

Form **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

2008**Open to Public
Inspection****A** For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09**

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

C Name of organization**A PLACE CALLED HOME**

Please use IRS label or print or type. See Specific Instructions.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

2830 South Central Avenue

Room/suite

City or town, state or country, and ZIP + 4

Los Angeles**CA 90011****F** Name and address of principal officer:**Jonathan Zeichner****2830 South Central Avenue****Los Angeles****CA 90011****D** Employer identification number**95-4427291****E** Telephone number**323-232-7653****G** Gross receipts \$ **4,160,628****H(a)** Is this a group return for

affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527**J** Website: ▶ **WWW.APCH.ORG****H(c)** Group exemption number ▶**K** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1993****M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
		Provide a safe haven, support, services and resources to disadvantaged and underserved youth and families	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5 Total number of employees (Part V, line 2a)	5	53
	6 Total number of volunteers (estimate if necessary)	6	
Revenue	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,823,207	2,363,684
Expenses	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,892	4,691
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	738,218	1,490,745
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,576,317	3,859,120
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,441,680	1,365,521
	16a Professional fundraising fees (Part IX, column (A), line 11e)		35,125
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 191,877		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,231,589	2,111,661
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,673,269	3,512,307
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-96,952	346,813
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	2,935,370	3,175,012
	22 Net assets or fund balances. Subtract line 21 from line 20	236,212	224,291
		2,699,158	2,950,721

Part II Signature Block

Sign Here	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.			
	Signature of officer Jonathan Zeichner		Date 4/23/10	
Paid Preparer's Use Only	Preparer's signature Bijan Ramineh		Date 4/23/10	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 Ramineh, Fani & Nowakhtar, LLP 5757 Wilshire Blvd., Suite 937 Los Angeles, CA 90036-5810		EIN ▶	Preparer's identifying number (see instructions) P00064395
			Phone no. ▶ 323-937-5757	

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

☐ Yes ☐ No

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

Form **990** (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

Provide a safe haven, support, services and resources to disadvantaged and underserved youth and families

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **337,063** including grants of \$) (Revenue \$)

APCH's Educational Service program provides students from 8 years to 20 years old with opportunities to achieve, that include tutoring, homework assistance and cultural enrichment all free of charge. APCH hosts an Alternative Education and Work Center for high school age students, where they can achieve a high school diploma.

4b (Code:) (Expenses \$ **500,493** including grants of \$) (Revenue \$)

The APCH Bridge to the Future program helps teen-age youth prepare for adulthood through SAT preparation, in-house internship, college counseling, college scholarships, and mentoring.

4c (Code:) (Expenses \$ **1,198,906** including grants of \$) (Revenue \$)

The APCH Health, nutrition and wellbeing program provides nutritious fresh meals, counseling and therapy to promote mental and emotional well-being, access to dental care through USC's dental clinic, physical education through basketball, soccer and yoga.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **805,089** including grants of \$) (Revenue \$)4e Total program service expenses ► \$ **2,841,551** (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<input checked="" type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	<input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?	X	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	19
b	Enter the number of voting members that are independent	1b	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6	Does the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9a	Does the organization have local chapters, branches, or affiliates?	9a	<input checked="" type="checkbox"/>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	<input checked="" type="checkbox"/>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	<input checked="" type="checkbox"/>

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<input checked="" type="checkbox"/>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	<input checked="" type="checkbox"/>
13	Does the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14	Does the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	15a	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	<input checked="" type="checkbox"/>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<input checked="" type="checkbox"/>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Ramineh, Fani & Nowakhtar, LLP 5757 Wilshire Blvd., # 937 Los Angeles CA 90036 323-937-5757

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

☒ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Kenneth Karmin Chairman				X				0	0	0
John Karubian Vice-Chair				X				0	0	0
Peter Gilhuly Secretary				X				0	0	0
Cyrus Hadidi Treasurer				X				0	0	0
Debrah Constance Founder/PE								0	0	0
Robert Davidow Board Member								0	0	0
Doug Atchison Board Member								0	0	0
Howard & Stephanie Sherwood Board Member								0	0	0
Stephen Winston Board Member								0	0	0
Robert Israel Board Member								0	0	0
Sister Patricia Connor Board Member								0	0	0
Councilwoman Jan Perry Board Member								0	0	0
Bob Thompson Board Member								0	0	0
Yolanda Brown Board Member								0	0	0
Louise Hamagami Board Member								0	0	0
Hannah Cox Liguori Board Member								0	0	0
Mark Ostroff Board Member								0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Marshall Wax Board Member								0	0	0
Cranston Williams Board Member								0	0	0
Thyonne Gordon Exec. Dir	40					X	X	120,000	0	10,286
1b Total								120,000		10,286

