

140181
Hilliard House

2008 Client

Client Copy

Forms 990 / 990-EZ Return Summary

For calendar year 2008, or tax year beginning **7/01/08** , and ending **6/30/09**

54-1995917

HILLIARD HOUSE

Net Asset / Fund Balance at Beginning of Year 1,297,335

Revenue

Contributions	<u>524,309</u>	
Program service revenue	<u>9,033</u>	
Investment income		
Capital gain / loss		
Special events:		
Gross revenue	<u>17,475</u>	
Direct expenses	<u>5,515</u>	
Net income	<u>11,960</u>	
Other income	<u>2,260</u>	
Total revenue		<u><u>547,562</u></u>

Expenses

Program services		
Management and general		
Fundraising		
Total expenses		<u><u>645,633</u></u>
Excess / (deficit)		<u><u>-98,071</u></u>

Other changes

Net Asset / Fund Balance at End of Year 1,199,264

Reconciliation of Revenue

Total revenue per financial statements	<u> </u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u><u> </u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u> </u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u><u> </u></u>

		Balance Sheet		
		Beginning	Ending	Differences
Assets	<u>1,314,477</u>	<u>1,223,550</u>		
Liabilities	<u>17,142</u>	<u>24,286</u>		
Net assets	<u><u>1,297,335</u></u>	<u><u>1,199,264</u></u>	<u><u>-98,071</u></u>	

Miscellaneous Information

Amended return
 Return / extended due date 11/16/09
 Failure to file penalty

Form **8879-EO**

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

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning 7/01, 2008, and ending 6/30, 2009

▶ **Do not send to the IRS. Keep for your records.**

2008

Department of the Treasury
Internal Revenue Service

▶ **See instructions.**

Name of exempt organization

HILLIARD HOUSE

Employer identification number

54-1995917

Name and title of officer

**MELBA GIBBS
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	547,562
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **HARRIS, HARDY & JOHNSTONE, P.C.** to enter my PIN **95917** as my signature
ERO firm name **Enter five numbers, but do not enter all zeros**

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **11/06/09**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

54496540602
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2008)

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization HILLIARD HOUSE Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 23030 City or town, state or country, and ZIP + 4 RICHMOND VA 23223	D Employer identification number 54-1995917 E Telephone number 804-236-5800 F Group Exemption Number ▶
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● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
 Other (specify) ▶

I Website: ▶ **WWW.HILLIARDHOUSE.ORG**

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) 501(c)(**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts: if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **553,077**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	524,309
	2	Program service revenue including government fees and contracts	2	9,033
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	17,475
b	Less: direct expenses other than fundraising expenses	6b	5,515	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	11,960	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ SEE STATEMENT 1)	8	2,260	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	547,562	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	378,792
	13	Professional fees and other payments to independent contractors	13	6,395
	14	Occupancy, rent, utilities, and maintenance	14	98,634
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE STATEMENT 2)	16	161,812
17	Total expenses. Add lines 10 through 16	17	645,633	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-98,071
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,297,335
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	1,199,264

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

		(See the instructions for Part II.)		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments		22	46,746	22	12,596	
23	Land and buildings		23	1,256,421	23	1,195,103	
24	Other assets (describe ▶ SEE STATEMENT 3)		24	11,310	24	15,851	
25	Total assets		25	1,314,477	25	1,223,550	
26	Total liabilities (describe ▶ SEE STATEMENT 4)		26	17,142	26	24,286	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		27	1,297,335	27	1,199,264	

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

Form **990-EZ** (2008)

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a ; section 4912 40a ; section 4955 40a		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d	Enter amount of tax on line 40c reimbursed by the organization 40d		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41	List the states with which a copy of this return is filed VA		
42a	The books are in care of THE ORGANIZATION Telephone no. 804-236-5800 3900 NINE MILE ROAD Located at RICHMOND, VA ZIP + 4 23223		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country 42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$100,000 **0**

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

Total number of other independent contractors each receiving over \$100,000 **0**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: **MELBA GIBBS** Date: **EXECUTIVE DIRECTOR**
 Type or print name and title.

