form 990-T for this year? 78a 78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach	
a statement 79	
80a Is the organization related (other than by association with a statewide or nationwide organization) through	
common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt	
organization? b If "Yes," enter the name of the organization ▶ DIOCESE OF NASHVILLE	
b If "Yes," enter the name of the organization ▶ DIOCESE OF NASHVILLE	X
and check whether it is X exempt or nonexempt 81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0	X
b Did the organization file Form 1120-POL for this year?	X

Form	990 (2007) ST. MARY'S ORPHANAGE D/B/A 62-0579243		P	age 7
_	rt VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			ŀ
	or at substantially less than fair rental value?	82a		X
ь	If "Yes," you may indicate the value of these items nere. Do not include this			
_	amount as revenue in Part I or as an expense in Part II.			
	10.1			
00-	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	1
83a		83b		
b				x
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		┝
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- 2-3		.
	gifts were not tax deductible?	84b		ļ
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.			
С	Dues, assessments, and similar amounts from members			
	6 (f. 400/s) 1 by the and outstand concenditions	150		
d		1		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	1700		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	اد آداد آداد	"	-
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	├	 -
'n	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			.
	following tax year? N/A	85h	<u> </u>	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	\$ 14.		1
b	Gross receipts, included on line 12, for public use of club facilities		į vi	-
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a			1
	Gross income from other sources. (Do not net amounts due or paid to other			
b	0.75			
88a	· · · · · · · · · · · · · · · · · · ·			
	partnership, or an entity disregarded as separate from the organization under Regulations sections	-		
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	↓	12
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	<u> </u>	<u> </u>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	1,10		
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	- 2		1-
_	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	5-11		
	a statement evolution and transportion	89b		3
	a statement explaining each transaction	030	 	1-
С	Enter: Amount of tax imposed on the organization managers or disqualified			1
	persons during the year under sections 4912, 4955, and 4958 Enter: Amount of tax on line 89c, above, reimbursed by the organization.	***		
ď	Enter. Autobate of the office of above, reinfourned by the digital auto-			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	-		_
	transaction?	89e	$oldsymbol{ol}}}}}}}}}}}}}}}}}$	7
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	<u> </u>	1
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
		89g	1	1
90a	No. 10 Marie 1997 April 1997 Apri			
			• • • • •	
ь				2
	instructions.)	25/		2 2 5
91a	***************************************	-356	, – .b.	٠٠
	30 WHITE BRIDGE ROAD			
	Located at ► NASHVILLE, TN ZIP + 4 ► 37205			
b				
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	N
	account)?	91b	T	7
	If " Yes," enter the name of the foreign country▶		1	T
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			'
	and Financial Accounts		1	1
	any chiandar nooyanto.		1	

orm 990 (200	7) ST. MARY'S ORPI	HANAGE D/B/	'A	62-0	579243			Page 8
Part VI	Other Information (conti							Yes No
c At any ti	me during the calendar year, did the	organization maintai	n an office or	itside of the United	States?		91c	X
•		_						
2 Section	enter the name of the foreign count 4947(a)(1) nonexempt charitable trues the amount of tax-exempt interest	sts filing Form 990 in	lieu of Form	1041—Check here				▶ ∐
and ente	er the amount of tax-exempt interest	received or accrued	during the tax	year	<u> </u>	▶ 92		
Part VII	Analysis of Income-Prod	ducing Activities	(See the	instructions.)				
Note: Enter gr	ross amounts unless otherwise		Unrelated	business income	Excluded by	section 512, 513, or 514		(E)
ndicated.			(A) usiness code	(B) Amount	(C) Exclusion	(D) Amount		ated or it function
93 Progran	n service revenue:		usiness code	Ainouni	code	Amount	inc	come
a					_ _		1,42	<u>23,378</u>
ь								
				<u> </u>				
d								
е								
f Medica	re/Medicaid payments							
g Fees ar	nd contracts from government agend	cies						
	rship dues and assessments							
	on savings and temporary cash inve				14	12,012		
	ds and interest from securities							
97 Net ren	tal income or (loss) from real estate:		1 615		 	Herend	<u> 12 TA - AM</u>	
	anced property							
	t-financed property							
98 Net ren	tal income or (loss) from personal pi	roperty			111	140 077		
					14	148,877		
	(loss) from sales of assets other that							
	ome or (loss) from special events				+			
	profit or (loss) from sales of inventor	y		· 				
	evenue: a							
ь <u>МА</u>	NAGEMENT FEES			 .				480
c								
d		 -						
e			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0	1.60 000		00.050
	al (add columns (B), (D), and (E))					160,889		23,858
	add line 104, columns (B), (D), and (• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •		1,5	84,747
	05 plus line 1e, Part I, should equal t			of Essenant De	10	on the instruction		
Part VIII								
Line No. ▼	Explain how each activity for w of the organization's exempt or					tantily to the accompi	isnment	
<u> </u>	See Statement 9		, , , , , , , , , , , , , , , , , , , ,					
	See Statement 9	<u>-</u>						
	 							
	 							
Part IX	Information Regarding	Taxable Subsidi	aries and	Disregarded F	ntities (S	ee the instruction	15)	
	(A)	(B)		(C) lature of activities		(D)		E)
	ddress, and EIN of corporation, ership, or disregarded entity	Percentage of ownership interest	N	lature of activities		Total income		of-year ssets
N/.		Omicianip miorosi	%					3613
21/			%					
			%					
			%					
Part X	Information Regarding	Transfers Assoc		Personal Ber	nefit Contr	acts (See the in	structio	ns.)
	the organization, during the year, rec		•					es X No
	the organization, during the year, pa	·						es X No
	"Yes" to (b), file Form 8870 and Form						·	٠٠
				- 			For	m 990 (2007

Form 990 (2007) ST. MARY'S ORPHANAGE I		62-0579243			age 9
Part XI Information Regarding Transfers To is a controlling organization as defined in the second second second second second second second second second second second second second second second second second second sec			if the organiz	ation	
				Yes	No
Did the reporting organization make any transfers to a co the Code? If "Yes," complete the schedule below for each		efined in section 512(b)(13) of			X
(A)	(B)	(C)			_ -
Name, address, of each	Employer ID	Description of	Amo	(D) unt of tra	insfer
controlled entity	Number	transfer			
a					
ь					
c					
Totals					
	142			Yes	No
Did the reporting organization receive any transfers from 512(b)(13) of the Code? If "Yes," complete the schedule	-			Tes	x
(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	Amo	(D) ount of tra	ansfer
a b					
c					
Totals					
108 Did the organization have a binding written contract in el		2006, covering the interest,		Yes	No
Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration of Sign Here Type or print name and title	od this return, including of preparer (other Ihan	accompanying schedules and statements, and to officer) is based on all information of which prepared to the Director	to the best of my knowled arer has any knowled / / / Z Date	edge. /	.008
Paid Preparer's signature Preparer's Affro A. Book	•	Date Check if self- 10/15/08 employed	(See G	er's SSN or en. Instr. X 1564)
Use Only Firm's name (or yours if self-employed). Edmondson Both 12 Cadillac	etzler & M Dr Ste 2: IN 37027	Montgomery PLLC	Phone	-2451	
	21021		nc ▶ 615-	<u>916-3</u>	2100

