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SCANNED SEP 1 6 2010

003325 08/13/2010 8 08 AM Pg 2

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)

2009 Open to Public

OMB No 1545-0047

	rnal Revenue S		◆ The organization may have to use a copy of this return to satisfy state reporting require	ments	Inspection				
<u>A</u>	For the 2009		, or tax year beginning , and ending						
В	Check if applic		Name of organization	D Emplo	yer identification number				
Ľ	Address chang	use IR\$	AARON MCNEIL HOUSE, INC.						
	Name change		Doing Business As	61-	0850137				
$\overline{\Box}$	Initial return	type.	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number					
		See Specific	604 EAST 2ND STREET	270	-886-9734				
\Box	Termination	Instruc	City or town, state or country, and ZIP + 4	G Gross red	ceips 293,914				
	Amended retu	rn tions.	HOPKINSVILLE KY 42240						
	Application per	ndina Name a	nd address of principal officer	H(a) Is this	a group return for				
	., ,	PAU	LA RUSSELL	affiliat					
		604	EAST 2ND STREET	H(b) Are al	ll affiliates Yes No				
		HOP	KINSVILLE KY 42240	If "No	," attach a list (see instructions)				
	Tax-exempt st	atus X	501(c) (3) ♦ (Insert no) 4947(a)(1) or 527		•				
J	Website: ♦			H(c) Groun	exemption number •				
K_	Type of organi	ızatıd X Corp			M State of legal domicil&Y				
		Summary							
	1 Briefly	describe the	organization's mission or most significant activities						
	1	E SCHEDU	· ·						
JCe									
nai									
Ver	2 05-01								
Activities & Governance			if the organization discontinued its operations or disposed of more than 25% of its net assets	1 1	13				
త			members of the governing body (Part VI, line 1a)	3	13				
ţie			dent voting members of the governing body (Part VI, line 1b)	4	12				
₹			ployees (Part V, line 2a)	5	9				
Ä			unteers (estimate if necessary)	_6					
	1		ed business revenue from Part VIII, column (C), line 12	7a					
	b Net un	related busir	ess taxable income from Form 990-Trino-34	7b	<u>0</u>				
	9 Contril	hutions and c	rants (Part VIII, line 1h) RECEIVED Prior Ye 178	3,429	Current Year 290, 594				
ne	1	_		,,429	290,394				
Revenue	1		venue (Part VIII, line 2g) (Part VIII, column (A), lines 3, 4, and to	274	2 200				
Re.	1		(Part VIII, column (A), lines 3, 4, and and 1	274	3,320				
			t VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	,265	000 014				
	1			1,968	293,914				
	1		1,589	88,811					
			or members (Part IX, column (A), line 4)	400					
nses				5,480	73,851				
ens	16a Profes		ising fees (Part IX, column (A), line 11e)						
Exper	b Total f		penses (Part IX, column (D), line 25) ◆ 15 , 851		· · · · · · · · · · · · · · · · · · ·				
ш	'' Ouici			3,922	64,770				
	18 Total e	expenses Ad		3,991	227,432				
۾ڄ	19 Reven	ue less expe		1,023	66,482				
Net Assets or Fund Balances			Beginning of C						
Ass	20 Total a	assets (Part >		1,893	192,370				
a fe	21 Total I	iabilities (Par		2,201	3,196				
	-	-		2,692	189,174				
<u> </u>	art II	<u>Signatựre</u>			<u> </u>				
		Under penalties	of penury, I declare that I have examined this return, including accompanying schedules and statements, and t true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	o the best of	my knowledge				
	1		1/1// and complete Decision of preparer (other than officer) is based on all illionnation of which prep	ı O	Mowledge / 2012				
Sig		\bullet $\pm \mu$	Marka Mary	<u> </u>	110100				
He	re	Signature		Date	-				
		PAU	LA RUSSELL EXECUTIVE DIR	ECTOR					
		Type or pr	nt name and title		<u> </u>				
_	1	Preparer's	Date Check if		Preparer's identifying numbe				
Pai	ia į	signature	Chui Jahn CPA 08/13/10 employe	ed 🔷 🗀	(see instructions) P00970108				
	eparer's	<u>_</u>	TUMPNAN CAMPRET COOLD DIC	EIN ◆	26-3683574				
Us		Firm's name (o if self-employed	117 tmom http://www.						
		address, and Z		Phone	270-885-8481				
May			n with the preparer shown above? (see instructions)	no ◆					
			ork Reduction Act Notice, see the separate instructions.		Yes No Form 990 (2003)				
DÃA	asj not	i upui W			17 Form 980 (2003)				
					. 1 1				