Paid Preparer's Use Only
 Preparer's signature: **PHILIP G. TIBBS** Date: **11/05/09** Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: **HARRIS, HARDY & JOHNSTONE, P.C. 9201 ARBORETUM PKWY STE 200 RICHMOND, VA 23236**
 EIN: **804-560-0560** Phone no. **804-560-0560**

May the IRS discuss this return with the preparer shown above? See instructions **X** Yes No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

HILLIARD HOUSE

Employer identification number

54-1995917

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Table with 2 columns: Yes, No. Rows for 11g(i), 11g(ii), 11g(iii).

h Provide the following information about the organizations the organization supports.

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Includes a Total row at the bottom.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	503,162	459,486	491,691	537,380	524,309	2,516,028
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	503,162	459,486	491,691	537,380	524,309	2,516,028
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						2,516,028

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	503,162	459,486	491,691	537,380	524,309	2,516,028
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				100	2,260	2,360
11 Total support. Add lines 7 through 10						2,518,388
12 Gross receipts from related activities, etc. (see instructions)					12	108,676
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.9063 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	100.0000 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS OTHER INCOME \$ **2,360**

Client Copy

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ **Attach to Form 990, 990-EZ, and 990-PF.**

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

HILLIARD HOUSE

54-1995917

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization HILLIARD HOUSE	Employer identification number 54-1995917
-----------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THE COMMUNITY FOUNDATION 7501 BOULDERS VIEW DRIVE RICHMOND VA 23225	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172
2008
 Attachment
 Sequence No. **67**

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

Name(s) shown on return **HILLIARD HOUSE** Identifying number **54-1995917**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	65,601

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	2,029
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	67,630
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

Special Events Schedule

Form **990**

2008

For calendar year 2008, or tax year beginning **7/01/08**, and ending **6/30/09**

Name

Employer Identification Number

HILLIARD HOUSE

54-1995917

	(A)	(B)	(C)	Others	Total
Gross receipts	<u>11,515</u>	<u>5,960</u>	<u>0</u>	<u>0</u>	<u>17,475</u>
Less contributions	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Gross revenue	<u>11,515</u>	<u>5,960</u>	<u>0</u>	<u>0</u>	<u>17,475</u>
Less direct expenses	<u>1,850</u>	<u>3,665</u>	<u>0</u>	<u>0</u>	<u>5,515</u>
Net income (loss)	<u>9,665</u>	<u>2,295</u>	<u>0</u>	<u>0</u>	<u>11,960</u>

Description: (A) **HIGH TEA**

(B) **DECK THE HALLS**

(C) _____

Others _____

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Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
OTHER INCOME	\$ 2,260
TOTAL	\$ 2,260

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
STAFF VEHICLE MILEAGE	3,187
BUS TOKENS/TAXI	2,986
GAS/OIL	1,593
MEETINGS & RECEPTIONS	437
INTEREST ON BB&T NOTE	176
INSURANCE	10,993
DEV/FUND RAISING	3,372
CONSULTING SERVICES	25,295
LITERACY EDUCATION	9,122
PARENTING/ANGER MANAGEMEN	1,065
MENTAL HEALTH EXPENSE	12,788
LICENSES & FEES	898
CONTRACTED SERVICES	8,728
MISCELLANEOUS	2,054
STAFF DEVELOPMENT	1,035
STAFF RECOGNITION	452
OTHER	70
HOUSEHOLD	65,087
OFFICE EXPENSE	12,474
TOTAL	\$ 161,812

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	\$ 2,932	\$ 10,328
PREPAID EXPENSES AND DEFERRED CHARGES	5,171	3,376
EMPLOYEE ADVANCES	3,207	2,147
	11,310	15,851

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 8,909	\$ 3,626
ACCRUED WAGES/TAXES/VACATION	8,233	6,984
MORTGAGE AND OTHER NOTES PAYABLE		13,676
	17,142	24,286