Form 990 (2007)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2007

Department of the Treasury internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the orga	nization Y'S ORPHANAGE D/B/A ST. MARY VI	T.T. A		Employer iden	tification number
Part I	Compensation of the Five Highest Paid Employee		. Directors.		
* ***	(See page 1 of the instructions. List each one. If the				
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensatio	(d) Contributions empl. benefit plan & deferred como	s account and other
NONE					
	of other employees paid over \$50,000				
Part II-A	Compensation of the Five Highest Paid Independent				
	(See page 2 of the instructions. List each one (whe		S). IT there a		(c) Compensation
NONE	(-)	-	(-) -)		
Total number	of others receiving over \$50,000 for				
professional s	ervices				<u> 전화일을 하면 하다</u>
Part II-B	Compensation of the Five Highest Paid Independ (List each contractor who performed services other firms. If there are none, enter "None." See page 2.0	r than professional ser			ls or
	(a) Name and address of each independent contractor paid more than \$5		(b) Type of	service	(c) Compensation
NONE					
• • • • • • • • • • • • • • • • • • • •					
• • • • • • • • • • • • • • • • • • • •					
Total number \$50,000 for of	of other contractors receiving over her services				

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

Schedule A (Form 990 or 990-EZ) 2007

che	dule A (Form 990 or 990-EZ) 2007 ST. MARY'S ORPHANAGE D/B/A 62-0579243		P	age 2
Pa	art III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$	1		x
	Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		x
b	Lending of money or other extension of credit?	2b		x
С	Furnishing of goods, services, or facilities?	2c		x
d	Payment of compensation (or payment or reimbursement of expenses ii more than \$1,000)? See Part V-A, Form 990	2d	x	<u> </u>
е	Transfer of any part of its income or assets?	2e		x
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		x
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	x	ļ
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	ļ	x
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		x
b	Did the organization make any taxable distributions under section 4966?	4b		\vdash
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		<u> </u>
ď	Enter the total number of donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
9	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	<u> </u>		0

Part I	V Reason for Non-Private Founda	ation Status (See p	pages 4 through 8	of the instr	uctions.)							
certify t	hat the organization is not a private foundation be A church, convention of churches, or association			box.)								
6 <u></u>	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)											
7 🗌	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).											
8 🗌	A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).											
9 🗌	A medical research organization operated in co	injunction with a hospital	. Section 170(b)(1)(A)(i	iii). Enter the l	nospital's nam	e, city,						
	and state ▶			• • • • • • • • • • • • • • • • • • • •								
10	An organization operated for the benefit of a co (Also complete the Support Schedule in Part I		d or operated by a gove	ernmental unit	Section 170(b)(1)(A)(iv).						
11a [An organization that normally receives a substa 170(b)(1)(A)(vi). (Also complete the Support S		from a governmentai ur	nit or from the	general public.	Section						
і1ь [A community trust. Section 170(b)(1)(A)(vi). (A	iso complete the Suppo	rt Schedule in Part IV-	A.)								
12 X	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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)											
13	An organization that is not controlled by any di requirements of section 509(a)(3). Check the b				erwise meets th	e						
	Type I Type II	Type III-Functionally Ini	tegrated Typ	e III-Other								
	Provide the following inform	ation about the suppor	ted organizations. (Se	ee page 8 of th	e instructions.)							
	(a)	(b)	(c)	(0	d)	(e)						
	Name(s) of supported organization(s)	Employer	Type of	is the su	pported	Amount of						
		identification	organization	organizatio	on listed in	support						
		number (EIN)	(described in lines		porting							
			5 through 12		ration's							
			above or IRC section)	governing o	locuments?							
				Yes	No							
					.,,,							
_												
Total					<u> </u>							
14 [An experient expansion and operated to tee	t for public safety. Secti	on 509(a)(4), (Sec. 222	a 8 of the jest	uctions \							

STMARY 10/15/2008 7:35 AM Schedule A (Form 990 or 990-EZ) 2007 ST. MARY'S ORPHANAGE D/B/A Page 4 Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting (e) Total (b) 20C5 (c) 2004 (d) 2003 (a) 2006 Calendar year (or fiscal year beginning in) Gifts, grants, and contributions received. (Do 1,470,900 443,602 393,569 306,375 327.354 not include unusual grants. See line 28.) Membership fees received 16 Gross receipts from admissions, merchandise 17 sold or services performed, or furnishing of facilities in any activity that is related to the 1,433,798 1,416,189 1,246,979 1,298,659 organization's charitable, etc., purpose 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the 247,338 485,709 229,616 230,303 1,192,966 organization after June 30, 1975 Net income from unrelated business 0 activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on 0 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 0 public without charge Other income, Attach a schedule, Do not include gain or (loss) from sale of capital assets 2,363,109 2,057,096 782,970 1,856,316 Total of lines 15 through 22 929,311 640,907 535,991 557. 657 24 Line 23 minus line 17 830 23,631 20.571 18. 563 25 Enter 1% of line 23 0 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b Total support for section 509(a)(1) test: Enter line 24, column (e) 26c Add: Amounts from column (e) for lines: 18 e Public support (line 26c minus line 26d total) 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person," Do not file this list with your return. Enter the sum of such amounts for each year: (2005) 0 (2004) 0 b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: Add: Amounts from column (e) for lines: 17 _ 5,395,625 20 d Add: Line 27a total and line 27b total Public support (line 27c total minus line 27d total) 6,866,525 Total support for section 509(a)(2) test: Enter amount from line 23, column (e) g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 85.1980% h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, Yes No 29 29 other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 30 brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes." please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 33a Admissions policies? Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? Educational policies? Use of facilities? 33f Athletic programs? 33g Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? 34a Has the organization's right to such aid ever been revoked or suspended? 34b If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