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **1**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,363,684			
	g Noncash contributions included in lines 1a-1f \$		1,023,050			
	h Total. Add lines 1a-1f		2,363,684			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,291		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real (ii) Personal				
b Less rental exps						
c Rental inc. or (loss)			94,440			
d Net rental income or (loss)			94,440	94,440		
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less cost or other basis & sales exps						
c Gain or (loss)			400			
d Net gain or (loss)			400	400		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a	1,373,569			
b Less: direct expenses		b	301,508			
c Net income or (loss) from fundraising events			1,072,061			1,072,061
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a Restrictions released		323,456			323,456	
b IRC Sec 513(h) items		788			788	
c						
d All other revenue						
e Total. Add lines 11a-11d		324,244				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		3,859,120	94,840	0	1,400,596	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,156,065	851,883	210,039	94,143
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	24,003	17,695	3,933	2,375
9 Other employee benefits	64,125	50,363	10,089	3,673
10 Payroll taxes	121,328	90,930	23,117	7,281
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	60,000		60,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	35,125			35,125
f Investment management fees				
g Other				
12 Advertising and promotion	150		150	
13 Office expenses				
14 Information technology	38,773	36,316	2,457	
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	507		507	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	86,872	84,783	2,004	85
23 Insurance	62,018	54,747	2,830	4,441
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a In-kind expenses	1,018,050	1,018,050		
b Scholarships & stipends	231,013	231,013		
c Consultants & contractors	123,881	94,654	29,227	
d Securities	86,970	85,230	1,740	
e Audit fees	55,500		55,500	
f All other expenses	347,927	225,887	77,286	44,754
25 Total functional expenses. Add lines 1 through 24f	3,512,307	2,841,551	478,879	191,877
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	42,721	1	96,076
	2 Savings and temporary cash investments	428,760	2	778,052
	3 Pledges and grants receivable, net	175,000	3	65,000
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	32,196	9	53,476
	10a Land, buildings, and equipment: cost basis	10a 3,054,086		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 871,678	10c	2,182,408
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,935,370	16	3,175,012	
Liabilities	17 Accounts payable and accrued expenses	236,212	17	224,291
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	236,212	26	224,291
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,599,158	27	2,945,971
	28 Temporarily restricted net assets	100,000	28	4,750
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,699,158	33	2,950,721
	34 Total liabilities and net assets/fund balances	2,935,370	34	3,175,012

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits?	3b	

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.")	4,014,225	1,913,493	1,631,287	1,823,207	2,363,684	11,745,896
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	4,014,225	1,913,493	1,631,287	1,823,207	2,363,684	11,745,896
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)						735,446
6 Public support. Subtract line 5 from line 4						11,010,450

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	4,014,225	1,913,493	1,631,287	1,823,207	2,363,684	11,745,896
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	94,801	101,145	110,499	108,232	98,731	513,408
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.)	5,879	10,595	33,983	4,145	1,548	56,150
11 Total support. Add lines 7 through 10						12,315,454
12 Gross receipts from related activities, etc. (see instructions)					12	6,102,184
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	89.4035 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	88.7663 %
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 <input type="checkbox"/>						

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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

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

Sec 513 (H) items

\$

56,150

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

A PLACE CALLED HOME

95-4427291

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

A PLACE CALLED HOME

Employer identification number

95-4427291**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Pd. 527(j)(1)	\$ 251,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 138,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 170,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 1,023,050	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

A PLACE CALLED HOME

Employer identification number

95-4427291

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 109,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 56,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 77,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 60,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

A PLACE CALLED HOME

Employer identification number

95-4427291**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	\$ 65,000	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.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

A PLACE CALLED HOME

Employer identification number

95-4427291

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	<\$500 by 135 persons	\$ 22,732	6/30/09
6	<\$1000 by 16 persons	\$ 12,668	6/30/09
6	<\$5000 by 31 persons	\$ 63,100	6/30/09
6	<\$25000 by 8 persons	\$ 91,400	6/30/09
6	>\$25000 by 11 persons	\$ 804,048	6/30/09
6	Food by 5 persons	\$ 29,102	6/30/09