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

Description

TO PROVIDE DECENT, LOW-COST HOUSING TO ECONOMICALLY DISADVANTAGED WOMEN AND CHILDREN ON A NON-DISCRIMINATORY BASIS

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Federal Statements

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
MELBA GIBBS 3900 NINE MILE ROAD RICHMOND, VA 23223	EXEC DIRECT.	40	35,643	0	0
LINDA ARMSTRONG 3900 NINE MILE ROAD RICHMOND, VA 23223	PRESIDENT	1	0	0	0
BECKY CLAY CHRISTENSEN 3900 NINE MILE ROAD RICHMOND, VA 23223	VICE PRES	1	0	0	0
MATTHEW HEAD 3900 NINE MILE ROAD RICHMOND, VA 23223	TREASURER	1	0	0	0
JANE BREN 3900 NINE MILE ROAD RICHMOND, VA 23223	SECRETARY	1	0	0	0
EDEN ALEXANDER 3900 NINE MILE ROAD RICHMOND, VA 23223	BOARD MEMBER	1	0	0	0
DAVID AMBROSI 3900 NINE MILE ROAD RICHMOND, VA 23223	BOARD MEMBER	1	0	0	0
MELODIE ANDERSON 3900 NINE MILE ROAD RICHMOND, VA 23223	BOARD MEMBER	1	0	0	0
KARLA BAYLOR 3900 NINE MILE ROAD RICHMOND, VA 23223	BOARD MEMBER	1	0	0	0

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Federal Statements

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
MAXINE COLLINS 3900 NINE MILE ROAD RICHMOND, VA 23223	BOARD MEMBER	1	0	0	0
RICHARD CUNNINGHAM 3900 NINE MILE ROAD RICHMOND, VA 23223	BOARD MEMBER	1	0	0	0
GRAHAM DRIVER 3900 NINE MILE ROAD RICHMOND, VA 23223	BOARD MEMBER	1	0	0	0
ELLEN DUGAN 3900 NINE MILE ROAD RICHMOND, VA 23223	BOARD MEMBER	1	0	0	0
SHERRY FOX 3900 NINE MILE ROAD RICHMOND, VA 23223	BOARD MEMBER	1	0	0	0
PAULA GARRETT 3900 NINE MILE ROAD RICHMOND, VA 23223	BOARD MEMBER	1	0	0	0
LINDA GASEWICZ 3900 NINE MILE ROAD RICHMOND, VA 23223	BOARD MEMBER	1	0	0	0
CHRISTOPHER HOWELL 3900 NINE MILE ROAD RICHMOND, VA 23223	BOARD MEMBER	1	0	0	0
ANANDNESAN LAWRENCE 3900 NINE MILE ROAD RICHMOND, VA 23223	BOARD MEMBER	1	0	0	0

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Federal Statements

Statement 6 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
BARBARA HYMAN 3900 NINE MILE ROAD RICHMOND, VA 23223	BOARD MEMBER	1	0	0	0
LESLIE MURRAY 3900 NINE MILE ROAD RICHMOND, VA 23223	BOARD MEMBER	1	0	0	0
DOUG ZAHNISER 3900 NINE MILE ROAD RICHMOND, VA 23223	BOARD MEMBER	1	0	0	0