ÇΠE	edule A (Form 990 or 990-EZ) 2007 S	T. MARY'S O	RPHANAGE D/	B/A	62-0579	
	art VI-A Lobbying Expen	ditures by Electin I ONLY by an eligi	g Public Charities	s (See page 11		s.)
Chec		ongs to an affiliated grou			cked "a" and "limited o	ontrol" provisions apply
	Limits o	n Lobbying Exper	nditures		(a) Affiliated group totals	(b) To be completed for all electing
		itures" means amounts				organizations
	Total lobbying expenditures to influence			36		
37	Total lobbying expenditures to influence	e a legislative body (dir	ect lobbying)	37		
	Total lobbying expenditures (add lines	36 and 37)				
	Other exempt purpose expenditures			39		
	Total exempt purpose expenditures (a			40		To do a
11 !	Lobbying nontaxable amount. Enter th					
1	If the amount on line 40 is-		ntaxable amount is-			
	Not over \$500,000	20% of the amount				
	Over \$500,000 but not over \$1,000,000					
	Over \$1,000,000 but not over \$1,500,000					
	Over \$1,500,000 but not over \$17,000,000				시민 경험 소개를 받았다	
	Over \$17,000,000					
	Grassroots nontaxable amount (enter			42		
	Subtract line 42 from line 36. Enter -0- Subtract line 41 from line 38. Enter -0-			44	·····	+
14	Subtract line 41 from line 36. Effet 40	I lifte 41 is more than				
	Caution: If there is an amount on eith	erline 43 orline 44 voi	rmust file Form 4720			
	Caution. If there is an amount on ear		aging Period Und	er Section 501	(h)	<u> </u>
	(Some organizat	ions that made a section			• •	below.
	(00.110 0190111201	See the instructions for				
_						
			Lobbying Expe	nditures During 4-	Year Averaging Perio	d
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in)	2007	2006	2005	2004	Total
		1				
	Lobbying nontaxable amount		Fut our management	Na For Na Auto		
	Lobbying ceiling amount (150% of					· • I
						· 数
	line 45(e))	1986 (1884 - 1884 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 -	. 131 11 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			朝 [2]
47	Total lobbying expenditures			्राप्ताः । विकासी संबद्धाः ।		
	Total lobbying expenditures					
48	Total lobbying expenditures Grassroots nontaxable amount					
48 49	Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of					
48 49	Total lobbying expenditures Grassroots nontaxable amount					
48 49	Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of					
48 49 50	Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Part VI-B Lobbying Activity	ty by Nonelecting	Public Charities			
48 49 50	Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Part VI-B Lobbying Activity		Public Charities		.) (See page 14 o	f the instructions.)N/A
48 49 50	Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Part VI-B Lobbying Activity	ly by organization	Public Charities s that did not com	plete Part VI-A		f the instructions.)N/A
48 49 50 Dur	Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Part VI-B Lobbying Activity (For reporting or	nly by organization mpt to influence national	Public Charities s that did not com I, state or local legisla	plete Part VI-A		f the instructions.)N/A
48 49 50 Dur	Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Part VI-B Lobbying Activity (For reporting or lining the year, did the organization atterempt to influence public opinion on a least Volunteers	nly by organization mpt to influence national egislative matter or reference.	Public Charities s that did not com I, state or local legisial rendum, through the us	plete Part VI-A ion, including any se of:	Yes	
48 49 50 Dur	Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Part VI-B Lobbying Activity (For reporting or lining the year, did the organization atterempt to influence public opinion on a least Volunteers	nly by organization mpt to influence national egislative matter or reference.	Public Charities s that did not com I, state or local legisial rendum, through the us	plete Part VI-A ion, including any se of:	Yes	
48 49 50 Dur atte	Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Part VI-B Lobbying Activity (For reporting or lining the year, did the organization atterempt to influence public opinion on a least Volunteers Paid staff or management (Include Media advertisements	nly by organization npt to influence nationa gislative matter or refer compensation in expen	Public Charities s that did not com l, state or local legislatendum, through the usses reported on lines of	nplete Part VI-A tion, including any se of:	Yes	
48 49 50 Dur atte	Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Part VI-B Lobbying Activity (For reporting or lining the year, did the organization atterempt to influence public opinion on a least volunteers Paid staff or management (Include Media advertisements Mailings to members, legislators, or	nly by organization mpt to influence national egislative matter or refer compensation in expen the public	Public Charities s that did not com I, state or local legislate rendum, through the us ses reported on lines of	nplete Part VI-A ion, including any se of:	Yes	
48 49 50 Durratte a b	Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Part VI-B Lobbying Activity (For reporting or uring the year, did the organization atterempt to influence public opinion on a lease Volunteers Paid staff or management (Include Media advertisements Mailings to members, legislators, or Publications, or published or broadce	nly by organization mpt to influence national egislative matter or refer compensation in expen the public cast statements	Public Charities s that did not com I, state or local legislate rendum, through the us ses reported on lines of	nplete Part VI-A ion, including any se of:	Yes	
48 49 50 Dur atte a b c	Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Part VI-B Lobbying Activity (For reporting or uring the year, did the organization atterempt to influence public opinion on a lease Volunteers Paid staff or management (Include Media advertisements Mailings to members, legislators, or Publications, or published or broaders Grants to other organizations for lot	nly by organization mpt to influence national regislative matter or refer compensation in expense the public cast statements bying purposes	Public Charities s that did not com	iplete Part VI-A ion, including any se of:	Yes	
48 49 50 Durratte a b c d e f	Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Part VI-B Lobbying Activity (For reporting or uring the year, did the organization after empt to influence public opinion on a lease Volunteers Paid staff or management (Include Media advertisements Mailings to members, legislators, or Publications, or published or broader Grants to other organizations for lot grants to other organizations, their	nly by organization mpt to influence national egislative matter or refer compensation in expens the public cast statements obying purposes staffs, government office	Public Charities s that did not com. I, state or local legislate endum, through the uses reported on lines contains a session of the contains and the contains a session of th	iplete Part VI-A ion, including any se of: through h.)	Yes	
Dur atte a b c d e f g h	Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Part VI-B Lobbying Activity (For reporting or line to influence public opinion on a least volunteers Paid staff or management (Include Media advertisements Mailings to members, legislators, or Publications, or published or broader Grants to other organizations for lot go Direct contact with legislators, their hallies, demonstrations, seminars,	nly by organization mpt to influence national gislative matter or refer compensation in expen the public cast statements obying purposes staffs, government offic conventions, speeches	Public Charities s that did not com. I, state or local legislate endum, through the uses reported on lines contains a session of the contains and the contains a session of th	iplete Part VI-A ion, including any se of: through h.)	Yes	
50 Puratte	Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures Part VI-B Lobbying Activity (For reporting or limit to influence public opinion on a least volunteers Paid staff or management (Include Media advertisements Mailings to members, legislators, or Publications, or published or broader Grants to other organizations for lot price to contact with legislators, their Rallies, demonstrations, seminars,	nly by organization mpt to influence national egislative matter or refer compensation in expen the public cast statements obying purposes staffs, government offic conventions, speeches mes c through h.)	Public Charities s that did not com l, state or local legislatendum, through the usses reported on lines of chartendum, a legislative bounded.	nplete Part VI-A nion, including any se of: through h.)	Yes	

Schedule A (Form 990 or 990-EZ) 2007

 $_{\text{Form}}$ 4562

Department of the Treasury internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No.

Name(s) shown on return ST. MARY'S ORPHANAGE D/B/A

ST. MARY VILLA

Identifying number 62-0579243

	<u> </u>						
	ss or activity to which this form relates	~					
	direct Depreciati	se Certain Prop	erty Under Secti	on 179			
Pa	rt I Election To Expens Note: If you have a				complete Pa	art I.	
	Maximum amount. See the instruct				001.75.010	1	125,000
1	Total cost of section 179 property p					2	
2	Threshold cost of section 179 prop			• • • • • • • • • • • • • • • • • • • •		3	500,000
3	Reduction in limitation. Subtract lin			* * * * * * * * * * * * * * * * * * * *	• • • • • • • • • • • • • • • •	4	
4 5	Dollar limitation for tax year. Subtract line			d filing separately, so	ee instructions		
- -	(a) Description			Cost (business us		lected cost	
6							
<u> </u>							
7	Listed property. Enter the amount f	rom line 29			7		
8	Total elected cost of section 179 p		s in column (c), lines	6 and 7		8	
9	Tentative deduction. Enter the small			******		9	
10	Carryover of disallowed deduction				· · · · · · · · · · · · · · · · · · ·	10	
11	Business income limitation. Enter t					s) 11	
12	Section 179 expense deduction. Ad					12	2
13	Carryover of disallowed deduction				13		
Note	Do not use Part II or Part III below	for listed property. Ir	istead, use Part V.				
Pa	rt II Special Depreciation	on Allowance a	nd Other Depred	iation (Do no	t include liste	ed property	(.) (See instructions.)
14	Special allowance for qualified Nev	w York Liberty or Gul	f Opportunity Zone pr	operty (other than	n listed		
	property) and cellulosic biomass e	thanol plant property	placed in service dur	ing the tax year (see instructions)	14	1
15	Property subject to section 168(f)(1) election				15	5
16	Other depreciation (including ACR					16	3,080
Pa	rt III MACRS Depreciati	on (Do not inclu	ide listed proper	ty.) (See instr	uctions.)		
			Section	Α			
17	MACRS deductions for assets place	ced in service in tax y	ears beginning befor	e 2007			0
18	If you are electing to group any assets p						
	Section B-As		ice During 2007 Tax	Year Using the	General Deprec	ation System	1
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecial (business/investment only-see instruction	use (a) headerly	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
ь	5-year property						
С	7-year property						
d	10-year property						
ее	15-year property					<u> </u>	
f_	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental			27.5 yrs	MM	S/L	
	property			27.5 yrs.	MM	S/L	
i	Nonresidential real		· -	39 yrs.	MM	S/L	
	property				MM	S/L	
	Section C-Ass	ets Placed in Service	e During 2007 Tax Y	ear Using the A	Iternative Depre	ciation Syste	m
<u>20a</u>	Class life					S/L	
	12-year			12 yrs.	ļ	S/L	
	40-year	<u> </u>	L	40 yrs.	MM	S/L	
<u>P</u> :	art IV Summary (see ins				·-·		
21	Listed property. Enter amount from						1
22	Total. Add amounts from line 12, I	-		· ·			
	Enter here and on the appropriate			orporations-see i	nstr.	2:	2 3,080
23	For assets shown above and place	-					
	enter the portion of the basis attrib	outable to section 260	3A COSIS		23		I