4d Other program services (Describe in Schedule O)									
(Expenses \$	including grants of \$) (Revenue \$)						
4e Total program service expens	ses ♦ 199,806								

Form 990 (2009)

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		1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I		3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		4		_X_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				
	complete Schedule D, Part I		6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		<u> </u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		<u>X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable		11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII				
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		40		X
424	Schedule D, Parts XI, XII, and XIII	(;; 	12		Λ.
IZA	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12A X	42	-	v
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?		13		$\frac{\mathbf{x}}{\mathbf{x}}$
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		14a		
U	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14h		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		14b		-22
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		13		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		10		-
••	on Part IX, column (A), lines 6 and 11e ² If "Yes," complete Schedule G, Part I		17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		- ' '		
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		0		
	If "Yes," complete Schedule G, Part III		19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		X
	The second state of the se			000	<u></u>

Form 990 (2009) AARON MCNEIL HOUSE, INC.

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	_28b		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			77
	Part IV	28c		_ <u>x</u> _
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
22	Part	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	20		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		
-	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		
•	Schedule R, Part V, line 2	35		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	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			 -
	19? Note . All Form 990 filers are required to complete Schedule O	38	x	

Pa	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					
L	U.S. Information Returns Enter -0- if not applicable	<u>1a</u>	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		 		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reporgaming (gambling) winnings to prize winners?	labie			1	х
2a		1	I	1c		
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	20	9			
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2a	<u> </u>	 	X	Ī
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			2b		
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	v				
-	this return?	y		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	ority		55		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	•				
	account)?			4a		х
b	If "Yes," enter the name of the foreign country ◆					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bai	nk				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	1?		5b		X
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards	ng				
	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				į	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds				.,
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			-		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	I	7c		
u A	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a persi		L			
·	benefit contract?	Jilai		7e	i	х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	,		7f		x
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	;				
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			<u>9</u> a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	1 1	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		[
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	L			
11	Section 501(c)(12) organizations. Enter		ı			
a	Gross income from members or shareholders	11a		 		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	 				
12-	amounts due or received from them)	11b	l			
12a h	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1 1	I	12a		\vdash
U	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u></u>		, aan	(2009)
				FOIL		14000)

Part Vi Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	stion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 12			
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		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
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		X
þ	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ◆ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ♦ PAULA RUSSELL 604 EAST 2ND STREET			

270-886-9734

KY 42240

HOPKINSVILLE

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) (C) Average Position (check all that			hat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SALLIE WATSON										_
TREASURER	1.00							0	0	0
TRACEY CLARK										_
VICE CHAIRPERSON	1.00	_	_					0	0	0
LINDA VALENTINE									_	_
SECRETARY	1.00							0	0	0
BILL NICHOL									_	
CHAIRPERSON	1.00	ļ						0	0	0
FRANK MONTGOMERY		1					i			
BOARD MEMBER	1.00			<u></u>		<u> </u>		0	0	0
BONNIE LYNCH										
BOARD MEMBER	1.00							0	0	0
LENA ACREE										
BOARD MEMBER	1.00	ļ				<u> </u>		0	0	0
CHARLES TURNER										
BOARD MEMBER	1.00							0	0	0
LINDSEY ADAMS										
BOARD MEMBER	1.00	<u> </u>				<u> </u>		0	0	0
VIRGINIA GRAY						ļ				
BOARD MEMBER	1.00	1						0	0	0
KEN ANDERSON		1								
BOARD MEMBER	1.00	1						0	0	0
CHAIRMEN BARTA										
BOARD MEMBER	1.00	-						0	0	0
		 				-				
		\vdash			_	<u> </u>				
		_				_				
		-			_	ļ				