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Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
27	Capital Lease	7/15/06	3,275			3,275	3 HY 200DB	2,547	485
28	Barn	12/14/06	1,875			1,875	5 HY 200DB	975	360
29	Furniture	8/16/06	684			684	7 HY 200DB	265	120
30	Furniture	2/07/07	783			783	7 HY 200DB	304	137
31	Furniture	2/09/07	200			200	7 HY 200DB	78	35
32	Range	6/06/08	357		X	178	5 MQ200DB	187	68
33	Range	6/06/08	357		X	178	5 MQ200DB	187	68
34	Dishwasher	6/06/08	299		X	149	5 MQ200DB	157	57
35	Dishwasher	6/06/08	299		X	149	5 MQ200DB	157	57
36	Mini Barn	12/14/06	1,875			1,875	5 HY 200DB	975	360
37	3 Drawer Chest	7/05/06	684			684	5 HY 200DB	356	131
38	48 Round Grey Table	1/04/07	783			783	5 HY 200DB	407	151
			<u>11,471</u>			<u>10,813</u>		<u>6,595</u>	<u>2,029</u>
Other Depreciation:									
1	BUILDING	11/21/00	1,651,455			1,651,455	27 MO S/L	455,509	60,052
2		7/24/00	66,705			66,705	25 MO S/L	21,123	2,668
3	FURNITURE	9/22/00	21,947			21,947	7 MO S/L	21,947	0
4	MINI BLINDS	10/18/00	2,000			2,000	7 MO S/L	2,000	0
5	MINI BLINDS	11/09/00	3,000			3,000	7 MO S/L	3,000	0
6	BED AND CHESTS	11/21/00	16,550			16,550	7 MO S/L	16,550	0
7	LAMPS & MIRRORS	12/06/00	760			760	7 MO S/L	760	0
8	PIANO	6/30/03	100			100	7 MO S/L	71	15
9	SHELVING UNITS	8/13/02	127			127	7 MO S/L	107	18
10	SHELVING UNITS	8/16/02	157			157	7 MO S/L	133	22
13	DIGITAL CAMERA	8/23/02	826			826	5 MO S/L	826	0
14	SCANNER	8/23/02	157			157	5 MO S/L	157	0
15	DISHWASHER	10/22/02	521			521	7 MO S/L	422	74
16	PLAYGROUND	4/14/03	12,720			12,720	10 MO S/L	6,678	1,272
17	DESKJET PRINTER	8/23/02	157			157	5 MO S/L	157	0
18	HP LASERWRITER	11/03/02	418			418	5 MO S/L	418	0
19	WARDROBE DRESSER	3/01/01	5,772			5,772	7 MO S/L	5,772	0
20	DISHWASHER	6/13/02	521			521	7 MO S/L	453	68
21	COPIER	3/01/04	596			596	5 MO S/L	516	80
22	FILING CABINET	12/22/03	282			282	7 MO S/L	181	41
23	3 NEW OFFICE CHAIRS	6/10/04	313			313	7 MO S/L	183	45
24	GUSTI RESTAURANT EQUIPMENT	6/29/04	1,724			1,724	7 MO S/L	985	247
25	98 new window screens	6/14/05	3,550			3,550	15 MO S/L	730	236
26	Dell Computer	5/17/05	491			491	5 MO S/L	303	98
39	Dryer-A	9/19/08	581			581	5 MO S/L	0	87
40	Dryer-B	9/19/08	581			581	5 MO S/L	0	87
41	Dryer-C	9/19/08	581			581	5 MO S/L	0	87
42	Furniture	11/10/08	4,246			4,246	7 MO S/L	0	404
	Total Other Depreciation		<u>1,796,838</u>			<u>1,796,838</u>		<u>538,981</u>	<u>65,601</u>
	Total ACRS and Other Depreciation		<u>1,796,838</u>			<u>1,796,838</u>		<u>538,981</u>	<u>65,601</u>
	Grand Totals		1,808,309			1,807,651		545,576	67,630
	Less: Dispositions		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>1,808,309</u>			<u>1,807,651</u>		<u>545,576</u>	<u>67,630</u>