10/15/2008 7:35 AM

STMARY ST. MARY'S ORPHANAGE D/B/A 62-0579243 Federal Statements

FYE: 6/30/2008

Statement 1 - Form 990, Part I, Line 7 - Other Investment Income

Description	<u>.</u>	Amount
PERM. RESTRICTED ASSETS RETUR	\$	73,467
UNRESTRICTED ASSETS RETURN	_	75,410
Total	\$_	148,877

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

		Amount			
Net Unrealized	Net Unrealized Gains		Investments	\$ -252,8	
Total				\$	-252,804

10/15/2008 7:35 AM **Federal Statements**

62-0579243

FYE: 6/30/2008

Statement 3 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
Expenses	\$	\$	\$
Compensation		89,733	
Total	\$0	\$ 89,733	\$ 0

62-0579243

Federal Statements

FYE: 6/30/2008

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	 _	Total Expenses		Program Service	_	Mgt & General		Fund- Raising
Expenses	Ş		\$		Ş		Ş	
CLEANING SERVICES		41,045		33,246		7,799		
OTHER PROFESSIONAL SERVICES		14,107				14,107		
MISCELLANEOUS EXPENSES		10,020				10,020		
INSURANCE		9,001		8,478		523		
MARKETING		1,042				1,042		
BAD DEBT EXPENSE		26,343	_	26,343	_			
Total	\$_	101,558	\$_	68,067	S	33,491	\$_	0

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FYE: 6/30/2008

Federal Statements

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Statement 5 - Form 990, Part III - Organization's Primary Exempt Purpose

Description

TO PROVIDE QUALITY CHILD CARE FOR CHILDREN WHOSE PARENTS ARE WORKING OR ARE IN EDUCATION/TRAINING PROGRAMS, AND TO FOSTER, DEVELOP, PROMOTE AND OPERATE SERVICES AND PROGRAMS DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS.

62-0579243

Federal Statements

FYE: 6/30/2008

Statement 6 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning	End of	Basis of	
	of Year	Year	Valuation	
INTEREST IN PERPETUAL TRUST	\$ 2,601,396	\$ 2,399,308	Market	
QUASI-ENDOWMENT	525,768	465,798	Market	
Total	\$ 3,127,164	\$ 2,865,106		

Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

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1 1 -	1 .	I I ()	111 31 1	
	,	-۲۰	tion	

Besenption								
	_	Beginning of Year	_	Accum Depr	_	End of Year	_	Accum Depr
	\$_	662,657	\$_	651,928	\$_	668,370	\$_	655,008
Total	\$	662,657	\$_	651,928	\$_	668,370	\$_	655,008

62-0579243

FYE: 6/30/2008

Federal Statements

Statement 8 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	_Benefils_	Expenses
HANNAH CASSIDY 424 CHURCH ST. NASHVILLE TN 37219	PRESIDENT	0	0	0	0
FRANK CARUSO 3322 WEST END AVE. NASHVILLE TN 37203	VICE PRES.	0	0	0	0
MIKE HOGREFE 9400 ASHFORD PLACE BRENTWOOD TN 37027	TRESURER	0	0	0	0
DEBORA GLENNON 2048 TIMBERWOOD DR. NASHVILLE TN 37215	SECRETARY	0 .	0	0	0
ELAINE FLICK 2400 21ST AVENUE S. NASHVILLE TN 37212	BOARD MEMBER	0	0	0	0
BECKY BOWMAN 506 WOODHURST DR. NASHVILLE TN 37220	BOARD MEMBER	0	0	0	0
JAMES A. O'NEILL JR., M.D. 324 VAUGHN ROAD NASHVILLE TN 37221	BOARD MEMBER	0	0	0	0
ANGELLE ROSATA 2023 OLD HICKORY BLVD. NASHVILLE TN 37215	BOARD MEMBER	0	0	0	0
SUSAN NEY 2019 R1CHARD JONES RD. NASHVILLE TN 37215	BOARD MEMBER	0	0	0	0

62-0579243

Federal Statements

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FYE: 6/30/2008

NASHVILLE TN 37205

Statement 8 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
KEN STEVERSON 1346 CHIPPENDALE CIRCLE COLUMBIA TN 38401	BOARD MEMBER	0	0	0	0
MICHAEL MILLER 30 WHITE BRIDGE RD.	EX. DIRECTOR	40	83,636	6,097	0

62-0579243

Federal Statements

10/15/2008 7:35 AM

FYE: 6/30/2008

Statement 9 - Form 990, Part VIII - Relationship of Activities

Line No.

Description

93a

TO PROVIDE QUALITY CHILD CARE FOR CHILDREN WHOSE PARENTS ARE WORKING OR ARE IN EDUCATION/TRAINING PROGRAMS, AND TO FOSTER, DEVELOP, PROMOTE AND OPERATE SERVICES AND PROGRAMS DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL NEEDS.