	(2009) AARON MCNEI		SE, INC.	. —	<u>01-0820131</u>		Page S
art V	III Statement of Reve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>د</u> 1a	Federated campaigns	1a	74,865		revenue	1	312, 313, 01 314
⊆	Membership dues	1b	7 1,000	1			1
티	Fundraising events	1c			1		1
=				4			1
	Related organizations	1d	27 440	!			1
E e	Government grants (contributions)	1e	37,449	1			
힏	All other contributions, gifts, grants, and similar amounts not included a			F	l		
₹	and similar amounts not included a	po ye	178,280				1
g g	Noncash contributions included in I	nes 1a 3 f		ļ.			
h	Total. Add lines 1a-1f		•	290,594			
			Busn. Code				
2a							
Ь							
; С							
) d							
i e							·
b f	All other program service reven	ue		-			
	Total. Add lines 2a–2f	u 0	•				
3	Investment income (including d	widends in					
	other similar amounts)	Miderius, ii	Lerest, and	3,320	3,320		
1.	Income from investment of tax-			3,320	3,320		
4		exempt boi	id proceeds 🗸				 -
5	Royalties	- I	() 5			· · · · · · · · · · · · · · · · · · ·	-
	(ı) Real		(II) Personal	[
6a	Gross Rents			ŀ			-
þ	Less rental exps						ļ
C	`						ŧ
d 70	Net rental income or (loss)						
'a	Gross amount from (i) Securities sales of assets		(II) Other				ŧ
	other than inventory						
b	Less cost or other						•
	basis & sales exps			1			
С	Gain or (loss)						1
d	Net gain or (loss)		•		1		
8a	Gross income from fundraisin	a events					
b	(not including				1		Į.
	of contributions reported on lir	ne 1c)			1		į
	See Part IV, line 18	a			1		
h	Less direct expenses	ğ					
֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Net income or (loss) from fundra		to.	ŧ	i		
			US ▼				
Ja	Gross income from gaming ac						
١.	See Part IV, line 19	a					
	Less direct expenses	b					
	Net income or (loss) from gamin	ng activities	•				
10a	Gross sales of inventory, less				1		
	returns and allowances	a		1			
b	Less cost of goods sold	b		1	1		
_ c	Net income or (loss) from sales	of inventor	y •				
	Miscellaneous Revenue		Busn. Code				
11a		100					
l b							
C							
ď	All other revenue						
	Total. Add lines 11a-11d						
12	Total Revenue. See instruction	_	₹ -	202 014	3,320		
	Total Nevenue. See mishuction	3		293,914	3,320	0	Form 990 (2009

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).

	All other organizations must				
	not include amounts reported on lines 6b, 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	88,811	88,811		
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,				
J	trustees, and key employees	28,591	17,248	6,361	4,982
6	Compensation not included above, to disquali		17,240	0,301	4,502
o		1			
	persons (as defined under section 4958(f)(1))	anu			
-	persons described in section 4958(c)(3)(B)	35,017	33,638		1,379
7	Other salaries and wages		33,636		1,319
8	Pension plan contributions (include section 40	/ I(K)			
	and section 403(b) employer contributions)	C 1EE	E 162	646	CAC
9	Other employee benefits	6,455 3,788	5,163 3,030	379	646 379
10	Payroll taxes	3,788	3,030	3/9	319
11	Fees for services (non-employees)				
a	Management				
b	Legal	0.215	7 451	020	020
	Accounting	9,315	7,451	932	932
d	Lobbying				
е	Professional fundraising services See Part IV	/, line 17			
f	Investment management fees				
g	Other	400			
12	Advertising and promotion	490	392	49	49
13	Office expenses	11,598	9,278	1,160	1,160
14	Information technology				
15	Royalties				
16	Occupancy	11,177	8,941	1,118	1,118
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization	2,697	2,157	270	270
23	Insurance	3,026	2,420	303	303
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together	-			
	and labeled miscellaneous may not exceed	Į			
	5% of total expenses shown on line 25 below)			1	
а	MISC. PROGRAM EXPENSE	16,819	16,819		
b	MISCELLANEOUS	5,572	4,458	557	557
c	DIRECT MISC. FUNDRAISING	4,076	,		4,076
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 thro	ough 24f 227, 432	199,806	11,775	15,851
	Joint costs. Check here of following	Jugii 271 - E I J 302	233,000		10,001
_0	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA					Form 990 (2000)