VA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
Prior MACRS:								
27	Capital Lease	7/15/06	3,275	3,275	2,547	485	485	0
28	Barn	12/14/06	1,875	1,875	975	360	360	0
29	Furniture	8/16/06	684	684	265	120	120	0
30	Furniture	2/07/07	783	783	304	137	137	0
31	Furniture	2/09/07	200	200	78	35	35	0
32	Range	6/06/08	357	357	187	68	68	0
33	Range	6/06/08	357	357	187	68	68	0
34	Dishwasher	6/06/08	299	299	157	57	57	0
35	Dishwasher	6/06/08	299	299	157	57	57	0
36	Mini Barn	12/14/06	1,875	1,875	975	360	360	0
37	3 Drawer Chest	7/05/06	684	684	356	131	131	0
38	48 Round Grey Table	1/04/07	783	783	407	151	151	0
			<u>11,471</u>	<u>11,471</u>	<u>6,595</u>	<u>2,029</u>	<u>2,029</u>	<u>0</u>
Other Depreciation:								
1	BUILDING	11/21/00	1,651,455	1,651,455	455,509	60,052	60,052	0
2		7/24/00	66,705	66,705	21,123	2,668	2,668	0
3	FURNITURE	9/22/00	21,947	21,947	21,947	0	0	0
4	MINI BLINDS	10/18/00	2,000	2,000	2,000	0	0	0
5	MINI BLINDS	11/09/00	3,000	3,000	3,000	0	0	0
6	BED AND CHESTS	11/21/00	16,550	16,550	16,550	0	0	0
7	LAMPS & MIRRORS	12/06/00	760	760	760	0	0	0
8	PIANO	6/30/03	100	100	71	15	15	0
9	SHELVING UNITS	8/13/02	127	127	107	18	18	0
10	SHELVING UNITS	8/16/02	157	157	133	22	22	0
13	DIGITAL CAMERA	8/23/02	826	826	826	0	0	0
14	SCANNER	8/23/02	157	157	157	0	0	0
15	DISHWASHER	10/22/02	521	521	422	74	74	0
16	PLAYGROUND	4/14/03	12,720	12,720	6,678	1,272	1,272	0
17	DESKJET PRINTER	8/23/02	157	157	157	0	0	0
18	HP LASERWRITER	11/03/02	418	418	418	0	0	0
19	WARDROBE DRESSER	3/01/01	5,772	5,772	5,772	0	0	0
20	DISHWASHER	6/13/02	521	521	453	68	68	0
21	COPIER	3/01/04	596	596	516	80	80	0
22	FILING CABINET	12/22/03	282	282	181	41	41	0
23	3 NEW OFFICE CHAIRS	6/10/04	313	313	183	45	45	0
24	GUSTI RESTAURANT EQUIPMENT	6/29/04	1,724	1,724	985	247	247	0
25	98 new window screens	6/14/05	3,550	3,550	730	236	236	0
26	Dell Computer	5/17/05	491	491	303	98	98	0
39	Dryer-A	9/19/08	581	581	0	87	87	0
40	Dryer-B	9/19/08	581	581	0	87	87	0
41	Dryer-C	9/19/08	581	581	0	87	87	0
42	Furniture	11/10/08	4,246	4,246	0	404	404	0
	Total Other Depreciation		<u>1,796,838</u>	<u>1,796,838</u>	<u>538,981</u>	<u>65,601</u>	<u>65,601</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,796,838</u>	<u>1,796,838</u>	<u>538,981</u>	<u>65,601</u>	<u>65,601</u>	<u>0</u>
	Grand Totals		1,808,309	1,808,309	545,576	67,630	67,630	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>1,808,309</u>	<u>1,808,309</u>	<u>545,576</u>	<u>67,630</u>	<u>67,630</u>	<u>0</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	BUILDING	11/21/00	0			0	0 HY	0	0
2		7/24/00	0			0	0 HY	0	0
3	FURNITURE	9/22/00	0			0	0 HY	0	0
4	MINI BLINDS	10/18/00	0			0	0 HY	0	0
5	MINI BLINDS	11/09/00	0			0	0 HY	0	0
6	BED AND CHESTS	11/21/00	0			0	0 HY	0	0
7	LAMPS & MIRRORS	12/06/00	0			0	0 HY	0	0
8	PIANO	6/30/03	0			0	0 HY	0	0
9	SHELVING UNITS	8/13/02	0			0	0 HY	0	0
10	SHELVING UNITS	8/16/02	0			0	0 HY	0	0
13	DIGITAL CAMERA	8/23/02	0			0	0 HY	0	0
14	SCANNER	8/23/02	0			0	0 HY	0	0
15	DISHWASHER	10/22/02	0			0	0 HY	0	0
16	PLAYGROUND	4/14/03	0			0	0 HY	0	0
17	DESKJET PRINTER	8/23/02	0			0	0 HY	0	0
18	HP LASERWRITER	11/03/02	0			0	0 HY	0	0
19	WARDROBE DRESSER	3/01/01	0			0	0 HY	0	0
20	DISHWASHER	6/13/02	0			0	0 HY	0	0
21	COPIER	3/01/04	0			0	0 HY	0	0
22	FILING CABINET	12/22/03	0			0	0 HY	0	0
23	3 NEW OFFICE CHAIRS	6/10/04	0			0	0 HY	0	0
24	GUSTI RESTAURANT EQUIPMENT	6/29/04	0			0	0 HY	0	0
25	98 new window screens	6/14/05	0			0	0 HY	0	0
26	Dell Computer	5/17/05	0			0	0 HY	0	0
27	Capital Lease	7/15/06	0			0	0 HY	0	0
28	Barn	12/14/06	0			0	0 HY	0	0
29	Furniture	8/16/06	0			0	0 HY	0	0
30	Furniture	2/07/07	0			0	0 HY	0	0
31	Furniture	2/09/07	0			0	0 HY	0	0
32	Range	6/06/08	0			0	0 HY	0	0
33	Range	6/06/08	0			0	0 HY	0	0
34	Dishwasher	6/06/08	0			0	0 HY	0	0
35	Dishwasher	6/06/08	0			0	0 HY	0	0
36	Mini Barn	12/14/06	0			0	0 HY	0	0
37	3 Drawer Chest	7/05/06	0			0	0 HY	0	0
38	48 Round Grey Table	1/04/07	0			0	0 HY	0	0
39	Dryer-A	9/19/08	581			581	5 MO S/L	0	87
40	Dryer-B	9/19/08	581			581	5 MO S/L	0	87
41	Dryer-C	9/19/08	581			581	5 MO S/L	0	87
42	Furniture	11/10/08	4,246			4,246	7 MO S/L	0	404
Total Other Depreciation			<u>5,989</u>			<u>5,989</u>		<u>0</u>	<u>665</u>
Total ACRS and Other Depreciation			<u>5,989</u>			<u>5,989</u>		<u>0</u>	<u>665</u>
Grand Totals			5,989			5,989		0	665
Less: Dispositions			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>5,989</u>			<u>5,989</u>		<u>0</u>	<u>665</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
32	Range	6/06/08	357	100	0	0	179	178
33	Range	6/06/08	357	100	0	0	179	178
34	Dishwasher	6/06/08	299	100	0	0	150	149
35	Dishwasher	6/06/08	299	100	0	0	150	149
Form 990, Page 1			<u>1,312</u>		<u>0</u>	<u>0</u>	<u>658</u>	<u>654</u>
Grand Total			<u>1,312</u>		<u>0</u>	<u>0</u>	<u>658</u>	<u>654</u>