62-0579243

Form 990, Page 1

10/15/2008 7:35 AM

FYE: 6/30/2008

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other	Depreciation:	10/01/01			22:			_
1 2	Playground equipment	12/31/84 12/31/84	804 2,490		804 2,490	5 MO S/L 5 MO S/L	804 2,490	0
4 3	Climber Playground equipment	12/31/84	1,297		1,297	5 MO S/L 5 MO S/L	2,490 1,297	0
4	Playground equipment and tables	12/31/86	674		674	5 MO S/L	674	0
5 6	Playground Playground equipment	6/30/89 5/30/92	980 1,592		980 1,592	5 MO S/L 5 MO S/L	980 1,592	0
7	Playground equipment	12/07/92	665		665	5 MO S/L	665	0
	Playground equipment	10/12/93	3,770		3,770	5 MO S/L	3,770	0
9	Playground equipment Playground fence	6/30/94 4/11/95	11,796 2.926		11,796 2,926		11,796 2,926	0
10 11	Handicap ramp and tricycle path	6/07/95	865		865	5 MO S/L	2,920 865	0
12	Pedestal drinking fountain	6/30/95	1,244		1,244	5 MO S/L	1,244	0
13	Playground - airplane, dixie bug	9/24/96 6/30/97	1,245 15,866		1,245 15,866	5 MO S/L 5 MO S/L	1,245	0
	Playground equipment - Explorer Playground equipment - VCC	10/01/97	5.086		5,086		15,866 5,086	0
16	Playground - racecar and airplane	11/01/97	1,245		1,245	5 MO S/L	1,245	0
17	Playground equipment - Explorer	6/16/98 6/24/98	9,076 14,327		9,076 14,327	5 MO S/L 5 MO S/L	9.076	0
18 19	Playground - Genesis 4 Mini Camival File cabinet	6/08/83	14,327		14,327	5 MO S/L	14,327 144	0
20	Office furniture	7/12/85	138		138	5 MO S/L	138	0
21 22	Telephone equipment Hard disk	2/28/89 2/02/90	371 400		371 400		371 400	0 0
23	Panasonic printer	4/30/90	327		327	5 MO S/L	327	0
24	Timeclock	4/17/91	567		567		567	0
25 26	Computer software Computer software - MAS 90	5/30/92 5/30/92	3,245 1,050		3,245 1,050		3,245	0
20 27	Computer hardware	1/19/93	473		473		1,050 473	0
	Computer software - MAS 90 upgrade	9/22/93	319		319	5 MO S/L	319	0
29 30	Computer hardware Computer hardware	11/17/93 12/29/93	195 475		195 475	-	195 475	0
31	Computer hardware	3/24/94	604		604		604	0
32	End table	6/30/94	179		179	5 MO S/L	179	0
33 34	Computer hardware Office chair	10/11/94 3/30/95	870 156		870 156		870 156	0 0
35	Corporate table display	6/30/95	5,400		5,400		5,400	0
36	Fax machine	11/01/95	270		270	5 MO S/L	270	0
37	Computer credenza Computer hardware and software	2/13/96 4/09/96	400 3,576		400 3,576		400 3 576	0
39	Walnut computer table	6/10/97	272		3,370 272		3,576 272	0
40	Office equipment - VCC	10/01/97	6,780		6,780	5 MO S/L	6.780	0
41	Table, wingback chair and pictures Blue leather loveseat	1/14/98 1/14/98	673 623		673 623		673 623	0
43	Computer upgrade	1/27/98	10,400		10,400		10,400	0
	Telephone system	6/26/98	3,127		3,127		3,127	0
45 46	Software - family data Netgear computer upgrade	4/12/99 5/14/99	605 3,713		605 3.713		605 3,713	0
47		12/31/88	839		839	5 MO S/L	839	0
	Indoor equipment	3/31/89	7,819		7,819	5 MO S/L	7,819	0
49 50	Indoor equipment Refrigerator	4/30/89 5/31/89	1,331 170		1,331 170		1,331 170	0
51	Washer	5/31/89	315		315		315	0
52	Cots	2/28/90	434		434	5 MO S/L	434	0
53 54	Cots Firetruck	10/15/90 5/31/91	283 295		283 295		283 295	0
55	Cots and tricycles	5/31/91	273		293 273	5 MO S/L	273	0
56	Changing table	2/08/93	275		275	5 MO S/L	275	0
57 58	Cots Cots	6/30/93 6/30/94	200 587		200 587		200 587	0
59	12" pre-school chairs (14)	4/17/95	321		321	5 MO S/L	321	0
60	14" pre-school chairs (20)	4/19/95	255		255	5 MO S/L	255	0
61	Stack cots (9 sets) Cots (32)	9/06/95 2/01/96	73 <i>5</i> 706		735 706		735 70 6	0
63	Blue stack chairs (38)	2/05/96	644		644	5 MO S/L	644	ŏ
64	Chairs, bean bags and storage units	9/11/96	3,655		3,655	5 MO S/L	3,655	0
65	Program equipment - VCC Walkie talkies (4)	10/01/97 11/01/97	6,888 508		6,888 508		6,888 508	0
67	Sony portable phones (2)	11/19/97	180		180	5 MO S/L	180	0
68	900inhz cordless phones (2)	5/29/98	432		432	5 MO S/L	432	0
1								

STMARY ST. MARY'S ORPHANAGE D/B/A 62-0579243 Federal Asset Report FYF: 6/30/2008 Form 990, Page 1

	D . Take	Date			Sec	Basis	_		
Asset	Description	In Service	Cost	<u>%</u>	<u>179Bonus</u>		PerConv Meth	Prior	Current
69 70	Whirlpool dryer Outdoor signs	5/14/99 9/30/86	395 421			395 421	5 MO S/L 5 MO S/L	395 421	0
71	Architect fees	3/20/87	4,200			4,200		4,200	0
72	Architect fees	7/20/87	3,641			3,641	5 MO S/L	3,641	ŏ
73 74	Wall construction Architect fees	4/14/88 4/29/88	1,552 2,982			1,552		1,552	0
75	Architect fees	6/30/88	2,962			2,982 2,450		2,982 2,450	0
76	CDC renovation	12/31/88	260,587			260,587		260,587	0
7 7	Portable rental	12/31/88	17,817			17,817	12 MO S/L	17,817	ŏ
78 79	Portable phone hook-up Architect fees	12/31/88 12/31/88	1,600 22,604			1,600		1,600	0
80	CDC renovation	2/28/89	19.338			22,604 19,338		22.604 19,338	0
81	Architect fees	2/28/89	4,513			4,513		4,513	0
	Portable rental	3/31/89	1,461			1,461		1,461	0
83 84	North wing leasehold improvement CDC renovation	3/31/89 6/30/89	3,804 22,773			3,804		3,804	0
85	Architect fees	6/30/89	77			2 2, 773 77		22,773 77	0 0
86	Drink fountain	6/29/90	450			450		450	0
		2/28/92	736			736		736	0
88 89	CDC renovation CDC renovation	3/31/92 11/30/92	187 1,096			187		187	0
	Landscaping	4/13/93	673			1,096 673	12 MO S/L 5 MO S/L	1,096 673	0 0
91	Paint office	9/14/93	1,875			1,875		1,875	0
92	Alarm covers	11/17/93	331			331	5 MO S/L	331	0
93 94	Blinds crown CDC carpet	4/26/94 4/29/94	2,263 5.125			2,263 5,125	5 MO S/L 5 MO S/L	2,263	0
95	Bronze signs (4)	10/21/94	260			260		5,125 260	0 0
96	Ceramic tile bathroom floors	12/01/95	3,350			3,350	5 MO S/L	3,350	ŏ
97	Vinyl tile classroom flooring	12/12/95	1,470			1,470		1,470	0
98 99	Bathroom partitions CDC painting	4/09/96 9/24/96	686 2,200			686 2,200		686	0
100	Ceramic tile backsplash	10/31/96	2,400			2,200 2,400	5 MO S/L	2,200 2,400	0
101	Painting	11/01/96	1.605			1,605	5 MO S/L	1,605	ŏ
102	Reinstall lavatories	12/05/96	1,423			1,423	5 MO S/L	1,423	0
103 104	Carpet readiness area Leasehold improvements - VCC	6/17/97 10/01/97	2,200 26.253			2,200 26,253	5 MO S/L 5 MO S/L	2,200	0
	Painting and repair	2/11/98	865			20,233	5 MO S/L	26,253 86 5	0
106		4/08/97	300			300	5 MO S/L	300	ŏ
107 108		4/08/97 3/12/97	944			944	5 MO S/L	944	0
109	Stack chairs (21) Ricoh copier	2/28/97	377 3,500		•	377 3,500	5 MO S/L 5 MO S/L	377 3,500	0 0
110	Navy-striped loveseat	6/10/97	569			569		569	0
111	MAS 90 for Windows upgrade	3/10/98	2,920			2,920		2,920	ŏ
112	Upholstery for chairs (2) Tables - St. Henry's program	1/28/99 11/01/96	505			505	5 MO S/L	505	0
114	Sand and water play table	2/11/97	1,160 210			1,160 210	5 MO S/L 5 MO S/L	1,160 210	0 0
115	Dryer	8/13/99	733			733	5 MO S/L	733	0
	Cots (10)	10/19/99	258			258	5 MO S/L	258	Õ
	Carpet Sinks and cabinets (2)	10/ 29/99 12/21/99	70 0 240			700		700	0
	Wall	12/21/99	350			240 350		240 350	0 0
	Program equipment	9/15/99	450			450		450	ő
	Downstairs baths	2/08/00	2,430			2,430	5 MO S/L	2,430	0
122	Couch and loveseat Carpet	4/13/00 4/28/00	1,522 2,800			1,522		1,522	0
124	Dinosaur playground	11/29/00	500			2,800 500	5 MO S/L 5 MO S/L	2,800 500	0 0
125	Carpet and tile	1/30/01	16,614			16,614		16,614	ő
126	Changing table Painting	2/28/01	540			540	5 MO S/L	540	0
	OKI printer	3/09/01 3/30/01	3,430 479			3,430 479		3,430 479	0
	Painting	4/30/01	3,320			3,320		3,320	0 0
	Building air conditioner	5/10/01	402			402	5 MO S/L	402	Õ
	Glider rocker Blocks of Fun	6/22/01 6/22/01	252			252	5 MO S/L	252	0
	Shapes and alpha rugs	6/22/01	387 695			387 695	5 MO S/L 5 MO S/L	387 695	0
134	6 Angeles Basic 14inch trike	6/29/01	600			600		600	0
135	2 slid-lid storage	6/30/01	613			613	5 MO S/L	613	ŏ
	Fence MAS 90 software	7/30/01 7/17/01	493 2,235			493		493	0
138	Daycare interior-paint	3/18/02	3,515			2,235 3,515	5 MO S/L 5 MO S/L	2,235 3,515	0
139	Downstairs painting	2/23/02	3,660			3,660		3,660	ŏ