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

Employer identification number

A PLACE CALLED HOME**95-4427291****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _

4 Number of states where property subject to conservation easement is located ▶ _ _ _ _ _

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _ _ _ _ _

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _ _ _ _ _

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _ _ _ _ _

(ii) Assets included in Form 990, Part X ▶ \$ _ _ _ _ _

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _ _ _ _ _

b Assets included in Form 990, Part X ▶ \$ _ _ _ _ _

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		1,000,865		1,000,865
b Buildings				
c Leasehold improvements				
d Equipment		2,053,221	871,678	1,181,543
e Other				
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,182,408

Part XIV Supplemental Information (continued)

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		Annual Fundrais (event type)	(event type)	None (total number)	
Revenue	1 Gross receipts	1,373,569			1,373,569
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	1,373,569			1,373,569
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	301,508			301,508
	8 Direct expense summary. Add lines 4 through 7 in column (d)				301,508
9 Net income summary. Combine lines 3 and 8 in column (d)					1,072,061

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Combine lines 1 and 7 in column (d)					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities:		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain:		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

c If "Yes," enter name and address:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer
☐ Employee
☐ Independent contractor
17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Yes No

15a

17a

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees▶ Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008Open To Public
Inspection

Name of the organization

A PLACE CALLED HOME

Employer identification number

95-4427291**Part I Questions Regarding Compensation**

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
a Receive a severance payment or change of control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X

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

Schedule J (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments

	Severance	Nonqualified	Equity-based
Thyonne Gordon	45,000	0	0

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**NonCash Contributions**► To be completed by organizations that answered "Yes"
on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

2008**Open To Public
Inspection**

Name of the organization

A PLACE CALLED HOME

Employer identification number

95-4427291**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		993,948	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock ..				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	5	29,102	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (.....)				
26 Other ► (.....)				
27 Other ► (.....)				
28 Other ► (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for
which the organization completed Form 8283, Part IV, Donee Acknowledgement**29**30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that
it must hold for at least three years from the date of the initial contribution, and which is not required to be
used for exempt purposes for the entire holding period?

Yes No

30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard
contributions?

31		X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash
contributions?

32a		X

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

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

Schedule M (Form 990) 2008

DAA

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

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

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

A PLACE CALLED HOME

Employer identification number

95-4427291

Form 990, Part III, Line 4d - All Other Achievements

APCH Community initiative reaches out to the families of

APCH members through parenting classes, counseling

support, food and clothing giveaways, holiday giveaways

(Thanksgiving dinners, toys for Christmas) and community

celebrations. Our Parent Advisory Council gives parents a

voice in the direction of APCH and the services we

provide. \$237,677

Creative Expressions:

APCH Creative expressions program provides youth with

enrichment and skills in the arts, including music

instrumental and voice; dance, theatre, fine arts and

digital media training. \$567,411

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990

Executive Director, Board Treasurer and Finance Committee Review, which is

vetted and approved by the Board of Directors.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Members are required to disclose any conflict of interest.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Executive directors salary is subject to Board of Trustee's review

Name of the organization	Employer identification number
A PLACE CALLED HOME	95-4427291

and approval.

Form

4562Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2008Attachment
Sequence No. **67**

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

Name(s) shown on return

A PLACE CALLED HOME

Identifying number

95-4427291

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	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
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	82,803

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	4,069
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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				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	86,872
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)