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Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

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Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
27	Capital Lease	7/15/06	3,275	243	0
28	Barn	12/14/06	1,875	216	0
29	Furniture	8/16/06	684	85	0
30	Furniture	2/07/07	783	97	0
31	Furniture	2/09/07	200	25	0
32	Range	6/06/08	357	41	0
33	Range	6/06/08	357	41	0
34	Dishwasher	6/06/08	299	34	0
35	Dishwasher	6/06/08	299	34	0
36	Mini Barn	12/14/06	1,875	216	0
37	3 Drawer Chest	7/05/06	684	79	0
38	48 Round Grey Table	1/04/07	783	90	0
			<u>11,471</u>	<u>1,201</u>	<u>0</u>

Other Depreciation:

1	BUILDING	11/21/00	1,651,455	60,053	0
2		7/24/00	66,705	2,669	0
3	FURNITURE	9/22/00	21,947	0	0
4	MINI BLINDS	10/18/00	2,000	0	0
5	MINI BLINDS	11/09/00	3,000	0	0
6	BED AND CHESTS	11/21/00	16,550	0	0
7	LAMPS & MIRRORS	12/06/00	760	0	0
8	PIANO	6/30/03	100	14	0
9	SHELVING UNITS	8/13/02	127	2	0
10	SHELVING UNITS	8/16/02	157	2	0
13	DIGITAL CAMERA	8/23/02	826	0	0
14	SCANNER	8/23/02	157	0	0
15	DISHWASHER	10/22/02	521	25	0
16	PLAYGROUND	4/14/03	12,720	1,272	0
17	DESKJET PRINTER	8/23/02	157	0	0
18	HP LASERWRITER	11/03/02	418	0	0
19	WARDROBE DRESSER	3/01/01	5,772	0	0
20	DISHWASHER	6/13/02	521	0	0
21	COPIER	3/01/04	596	0	0
22	FILING CABINET	12/22/03	282	40	0
23	3 NEW OFFICE CHAIRS	6/10/04	313	44	0
24	GUSTI RESTAURANT EQUIPMENT	6/29/04	1,724	246	0
25	98 new window screens	6/14/05	3,550	237	0
26	Dell Computer	5/17/05	491	90	0
39	Dryer-A	9/19/08	581	116	116
40	Dryer-B	9/19/08	581	116	116
41	Dryer-C	9/19/08	581	116	116
42	Furniture	11/10/08	4,246	607	607
	Total Other Depreciation		<u>1,796,838</u>	<u>65,649</u>	<u>955</u>
	Total ACRS and Other Depreciation		<u>1,796,838</u>	<u>65,649</u>	<u>955</u>
	Grand Totals		<u>1,808,309</u>	<u>66,850</u>	<u>955</u>