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Federal Asset Report

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Date Basis In Service Cost % 179Bonus for Depr Description PerConv Meth Prior Current Asset 7/27/01 540 540 MO S/L 140 Infant changing table 5 5 5 5 540 0 660 Rest Mats 11/13/01 660 MO S/L 660 0 141 Complete computer system 142 12/01/01 14,181 14,181 MO S/L 14,181 0 5/30/03 143 1/5 of street sign 3,855 3,855 MO S/L 3,148 707 12/29/03 300 300 144 1/5 of fixtures on sign MO S/L 210 60 293 400 400 145 Changing Island 10/31/03 MO S/L 80 8/31/03 349 349 MO S/L 268 146 5 section locker 69 5 900 900 3 Dell computers & monitors 6/22/06 MO S/L 180 180 147 155 217 2 washing machines 6/21/06 776 776 5 155 148 MO S/L 1,629 10/16/06 1,629 Food Warmer MO S/L 149 326 150 Dryer 3/26/07 415 415 MO S/L 21 83 2,896 2,896 2/13/07 241 579 (2) Laptop Computers MO S/L 151 152 Refrigerator 6/13/07 445 445 89 MO S/L 153 Calvin the Caterpillar 6/30/07 861 861 MO S/L 0 172 Climbing Tunnel
(3) COMPUTERS - MODEL #881 154 6/30/07 2,644 2,644 MQ S/L 529 6/30/08 2,700 5 2,700 MO S/L 0 155 0 CLIMBER FOR DEV. CENTER 5 6/30/08 300 300 MO S/L 0 0 156 2,400 2,400 5 157 ECE CURRICULUM 6/30/08 MO S/L 0 0 5 PRINTER - MIKE 8/31/07 284 158 284 MO S/L 47 30 11/30/07 30 5 MO S/L 159 FAX MACHINE 0 4

> Total ACRS and Other Depreciation 668.376 668,376 651,932 **Grand Totals** 668,376 668,376 651,932 Less: Dispositions 0

0

668,376

Less: Start-up/Org Expensed Net Grand Totals 668,376

Total Other Depreciation

0 0 651.932 668,376

668,376

10/15/2008 7:35 AM

651,932

0

3,080

3,080

3,080

3,080

0

0

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FYE: 6/30/2008

AMT Asset Report

Form 990, Page 1

Date Bus Sec Basis Description Cost 179Bonus for Depr PerConv Meth Prior Asset In Service Other Depreciation: 0 Playground equipment 12/31/84 0 Climber 12/31/84 0 0 HY 0 0 0 Playground equipment 12/31/84 0 HY 0 0 Playground equipment and tables 12/31/86 0 0 0 HY 0 6/30/89 Playground 0 0 Playground equipment 5/30/92 0 0 0 0 Playground equipment 12/07/92 0 HY 0 0 Playground equipment 10/12/93 HY 0 0 Playground equipment 6/30/94 0 0 HY 0 0 Playground fence 4/11/95 0 0 0 Handicap ramp and tricycle path 6/07/95 0 HY 0 0 Pedestal drinking fountain 6/30/95 0 0 HY Playground - airplane, dixie bug 0 13 9/24/96 HY 0 0 ŏ 6/30/97 Playground equipment - Explorer 0 0 Playground equipment - VCC 0 ō 10/01/97 0 0 15 HY Playground - racecar and airplane 11/01/97 0 0 0 Playground equipment - Explorer 6/16/98 0 0 HY Playground - Genesis 4 Mini Carnival 6/24/98 0 0 0 0 6/08/83 0 0 0 File cabinet HY 0 7/12/85 20 Office furniture 0 0 Telephone equipment 2/28/89 0 0 0 0 Ō Hard disk 2/02/90 0 0 HY Panasonic printer 4/30/90 0 0 0 HY 4/17/91 0 0 Timeclock HY 0 0 Computer software 5/30/92 HY 0 0 Computer software - MAS 90 5/30/92 Ó 0 0 Ō HY 0 Computer hardware 1/19/93 0 0 HY Computer software - MAS 90 upgrade 9/22/93 0 0 Ò HY Ö 11/17/93 Computer hardware 0 0 0 HY Computer hardware 0 0 Ō 12/29/93 0 HY 0 Computer hardware 3/24/94 0 31 0 0 End table 6/30/94 HY 0 0 ō Computer hardware 10/11/94 0 0 HY Office chair 3/30/95 0 0 HY 0 ŏ ŏ Corporate table display 6/30/95 0 Fax machine 11/01/95 0 0 Computer credenza 2/13/96 0 0 HY Computer hardware and software 4/09/96 HY 0 0 0 Õ ŏ Walnut computer table 6/10/97 0 0 Office equipment - VCC 10/01/97 0 0 0 Table, wingback chair and pictures Õ 1/14/98 0 0 0 HY0 42 1/14/98 0 0 Blue leather loveseat Computer upgrade 1/27/98 0 0 HY Ŏ 6/26/98 44 Telephone system 0 0 HY 0 0 Software - family data 4/12/99 0 0 HY 5/14/99 0 0 Õ Netgear computer upgrade 0 0 Lounge couch 12/31/88 0 HY Indoor equipment 3/31/89 0 0 48 0 HY 49 Indoor equipment 4/30/89 0 0 0 HY Refrigerator 50 5/31/89 0 Ō Ō HY 0 51 Washer 5/31/89 0 HY 0 52 Ö Cots 2/28/90 0 HY 53 Cots 10/15/90 0 HY 0 0 0 Ō Firetruck 5/31/91 0 0 HY Cots and tricycles 5/31/91 0 0 Changing table Ō 56 2/08/93 0 HY 57 Cots 6/30/93 0 HY 0 58 0 0 6/30/94 HY 12" pre-school chairs (14) 59 4/17/95 0 0 60 14" pre-school chairs (20) 4/19/95 0 0 HY Stack cots (9 sets) 0 Ö Ö 9/06/95 61 Cots (32) 2/01/96 0 ŏ ō 63 Blue stack chairs (38) 2/05/96 HY Chairs, bean bags and storage units 9/11/96 0 0 65 Program equipment - VCC 10/01/97 0 HY 11/01/97 0 Walkie talkies (4) 66 0 HY Sony portable phones (2) 11/19/97 0 HY 0 900mhz cordless phones (2) 5/29/98 0