DAA

There are no amounts for Page 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
183	Improvement	4/01/08	164,459			164,459	39 MO S/L	6,279	4,069
			<u>164,459</u>			<u>164,459</u>		<u>6,279</u>	<u>4,069</u>
Other Depreciation:									
1	Land	12/31/96	187,000			187,000	0 -- Land	0	0
2	Building	12/31/96	208,000			208,000	39 MO S/L	66,342	5,333
3	Improvement	12/31/95	29,104			29,104	39 MO S/L	9,326	746
4	Improvement	12/31/96	201,103			201,103	39 MO S/L	100,938	5,157
5	Equipment	12/31/93	6,001			6,001	7 MO S/L	6,001	0
6	equipment	12/31/94	5,318			5,318	7 MO S/L	5,318	0
7	equipment	12/31/95	1,280			1,280	7 MO S/L	1,280	0
8	Equipment	12/31/96	4,426			4,426	7 MO S/L	4,426	0
9	Computer	12/31/93	1,500			1,500	5 MO S/L	1,500	0
10	Computer	12/31/94	3,567			3,567	5 MO S/L	3,567	0
11	Computer	12/31/95	2,500			2,500	5 MO S/L	2,500	0
12	Computer	12/31/96	14,232			14,232	5 MO S/L	14,232	0
13	Furniture & fixture	12/31/96	15,468			15,468	7 MO S/L	15,468	0
15	Bldg improvmt	8/18/97	648			648	39 MO S/L	185	16
16	Equipment	12/31/97	9,948			9,948	7 MO S/L	9,948	0
17	Furniture	12/31/97	10,412			10,412	7 MO S/L	10,412	0
18	Transportation equipment	12/31/97	17,460			17,460	5 MO S/L	17,460	0
	Mass Sale: 4/06/09								
19	Computers	12/31/97	6,058			6,058	5 MO S/L	6,058	0
20	Recording equipment	12/31/96	75,543			75,543	5 MO S/L	75,543	0
21	Computers	7/30/98	1,321			1,321	5 MO S/L	1,321	0
22	Computers	8/28/98	518			518	5 MO S/L	518	0
23	Computers	4/16/99	1,570			1,570	5 MO S/L	1,570	0
24	Bldg improvement	1/21/99	1,995			1,995	39 MO S/L	482	52
25	Copier	5/19/99	15,000			15,000	5 MO S/L	15,000	0
26	Computer software	2/02/99	12,177			12,177	3 MO S/L	12,177	0
27	Computer software	4/21/99	2,548			2,548	3 MO S/L	2,548	0
28	Computers	8/20/98	1,450			1,450	5 MO S/L	1,450	0
29	Computers	4/30/99	5,000			5,000	5 MO S/L	5,000	0
30	Transportation equipment	6/30/99	29,020			29,020	5 MO S/L	29,020	0
	Mass Sale: 4/06/09								
31	Block wall for playground	9/22/99	9,876			9,876	15 MO S/L	5,594	659
32	Fence for playground	6/24/99	2,922			2,922	15 MO S/L	1,754	195
33	Automatic front gate	4/01/00	6,600			6,600	15 MO S/L	3,740	440
34	Fence	5/18/00	733			733	15 MO S/L	417	48
35	Hardwood Dance floor	5/23/00	2,500			2,500	7 MO S/L	2,500	0
36	Basketball court	10/06/99	15,000			15,000	39 MO S/L	3,352	384
37	Piece drum set	7/27/99	519			519	7 MO S/L	519	0
38	Basketball pole	8/26/99	690			690	7 MO S/L	690	0
39	Portable computer classroom	11/20/99	14,862			14,862	7 MO S/L	14,862	0
40	Playground Equipment	9/22/99	30,450			30,450	7 MO S/L	30,450	0
41	Mobile office	4/01/00	12,100			12,100	7 MO S/L	12,100	0
42	Kitchen stove	3/20/00	2,495			2,495	7 MO S/L	2,495	0
43	Building sign	5/05/00	700			700	7 MO S/L	700	0
44	Accounting safe	5/15/00	712			712	7 MO S/L	712	0
45	Gym equipment	6/02/00	895			895	7 MO S/L	895	0
46	Land - Alley parking lot	1/28/00	6,865			6,865	0 -- Land	0	0
47	Ford E350Van '92	2/10/00	4,000			4,000	5 MO S/L	4,000	0
	Mass Sale: 4/06/09								
48	Ford E350Van '92	2/10/00	4,000			4,000	5 MO S/L	4,000	0
	Mass Sale: 4/06/09								
49	Ford E350Van '92	2/10/00	4,500			4,500	5 MO S/L	4,500	0
51	Ford Econoline	3/17/01	8,804			8,804	5 MO S/L	8,804	0
	Mass Sale: 4/06/09								
52	New engine Van # 5	3/21/01	5,116			5,116	5 MO S/L	5,116	0
	Mass Sale: 4/06/09								
53	Pasenger ford Shullebus	4/20/01	10,000			10,000	5 MO S/L	10,000	0
	Mass Sale: 4/06/09								
55	New office complex	10/01/00	38,155			38,155	39 MO S/L	7,540	978
56	Front office imprvmnt	6/06/01	2,900			2,900	39 MO S/L	522	74
57	Soccer equipment	7/01/00	660			660	7 MO S/L	660	0
58	Sewing equipment	7/21/00	799			799	7 MO S/L	799	0
59	Safe/File cabinet	9/15/00	1,784			1,784	7 MO S/L	1,784	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
60	Phone system	9/18/00	1,127				1,127	7	MO	S/L	1,127	0
61	Drinking fountain	11/01/00	3,900				3,900	7	MO	S/L	3,900	0
62	Phone system	12/22/00	615				615	7	MO	S/L	615	0
63	Recording equipment	1/10/01	691				691	7	MO	S/L	691	0
64	Recording equipment	6/26/01	455				455	7	MO	S/L	455	0