Pai	_	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			14,541	1	48,321
1	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, tru					
		employees, and highest compensated employees Comple					
		Schedule L		5			
	6	Receivables from other disqualified persons (as defined un	nder section				
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			1	
		Part II of Schedule L		6			
Assets	7	Notes and loans receivable, net			455	7	1,139
SS	8	Inventories for sale or use			10,000	8	40,000
⋖	9	Prepaid expenses and deferred charges			9		
1	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	78,257			
	b	Less accumulated depreciation	10b	46,035	33,691	10c	32,222
1	11	Investments—publicly traded securities		11			
1	12	Investments—other securities See Part IV, line 11	Ī		12		
1	13	Investments—program-related See Part IV, line 11	Ī		13		
1	14	Intangible assets		Ī		14	
1	15	Other assets See Part IV, line 11			66,206	15	70,688
	16	Total assets. Add lines 1 through 15 (must equal line 34)	Ī	124,893		70,688 192,370	
1	17	Accounts payable and accrued expenses			2,201	17	3,196
1		Grants payable	Ī	•	18		
1	19	Deferred revenue	Ī		19		
2	20	Tax-exempt bond liabilities	Ī		20		
g 2	21	Escrow or custodial account liability Complete Part IV of S	Schedule D	Ī		21	
Liabilities	22	Payables to current and former officers, directors, trustees	s, key				
三		employees, highest compensated employees, and disqual	lified	ŀ			
-12:		persons Complete Part II of Schedule L				22	1
_ 2	23	Secured mortgages and notes payable to unrelated third p	arties			23	
2	24	Unsecured notes and loans payable to unrelated third part	ties			24	
2	25	Other liabilities Complete Part X of Schedule D				25	
		Total liabilities. Add lines 17 through 25		Ī	2,201	26	3,196
Si		Organizations that follow SFAS 117, check here ◆ X	and				
ဍိ		complete lines 27 through 29, and lines 33 and 34.	-				
<u> </u>	27	Unrestricted net assets			66,063	27	127,934
8 2	28	Temporarily restricted net assets			56,629	28	127,934 61,240
밀	29	Permanently restricted net assets		_ [29	
교		Organizations that do not follow SFAS 117, check here	e ◆ 🗌				
~		and complete lines 30 through 34.	ŀ				
ည်း	30	Capital stock or trust principal, or current funds			30		
Sel 3	31	Paid-in or capital surplus, or land, building, or equipment fi			31		
Asi 3	32	Retained earnings, endowment, accumulated income, or o		ſ		32	
Net Assets or Fund Balances	33	Total net assets or fund balances		Ī	122,692	33	189,174
Z 3	34	Total liabilities and net assets/fund balances			124,893	34	192,370

Form 990 (2009)

orm	1 990 (2009) AARON MCNEIL HOUSE, INC. 61-0850137		Pa	ge 12
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both	-		
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	İ		
	the Single Audit Act and OMB Circular A-133?	3a	_	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AARON MCNEIL HOUSE, INC.

Employer identification number 61-0850137

Pa	art l	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	art.) S	ee ins	truction	ons.	-		
Γhe	orgai	nization is not	a private foundation because	it is (For lines 1 through 11, che	ck only o	ne box)				-				
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).							
2	\Box		cribed in section 170(b)(1)(A				,,,							
3	П			e organization described in secti	on 170(b)	(1)(A)(iii)	_							
4	Ħ			in conjunction with a hospital de)(A)(iii)	Enter th	e hosni	ıtal's r	name		
		city, and state		,				,,,,,,,,,,		о поор				
5		•		a college or university owned or	onerated	hy a gove	rnments	al unit de	scribad	ın				
•			b)(1)(A)(ıv). (Complete Part I		оролагоа	by a gove	,,,,,,,	di de	5011500	""				
6	\Box			·) vernmental unit described in sec	tion 170/	h)/1\/A\/\	A							
7	X		•		•	,, ,, ,,	•	n the ger	neral ni	blic				
•		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	П			'0(b)(1)(A)(vi). (Complete Part II	`									
9	H	-		more than 33 1/3 % of its suppo	•	ntribution	e mamb	orchin fa	205 200	l arocc				
·	ш			ot functions—subject to certain e				•		•				
			·	f unrelated business taxable inco		` '				1113				
			-	, 1975 See section 509(a)(2).			11 (02) 11	OIII DUSII	1103303					
10		-	-	clusively to test for public safety	•	•	a)/A)							
11	H	-		clusively for the benefit of, to pe		•		carry ou	t the					
•	ш	-	•	d organizations described in sect				•		tion				
		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												
е		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												
			section 509(a)(2)	·		ŭ								
f		If the organiza	ation received a written deterr	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g					
		organization,	check this box				• •		-					
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from a	ny of the								
		following per	sons?											
		(i) A persor	who directly or indirectly con	itrols, either alone or together wil	th persons	s describe	d ın (ıı)						Yes	No
		and (III) b	pelow, the governing body of	the supported organization?								11g(ı)		
		(ii) A famıly	member of a person describe	ed in (i) above?								11g(ıı		
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?								11g(ii)	
<u>h</u>		Provide the f	ollowing information about the	e supported organization(s)										
(i)		e of supported	(ii) EIN	(III) Type of organization		e organizati		-		Is the		(vii) Ame	ount of	
	org	anızatıon		(described on lines 1–9 above or IRC section	in col (i)	listed in yo g documer	uthe org	anization I of your	organız (i) orga			supp	ort	
				(see instructions))	governin		sup	port?	Ü	Sγ				
					Yes	No	Yes	No	Yes	No				
					_	ļ			-					
						ŀ								
		·			-			ļ						
	_				-				<u> </u>					
ota	1				<u> </u>									

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

18

33 1/3 % support tests—2009. 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 33 1/3 % support tests—2008. 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

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

Schedule A (Form 990 or 990-EZ) 2009 AARON MCNEIL HOUSE, INC.