FYE: 6/30/2008

STMARY ST. MARY'S ORPHANAGE D/B/A 62-0579243 AMT Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
69	Whirlpool dryer	5/14/99	0		0	0 HY	0	0
70	Outdoor signs	9/30/86	0		0	0 HY	ŏ	Ö
71	Architect fees	3/20/87	0		0		0	0
72	Architect fees	7/20/87	0		0	0 HY	0	0
73 74	Wall construction Architect fees	4/14/88 4/29/88	0		0	: ::. .	0	0
75	Architect fees	6/30/88	Ö		ŏ	0 HY	ő	ő
76	CDC renovation	12/31/88	Ô		Ö		ŏ	ŏ
77	Portable rental	12/31/88	0		0		0	0
78	Portable phone hook-up	12/31/88	0		0	0 HY	0	0
79 80	Architect fees CDC renovation	12/31/88 2/28/89	0		0	0 HY 0 HY	0	0
81	Architect fees	2/28/89	0		0	0 HY	0	0
82	Portable rental	3/31/89	Ŏ		Ŏ		ő	ŏ
83	North wing leasehold improvement	3/31/89	0		0		0	0
84	CDC renovation	6/30/89	0		0		0	0
85	Architect fees Drink fountain	6/30/89 6/29/90	0		0		0	0
86 87	Painting	2/28/92	0		0		0	0
88	CDC renovation	3/31/92	ŏ		Ö		ŏ	ő
89	CDC renovation	11/30/92	0		0	0 HY	Ō	0
90	Landscaping	4/13/93	0		0		0	0
91	Paint office	9/14/93 11/17/93	0		0		0	0
92 93	Alarm covers Blinds crown	4/26/94	0		0		0	0 0
94	CDC carpet	4/29/94	ŏ		č		ŏ	ő
95	Bronze signs (4)	10/21/94	0		Č	0 HY	Õ	Ö
96	Ceramic tile bathroom floors	12/01/95	0		Q		0	0
	Vinyl tile classroom flooring	12/12/95	0		C		0	0
98 99	Bathroom partitions	4/09/96 9/24/96	0		(-	0	0 0
100	CDC painting Ceramic tile backsplash	10/31/96	0		(0	0
101	Painting	11/01/96	ŏ		Č		ŏ	ő
102	Reinstall lavatories	12/05/96	0		(0	0
103	Carpet readiness area	6/17/97	0		(0	0
104	Leasehold improvements - VCC	10/01/97 2/11/98	0		(0	0
105	Painting and repair Sony 20" television	4/08/97	0		(0	0
107	Cots - 6 sets, 5 each	4/08/97	ő		(ő	ŏ
108	Stack chairs (21)	3/12/97	0		(0	0
109	Ricoh copier	2/28/97	0		(0	0
110	Navy-striped loveseat	6/10/97	0		(0	0
111	MAS 90 for Windows upgrade Upholstery for chairs (2)	3/10/98 1/28/99	0		(0	0
113	Tables - St. Henry's program	11/01/96	ő		(0	0
114	Sand and water play table	2/11/97	0		(Ō	Ö
115	Dryer	8/13/99	0		(0	0
	Cots (10)	10/19/99 10/29/99	0		(0	0
117	Carpet Sinks and cabinets (2)	12/21/99	0		(0	0
	Wall	12/21/99	0		Ò		0	0 0
120	Program equipment	9/15/99	0		Ċ	0 HY	0	0
121	Downstairs baths	2/08/00	0		(0	0
	Couch and loveseat	4/13/00	0		(0	0 0
	Carpet Dinosaur playground	4/28/00 11/29/00	0		(0	0
125	Carpet and tile	1/30/01	0		(0	0
126	Changing table	2/28/01	0		Ċ	0 HY	ő	0
127	Painting	3/09/01	0		(0	0
	OKI printer	3/30/01	0				0	0
130	Painting Building air conditioner	4/30/01 5/10/01	0			0 HY 0 HY	0	0 0
	Glider rocker	6/22/01	0) 0 HY	0	0
	Blocks of Fun	6/22/01	0			0 HY	ŏ	ŏ
133	Shapes and alpha rugs	6/22/01	0			0 HY	0	0
	6 Angeles Basic 14inch trike	6/29/01	0			0 HY	0	0
	2 slid-lid storage Fence	6/30/01 7/30/01	0			0 0 HY 0 0 HY	0	0 0
	MAS 90 software	7/17/01	0			0 HY	0	0
138		3/18/02	0	1		0 HY	ő	ŏ
139		2/23/02	0	•		0 HY	0	0
1								

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STMARY ST. MARY'S ORPHANAGE D/B/A
62-0579243 AMT Asset Report

10/15/2008 7:35 AM

FYE: 6/30/2008

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Asset	Description	Date In Service	Cost	Bus Sec Basis % 179Bonus for Depr PerConvi	Meth Prior Current
140	Infant changing table	7/27/01	0	0 0 HY	0 0
141	Rest Mats	11/13/01	ŏ	0 0 HY	ŏŏĬ
142	Complete computer system	12/01/01	ő	0 0 HY	ŏŏŏI
143	1/5 of street sign	5/30/03	0	0 0 HY	ŏŏŏI
144	1/5 of fixtures on sign	12/29/03	0	0 0 HY	Ŏ. Ŏ
145	Changing Island	10/31/03	0	0 0 HY	0 0
146	5 section locker	8/31/03	0	0 0 HY	0 0
147	3 Dell computers & monitors	6/22/06	0	0 0 HY	0 0
148	2 washing machines	6/21/06	0	0 0 HY	0 0
149	Food Warmer	10/16/06	0	0 0 HY	0 0
150	Dryer	3/26/07	0	0 0 HY	0 0
151	(2) Laptop Computers	2/13/07	0	0 0 HY	0 0
152	Refrigerator	6/13/07	0	0 0 HY	0 0
153	Calvin the Caterpillar	6/30/07	0	0 0 HY	0 0 1
154	Climbing Tunnel	6/30/07 6/30/08	Ü	0 0 HY	0 0
155	(3) COMPUTERS - MODEL #881 CLIMBER FOR DEV. CENTER	6/30/08	0	0 0 HY	0 0 1
156	ECE CURRICULUM	6/30/08	0	0 0 HY 0 0 HY	, , , , , ,
157 158	PRINTER - MIKE	8/31/07	0	0 0 HY	0 0
159	FAX MACHINE	11/30/07	0	0 0 HY	, , ,
139		11750707	<u>v</u>	0 0 111	
	Total Other Depreciation	_	0	0	00
	Total ACRS and Other Depre	ciation =	0	0	00
	Grand Totals Less: Dispositions Less: Start-up/Org Expensed Net Grand Totals	_	0 0 0 0	0 0 0 0	$\begin{array}{cccc} & & & & & & & & & & & & & & & & & $

62-0579243

STMARY ST. MARY'S ORPHANAGE D/B/A
62-0579243 Depreciation Adjustment Report

10/15/2008 7:35 AM

FYE: 6/30/2008

All Business Activities

						AMT
~	11-1	A1	D	_		Adjustments/
Form	<u>Unit</u>	Asset	Description	Tax	AMT	Preferences
			There are no assets that meet the criteria of the	nic report		

10/15/2008 7:35 AM

62-0579243

STMARY ST. MARY'S ORPHANAGE D/B/A 62-0579243 Future Depreciation Report FYE: 6/30/09