65	Bookcase	7/06/00	731				731	7	MO	S/L	731	0
66	Filing cabinet	8/11/00	491				491	7	MO	S/L	491	0
67	Computer tables	8/23/00	970				970	7	MO	S/L	970	0
68	Filing cabinet	10/17/00	527				527	7	MO	S/L	527	0
69	Furniture & fixture	6/30/01	10,000				10,000	7	MO	S/L	10,000	0
70	Kidtrax scanner	7/03/00	300				300	5	MO	S/L	300	0
71	Dell computers (3)	7/03/00	2,546				2,546	5	MO	S/L	2,546	0
72	Dell Server	7/03/00	3,792				3,792	5	MO	S/L	3,792	0
73	12 Monitors 17"	9/05/00	13,627				13,627	5	MO	S/L	13,627	0
74	Computer equipment	9/05/00	1,837				1,837	5	MO	S/L	1,837	0
75	Network equipment	9/27/00	10,110				10,110	5	MO	S/L	10,110	0
76	Computer lab install	10/17/00	766				766	5	MO	S/L	766	0
77	Printer	10/25/00	416				416	5	MO	S/L	416	0
78	Printer	10/30/00	812				812	5	MO	S/L	812	0
79	Computer lab printers	11/08/00	1,590				1,590	5	MO	S/L	1,590	0
80	Kid trax Scanner	11/08/00	385				385	5	MO	S/L	385	0
81	Computer lab equip	11/17/00	357				357	5	MO	S/L	357	0
82	Computer Equipmnt	1/08/01	227				227	5	MO	S/L	227	0
83	Computer equipmnt	4/11/01	3,855				3,855	5	MO	S/L	3,855	0
84	Internet hardware	5/02/01	270				270	5	MO	S/L	270	0
85	Computer equipmnt	5/24/01	364				364	5	MO	S/L	364	0
86	Computer equipmnt	6/08/01	1,254				1,254	5	MO	S/L	1,254	0
87	Computer software	8/15/00	356				356	3	MO	S/L	356	0
88	Computer software	9/05/00	173				173	3	MO	S/L	173	0
89	Quark Express	12/12/00	826				826	3	MO	S/L	826	0
90	Computer software	1/04/01	1,315				1,315	3	MO	S/L	1,315	0
91	Computer software	2/15/01	712				712	3	MO	S/L	712	0
92	Computer software	4/15/01	1,007				1,007	3	MO	S/L	1,007	0
94	Land	12/28/01	765,000				765,000	0	--	Land	0	0
95	Building	12/28/01	435,000				435,000	39	MO	S/L	72,966	11,153
96	front office imprv	9/03/01	3,460				3,460	39	MO	S/L	603	89
97	New electrical panel	10/12/01	2,800				2,800	39	MO	S/L	482	72
98	Rewiring	11/03/01	1,500				1,500	39	MO	S/L	253	39
99	Camera system	4/15/02	1,300				1,300	5	MO	S/L	1,300	0
100	Hard disk recording bundle	10/30/01	825				825	5	MO	S/L	825	0
101	Midi Module cable	11/09/01	565				565	5	MO	S/L	565	0
102	Apple computer	9/24/01	12,951				12,951	5	MO	S/L	12,951	0
103	Dell computers	10/24/01	1,010				1,010	5	MO	S/L	1,010	0
104	IMAC Computers	11/02/01	3,778				3,778	5	MO	S/L	3,778	0
105	3 Printers	11/02/01	1,008				1,008	5	MO	S/L	1,008	0
106	Dell server upgrade	11/02/01	2,479				2,479	5	MO	S/L	2,479	0
107	Dell workstation for lab	11/02/01	694				694	5	MO	S/L	694	0
108	Dell Computer - admin	1/04/02	844				844	5	MO	S/L	844	0
109	Dell computer - accouting	1/10/02	737				737	5	MO	S/L	737	0
110	Dell computer - mail syst	1/14/02	882				882	5	MO	S/L	882	0
111	2 computers - MAV	5/03/02	1,068				1,068	5	MO	S/L	1,068	0
112	Computer software	8/06/01	968				968	3	MO	S/L	968	0
113	Computer software	10/22/01	5,302				5,302	3	MO	S/L	5,302	0
114	Computer software	11/02/01	1,005				1,005	3	MO	S/L	1,005	0
115	Microsoft software	11/21/01	2,566				2,566	3	MO	S/L	2,566	0
117	Bldg 2901 Central	7/30/02	3,000				3,000	39	MO	S/L	459	77
118	Trailer expansion	12/06/02	22,905				22,905	39	MO	S/L	3,254	587
119	Trailer expansion	1/21/03	25,000				25,000	39	MO	S/L	3,499	641
120	Trailer expansion	1/23/03	10,000				10,000	39	MO	S/L	1,399	257
121	Trailer expansion	1/23/03	10,000				10,000	39	MO	S/L	1,399	257
122	Trailer expansion	1/23/03	6,940				6,940	39	MO	S/L	972	178
123	Counseling construction	2/27/03	20,502				20,502	39	MO	S/L	2,826	526
124	New Gym Constr	6/30/03	15,000				15,000	39	MO	S/L	1,940	384
125	New security system	7/11/02	4,500				4,500	39	MO	S/L	687	116
126	New security system	2/04/03	4,500				4,500	39	MO	S/L	619	116
127	New building	11/01/03	39,272				39,272	39	MO	S/L	4,657	1,007
128	New Gym Constr	9/01/03	102,700				102,700	39	MO	S/L	12,618	2,633
129	Bldg imprvmnt	10/30/03	3,875				3,875	39	MO	S/L	467	99
130	Concrete placement	11/07/03	6,800				6,800	39	MO	S/L	806	174
131	Dance floor	11/07/03	9,400				9,400	39	MO	S/L	1,115	241
132	New security system	10/15/03	1,829				1,829	39	MO	S/L	221	47