61-0850137

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

◆ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

◆ Attach to Form 990. ◆ See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Name of the organization Employer identification number AARON MCNEIL HOUSE, INC. 61-0850137 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 1 Total number at end of year 290,594 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 88,811 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Y a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year • Number of states where property subject to conservation easement is located ◆ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		IL HOUSE, I			850137	Page 2
Pa	art III Organizations Maintaining (Collections of Art,	Historical Treas	ures, or Other	Similar Asset	s (continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, chec	k any of the following	that are a significan	t use of its	
а	Public exhibition	d Loar	or exchange progran	าร		
b	Scholarly research	e Othe				
c	Preservation for future generations	0 0				
4	Provide a description of the organization's collect	ctions and explain how t	ney further the organiz	ation's exempt purp	ose in	
5	During the year, did the organization solicit or re-	ceive donations of art, h	istorical treasures, or	other_similar		
D.	assets to be sold to raise funds rather than to be				W	Yes No
Pē	ert IV Escrow and Custodial Arrar			ation answered	"Yes" to Form	990, Part
4-	IV, line 9, or reported an amo			·		· · · · · · · · · · · · · · · · · · ·
та	Is the organization an agent, trustee, custodian of	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	d complete the following	table			
						Amount
	Beginning balance				1c	
d	Additions during the year				1d	
е	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					
Pa	ert V Endowment Funds. Comple	te if organization a	inswered "Yes" to	Form 990, Pa	rt IV, line 10.	
	-	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance					
b	Contributions	- ·				
С	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships		·			
	Other expenditures for facilities					
_	and programs					
f	Administrative expenses					
'	End of year balance					
9 2	•	d balanan baldan				1
4	Provide the estimated percentage of the year en					
a L	Board designated or quasi-endowment ◆	- %				
	Permanent endowment • %					
	Term endowment ◆ %					
за	Are there endowment funds not in the possessio	n of the organization the	at are held and admini	stered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(II), are the related organizations list	•				3b
4	Describe in Part XIV the intended uses of the org					
Pa	ert VI Investments—Land, Buildin	gs, and Equipme	nt. See Form 990	<u>), Part X, line 10</u>	D	
	Description of investment	(a) Cost or other basis	(b) Cost or other	ner (c) Ad	ccumulated	(d) Book value
		(investment)	basis (other		preciation	
1a	Land		24	,306		24,306
b	Buildings		21	,771	20,980	791
c	Leasehold improvements					
d	Equipment		2	,618	2,380	238
е	Other			,562	22,675	6,887
otal	I. Add lines 1a through 1e (Column (d) must equa	I Form 990, Part X, colu			•	32,222

Schedule D (Form 990) 2009 AARON MCNEIL HOUSE, IN	1C.	61-0850137	Page 3
Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuate	on
(including name of security)		Cost or end-of-year market	et value
Financial derivatives			
Closely-held equity interests			
Other			
			<u> </u>
	"		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			· · · · · · · · · · · · · · · · · · ·
Part VIII Investments—Program Related. See Form 990), Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuate	on
		Cost or end-of-year market	et value
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			······
Part IX Other Assets. See Form 990, Part X, line 15.			•
(a) Description			(b) Book value
PROMISES TO GIVE			38,118
RESTRICTED FUNDS FOR HO	MLESS PREVENT		23,121
BOARD DESIGNATED CASH			9,449
	-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		•	70,688
Part X Other Liabilities. See Form 990, Part X, line 25			
1 (a) Description of liability	(b) Amount		
Federal income taxes]	
		7	
		1	
		7	
		1	
		1	
		1	
		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		1	
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization	Iation's financial statements	s that reports the	
organization's liability for uncertain tax positions under FIN 48			