Asset	Description	Date In Service	Cost	VA
Prior MACRS:				
27	Capital Lease	7/15/06	3,275	243
28	Barn	12/14/06	1,875	216
29	Furniture	8/16/06	684	85
30	Furniture	2/07/07	783	97
31	Furniture	2/09/07	200	25
32	Range	6/06/08	357	41
33	Range	6/06/08	357	41
34	Dishwasher	6/06/08	299	34
35	Dishwasher	6/06/08	299	34
36	Mini Barn	12/14/06	1,875	216
37	3 Drawer Chest	7/05/06	684	79
38	48 Round Grey Table	1/04/07	783	90
			<u>11,471</u>	<u>1,201</u>

Other Depreciation:

1	BUILDING	11/21/00	1,651,455	60,053
2		7/24/00	66,705	2,669
3	FURNITURE	9/22/00	21,947	0
4	MINI BLINDS	10/18/00	2,000	0
5	MINI BLINDS	11/09/00	3,000	0
6	BED AND CHESTS	11/21/00	16,550	0
7	LAMPS & MIRRORS	12/06/00	760	0
8	PIANO	6/30/03	100	14
9	SHELVING UNITS	8/13/02	127	2
10	SHELVING UNITS	8/16/02	157	2
13	DIGITAL CAMERA	8/23/02	826	0
14	SCANNER	8/23/02	157	0
15	DISHWASHER	10/22/02	521	25
16	PLAYGROUND	4/14/03	12,720	1,272
17	DESKJET PRINTER	8/23/02	157	0
18	HP LASERWRITER	11/03/02	418	0
19	WARDROBE DRESSER	3/01/01	5,772	0
20	DISHWASHER	6/13/02	521	0
21	COPIER	3/01/04	596	0
22	FILING CABINET	12/22/03	282	40
23	3 NEW OFFICE CHAIRS	6/10/04	313	44
24	GUSTI RESTAURANT EQUIPMENT	6/29/04	1,724	246
25	98 new window screens	6/14/05	3,550	237
26	Dell Computer	5/17/05	491	90
39	Dryer-A	9/19/08	581	116
40	Dryer-B	9/19/08	581	116
41	Dryer-C	9/19/08	581	116
42	Furniture	11/10/08	4,246	607
	Total Other Depreciation		<u>1,796,838</u>	<u>65,649</u>
	Total ACRS and Other Depreciation		<u>1,796,838</u>	<u>65,649</u>
	Grand Totals		<u>1,808,309</u>	<u>66,850</u>

Federal Statements**Form 990-EZ, Part II, Line 23 - Land and Buildings**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accumulated Depreciation</u>	<u>End of Year</u>	<u>Accumulated Depreciation</u>
	\$ 1,801,997	\$ 545,576	\$ 1,808,309	\$ 613,206
TOTAL	<u>\$ 1,801,997</u>	<u>\$ 545,576</u>	<u>\$ 1,808,309</u>	<u>\$ 613,206</u>

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Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$ <u>2,516,028</u>	\$ <u> </u>
TOTAL	\$ <u><u>2,516,028</u></u>	\$ <u><u> 0</u></u>

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