FYE: 6/30/2008

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Asset	Description	Date In Service	Cost	Tax	AMT
6					
Other D	epreciation:				
1	Playground equipment	12/31/84	804	0	
2	Climber	12/31/84	2,490	0	
غ ا	Playground equipment	12/31/84	1,297	0	
4 5	Playground equipment and tables	12/31/86 6/30/89	674 980	0	
6	Playground Playground equipment	5/30/92	1,592	0	
7	Playground equipment	12/07/92	665	ő	
8	Playground equipment	10/12/93	3,770	ŏ	
ğ	Playground equipment	6/30/94	11,796	ŏ	
10	Playground fence	4/11/95	2,926	Ō	
11	Handicap ramp and tricycle path	6/07/95	865	0	
12	Pedestal drinking fountain	6/30/95	1,244	0	
13	Playground - airplane, dixie bug	9/24/96	1,245	0	
14 15	Playground equipment - Explorer Playground equipment - VCC	6/30/97 10/01/97	15,866 5.086	0 0	
16	Playground - racecar and airplane	11/01/97	1,245	0	
17	Playground equipment - Explorer	6/16/98	9,076	ő	
18	Playground - Genesis 4 Mini Carnival	6/24/98	14,327	ŏ	
19	File cabinet	6/08/83	144	0	
20	Office furniture	7/12/85	138	0	
21	Telephone equipment	2/28/89	371	0	
22	Hard disk	2/02/90	400	0	
23 24	Panasonic printer	4/30/90 4/17/91	327 567	0	
25 25	Timeclock Computer software	5/30/92	3,245	0 0	
26	Computer software - MAS 90	5/30/92	1,050	0	
27	Computer hardware	1/19/93	473	ŏ	
28	Computer software - MAS 90 upgrade	9/22/93	319	Ō	
29	Computer hardware	11/17/93	195	0	
30	Computer hardware	12/29/93	475	0	
31	Computer hardware	3/24/94	604	0	
32 22	End table	6/30/94	179	0	
33 34	Computer hardware Office chair	10/11/94 3/30/95	870 156	0 0	
35	Corporate table display	6/30/95	5,400	0	
36	Fax machine	11/01/95	270	ő	
37	Computer credenza	2/13/96	400	ŏ	
38	Computer hardware and software	4/09/96	3,576	0	
39	Walnut computer table	6/10/97	272	0	
40	Office equipment - VCC	10/01/97	6,780	0	
41	Table, wingback chair and pictures	1/14/98	, 673	0	
42 43	Blue leather loveseat Computer upgrade	1/14/98 1/27/98	623 10,400	0	
44	Telephone system	6/26/98	3,127	0 0	
45	Software - family data	4/12/99	605	0	
46	Netgear computer upgrade	5/14/99	3,713	Ö	
47	Lounge couch	12/31/88	839	ŏ	
48	Indoor equipment	3/31/89	7,819	0	
49	Indoor equipment	4/30/89	1,331	0	
50	Refrigerator	5/31/89	170	0	
51 52	Washer	5/31/89	315	0	
52 53	Cots Cots	2/28/90 10/15/90	434 283	0	
54	Firetruck	5/31/91	203 295	0	
55	Cots and tricycles	5/31/91	273	ő	
56	Changing table	2/08/93	275	ŏ	
57	Cots	6/30/93	200	Ó	
58	Cots	6/30/94	587	0	
59	12" pre-school chairs (14)	4/17/95	321	0	
60	14" pre-school chairs (20)	4/19/95	255	0	
61	Stack cots (9 sets)	9/06/95 2/01/96	735 706	0	
62 63	Cots (32) Blue stack chairs (38)	2/05/96	706 644	0	
64	Chairs, bean bags and storage units	9/11/96	3,655	0	
65	Program equipment - VCC	10/01/97	6,888	ŏ	
66	Walkie talkies (4)	11/01/97	508	0	
67	Sony portable phones (2)	11/19/97	180	0	
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Future Depreciation Report FYE: 6/30/09

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Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
68	900mhz cordless phones (2)	5/29/98	432	0	0
69	Whirlpool dryer	5/14/99	395	ő	0
70	Outdoor signs	9/30/86	421	ŏ	ő
71	Architect fees	3/20/87	4,200	Ŏ	ŏ
72	Architect fees	7/20/87	3,641	0	0
73	Wall construction	4/14/88	1,552	0	Ō
74	Architect fees	4/29/88	2,982	0	0
75 76	Architect fees CDC renovation	6/30/88 12/31/88	2,450 260,587	0	0
70 77	Portable rental	12/31/88	17,817	ő	0
78	Portable phone hook-up	12/31/88	1,600	ŏ	ő
79	Architect fees	12/31/88	22,604	ŏ	ŏ
80	CDC renovation	2/28/89	19,338	0	Ō
81	Architect fees	2/28/89	4,513	0	0
82	Portable rental	3/31/89	1,461	0	0
83	North wing leasehold improvement	3/31/89	3,804	0	0
84	CDC renovation	6/30/89 6/30/89	22,773 77	0 0	0
85 86	Architect fees Drink fountain	6/29/90	450	0	0
87	Painting	2/28/92	736	ő	0
88	CDC renovation	3/31/92	187	ŏ	ő
89	CDC renovation	11/30/92	1,096	0	ŏ
90	Landscaping	4/13/93	673	0	0
91	Paint office	9/14/93	1.875	0	0
92	Alarm covers	11/17/93	331	. 0	0
93	Blinds crown	4/26/94 4/29/94	2,263 5 125	. 0	0
94 95	CDC carpet Bronze signs (4)	10/21/94	5,125 260	0 0	0 0
95 96	Ceramic tile bathroom floors	12/01/95	3,350	0	0
97	Vinyl tile classroom flooring	12/12/95	1,470	ő	ŏ
98	Bathroom partitions	4/09/96	686	ŏ	ŏ
99	CDC painting	9/24/96	2,200	0	0
100	Ceramic tile backsplash	10/31/96	2,400	0	0
101	Painting	11/01/96	1,605	0	0
102	Reinstall lavatories	12/05/96	1,423	0	0
103 104	Carpet readiness area	6/1 7/9 7 10/01/97	2,200 26,253	0 0	0 0
104	Leasehold improvements - VCC Painting and repair	2/11/98	20,233 865	0	0
105	Sony 20" television	4/08/97	300	ő	0
107	Cots - 6 sets, 5 each	4/08/97	944	ŏ	ŏ
108	Stack chairs (21)	3/12/97	377	Ō	Ō
109	Ricoh copier	2/28/97	3,500	0	0
110	Navy-striped loveseat	6/10/97	569	0	0
111	MAS 90 for Windows upgrade	3/10/98	2,920	0	0
112	Upholstery for chairs (2)	1/28/99	505	0	0
113 114	Tables - St. Henry's program Sand and water play table	11/01/96 2/11/97	1,160 210	0 0	0
115	Dryer	8/13/99	733	0	0
116	Cots (10)	10/19/99	258	ő	ŏ
117	Carpet	10/29/99	700	ŏ	ŏ
118	Sinks and cabinets (2)	12/21/99	240	0	0
119	Wall	12/21/99	350	0	0
120	Program equipment	9/15/99	450	0	0
121	Downstairs baths	2/08/00	2,430	0	0
122	Couch and loveseat	4/13/00	1,522 2,800	0	0
123 124	Carpet Dinosaur playground	4/28/00 11/29/00	2,800 500	0	0
124	Carpet and tile	1/30/01	16,614	0	0
126	Changing table	2/28/01	540	ŏ	ŏ
127	Painting	3/09/01	3,430	0	0
128	OKI printer	3/30/01	479	0	0
129	Painting	4/30/01	3,320	0	0
130	Building air conditioner	5/10/01	402	0	0
131	Glider rocker	6/22/01 6/22/01	252 387	0	0
132 133	Blocks of Fun Shapes and alpha rugs	6/22/01 6/22/01	3 87 695	0	0
134	6 Angeles Basic 14inch trike	6/29/01	600	0	0
135	2 slid-lid storage	6/30/01	613	ő	0
136	Fence	7/30/01	493	0	0
137	MAS 90 software	7/17/01	2,235	0	0
138	Daycare interior-paint	3/18/02	3,515	0	0

Federal Statements

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Form 99	0, Part I, Line 1b	- Direct Public	c Su	pport		
Description		Cash		Noncash		Total
CONTRIBUTORS LESS THAN \$5,000 Contributions from Schedule H) \$ 3	140,455 246,110	\$ 		\$	140,455 246,110
Total	\$	386,565	\$	0	\$	386,565
Form 990), Part I, Line 1c	Indirect Publ	ic Sı	ıpport		
Description		Cash	_	Noncash		Total
UNITED WAY	\$	187,420	\$		\$	187,420
Total	\$	187,420	\$	0	\$	187,420
Form 990,	Part I, Line 1d - 0	Government C	ontri	ibutions	<u> </u>	
Description		Cash	_	Noncash		Total
USDA	\$	92,339	ş_		\$	92,339
Total	\$	92,339	\$	C	\$	92,339