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
133	Music Studio Equip	11/15/03	140			140	7 MO S/L	90	20
134	Computer equipment	12/18/03	544			544	5 MO S/L	489	55
135	Transportation equipment	11/15/03	1,200			1,200	5 MO S/L	1,080	120
	Mass Sale: 4/06/09								
136	Land	2/15/05	42,000			42,000	0 -- Land	0	0
137	Computer Equipmnt	4/01/05	4,581			4,581	5 MO S/L	2,863	916
138	Computers	6/16/05	3,696			3,696	5 MO S/L	2,310	739
139	Computer software	6/14/05	1,039			1,039	3 MO S/L	1,039	0
140	Bldg impvmnt	1/01/05	2,210			2,210	39 MO S/L	196	57
151	Music Studio	12/02/05	6,000			6,000	5 MO S/L	3,000	1,200
152	Dell Computer	11/07/05	755			755	5 MO S/L	378	151
153	Dell ccomputer	1/05/06	1,134			1,134	5 MO S/L	567	227
154	Dell laptop	1/21/06	9,411			9,411	5 MO S/L	4,705	1,883
155	Computer	7/01/05	32,708			32,708	5 MO S/L	19,625	6,541
156	Building improvement	7/01/05	20,000			20,000	39 MO S/L	1,538	513
157	Ford Van - 15 passenger	10/11/06	26,006			26,006	5 MO S/L	16,023	5,201
158	2 labtop	9/06/06	1,698			1,698	5 MO S/L	623	339
159	17 Desl tops	9/06/06	13,827			13,827	5 MO S/L	5,070	2,765
160	Labtop	11/01/06	2,961			2,961	5 MO S/L	987	592
161	Computer hardwares	3/01/07	4,446			4,446	5 MO S/L	1,186	889
162	Lab furniture	10/05/06	5,849			5,849	5 MO S/L	2,047	1,170
163	Furniture lab	11/14/06	437			437	5 MO S/L	146	87
164	Furniture lab	3/01/07	5,520			5,520	5 MO S/L	1,472	1,104
165	Music Studio improvement	3/01/07	47,549			47,549	5 MO S/L	12,680	9,510
166	Phones	7/26/06	772			772	5 MO S/L	296	154
167	Outdoor equipment	9/25/06	3,050			3,050	3 MO S/L	1,779	1,017
168	Security System	11/30/06	17,341			17,341	5 MO S/L	5,491	3,469
169	Samsung phone	1/23/07	512			512	5 MO S/L	145	102
170	Orbit Scanner	1/25/07	2,200			2,200	3 MO S/L	1,039	733
171	Magnetic Markerb Board	1/25/07	538			538	3 MO S/L	254	179
172	Projector	2/19/07	1,022			1,022	3 MO S/L	454	341
173	Equipment Film class	3/14/07	650			650	3 MO S/L	289	217
174	Paints & Awnings	3/01/07	19,190			19,190	5 MO S/L	5,117	3,838
175	Furniture for Read prog	9/17/07	8,128			8,128	7 MO S/L	871	1,161
176	Dell computer	8/15/07	1,656			1,656	5 MO S/L	304	331
177	PC Mall Comp hardware	10/04/07	505			505	5 MO S/L	76	101
178	PC Mall comp hardware	1/24/08	419			419	5 MO S/L	35	84
179	Pc mall comp hardware	2/07/08	655			655	5 MO S/L	55	131
180	Dell computer	6/19/08	2,470			2,470	5 MO S/L	0	494
181	S & S Construction	6/25/08	5,800			5,800	5 MO S/L	0	1,160
182	Security system	12/16/07	848			848	5 MO S/L	85	169
184	IMAC computer	8/11/08	3,206			3,206	5 MO S/L	0	641
185	Upgrade equipment	6/24/09	1,458			1,458	5 MO S/L	0	292
186	QB software	11/18/08	2,923			2,923	5 MO S/L	0	585
187	Music Dstudio	10/01/08	5,000			5,000	5 MO S/L	0	750
Total Other Depreciation			<u>2,969,227</u>			<u>2,969,227</u>		<u>858,127</u>	<u>82,803</u>
Total ACRS and Other Depreciation			<u>2,969,227</u>			<u>2,969,227</u>		<u>858,127</u>	<u>82,803</u>
Grand Totals			3,133,686			3,133,686		864,406	86,872
Less: Dispositions			79,600			79,600		79,480	120
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>3,054,086</u>			<u>3,054,086</u>		<u>784,926</u>	<u>86,752</u>

APCH A PLACE CALLED HOME
95-4427291
FYE: 6/30/2009

4/24/2010

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>
Bank Interest income	\$ 4,291		14	CA
Total	\$ 4,291			

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Counsulting fee	\$ 46,370	\$	\$ 36,370	\$ 10,000
Utilities	34,127	32,241	1,886	
Food & nutrition	28,481	28,481		
Transportation expenses	23,469	23,442	18	9
Supplies	20,890	17,382	3,508	
Payroll svc fee	16,552	13,593	2,959	
Property taxes	16,188	16,188		
Equipment rental & mainte	15,792			15,792
Postage	15,316	45		15,271
Meals & food	14,960	13,665	1,295	
Bank card merchant fees	12,635		12,635	
Counseling	10,200	10,200		
Printing	9,011		9,011	
Property Taxes	8,925	8,334	591	
Telephone	8,882	7,931	951	
Office supplies	7,708	7,219	489	
Website hosting	6,610	6,042	568	
Special events	5,045	5,045		
Repairs & Maintenance	4,525	4,525		
Uniforms	4,486	4,486		
Trash collection	4,300	4,214	86	
Software license	3,682			3,682
Supplies - Other	2,946	2,845	101	
Bank charges	2,919		2,919	
Repairs & maintenance	2,492	2,330	162	
Bad debts expense	2,305	2,305		
TV, Cable and internet	2,115	2,115		
Education & Training	1,852	1,852		
Background checks	1,807	1,807		
Penalties	1,744		1,744	
Supplies - other	1,692	1,692		
Dues & subscriptions	1,632	1,529	103	
League fees	1,609	1,609		
Staff appreciation	1,495		1,495	
Field trips	1,422	1,422		
Dental service	1,300	1,300		
Education & training	1,041	1,041		

Federal Statements

4/24/2010

Form 990, Part IX, Line 24f - All Other Expenses (continued)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Pest control	\$ 626	\$ 606	\$ 20	\$
Mileage	323	166	157	
TV, cable and internet	235	235		
Contributions	183		183	
Office expense	35		35	
Total	\$ <u>347,927</u>	\$ <u>225,887</u>	\$ <u>77,286</u>	\$ <u>44,754</u>