Sche	edule D (Form 990) 2009 AARON MCNEIL HOUSE, INC.	61-085013	
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Au	dited Financial Stateme	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1_
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV)		8
9	Total adjustments (net) Add lines 4 through 8	Ì	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	Ì	10
	art XII Reconciliation of Revenue per Audited Financial Statements	With Revenue per Retu	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	i i i i i i i i i i i i i i i i i i i	_{2a}	1
b		2b	
c		2c	1
d		2d	1
	Add lines 2a through 2d	<u> </u>	20
е 3	Subtract line 2e from line 1		2e 3
J A	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ſ	3
٠,		_	1
a L		la	
b		lb	4.
-	Add lines 4a and 4b	}	4c
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) art XIII Reconciliation of Expenses per Audited Financial Statements		5
		s with Expenses per Ke	_
1	Total expenses and losses per audited financial statements	-	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	. I	1
a	_	2a	
b	· · ·	2b	1
C .ı		2c	
d	```	2d	1
e	Add lines 2a through 2d	-	
3	Subtract line 2e from line 1	1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a		la]
	•	lb	_
	Add lines 4a and 4b		4c
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
	art XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d	and 4b Also complete	
his p	part to provide any additional information		
			
			
			
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Sched	ule C) (Fc	rm 9	90)	200	9	A	AR	ON	M	CN	EI:	L :	HO	US:	E,	_I	NC	<u>. </u>						6	51-	08	<u>5</u> 0	137	7					_ Pa	age :
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SCHEDULE! (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Attach to Form 990. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

Part

AARON MCNEIL HOUSE,

INC.

OMB No 1545-0047

5003	Open to Public Inspection

Employer identification number 61-0850137 e X

☐ Yes

°N X		nt						
Yes 2	Yes" to n \$5,000 Use	(h) Purpose of grant or assistance						• •
	organizations in the United States. Complete if the organization answered "Yes" to ved more than \$5,000 Check this box if no one recipient received more than \$5,00 ce is needed	n (g) Description of Inon-cash assistance				<u>.</u>		
	ete if the organiz o one recipient r	a≰fi Method of valuatio (book, FMV, appraisa other)						
	d States. Compl leck this box ıf ու	a(tet) Amount of non-c assistance						
funds in the United States	ions in the Unite than \$5,000 Ch ded	(d) Amount of cash grafet) Amount of non-cash method of valuation (g) Description of assistance other) other)						
nt funds in th	Organizat ived more ice is nee	(c) IRC (d section if applicable						
ور pring the use of grai	ernments and on the subsect of the s	(b) EIN						ganizations
the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(a) Name and address of organization or government			-			Enter total number of section 501(c)(3) and government organizations
the se 2 Descri	i m	-						2 Enter

Schedule I (Form 990) 2009

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

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Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed 61-0850137 Schedule I (Form 990) 2009 AARON MCNEIL HOUSE, INC. Part III

	USE I ALLIV ALIO SCHEGATE I-1 (I OTILI 330) II AUGILIOLIAI SPACE IS HEEDEN	וו סטווון ששטוווסוו	al space is liceded			
_	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
CRISIS	CRISIS RELIEF	300	52,861	35,950	COST	FOOD
Part IV	Supplemental Information. Complete this part to provide the information required in Part I line 2, and any other additional information	omplete this part to pr	ovide the information	required in Part I line	2 and any other additional	linformation

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

◆ Attach to Form 990.

OMB No 1545-0047
2009
Open to Public

Inspection

Name of the organization

AARON MCNEIL HOUSE, INC.

Employer identification number 61-0850137

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

THE AARON MCNEIL HOUSE PROMOTES THE WELL BEING OF FAMILIES IN THE CHRISTIAN

COUNTY COMMUNITY THROUGH CRISIS RELIEF AND EDUCATIONAL PROGRAMS. THEY

PROVIDE ASSISTANCE IN TIME OF EMERGENCY WITH RENT, MEDICATION, FOOD AND

OTHER NECESSITIES.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
REVIEWED BY EXECUTIVE DIRECTOR OF ORGANIZATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST.

4562

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Identifying number

Department of the Treasury Internal Revenue Service

◆ See separate instructions.

Attach to your tax return.

AARON MCNEIL HOUSE, INC. 61-0850137 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. 1 250,000 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instruction 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property Enter the amount from line 29 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 2008 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 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 615 14 Property subject to section 168(f)(1) election 15 15 1,659 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 336 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 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use only-see instructions) (e) Convention (f) Method (g) Depreciation deduction placed in period service 19a 3-year property b 5-year property 614 7.0 HY 200DB 87 7-year property d 10-year property 15-year property 20-year property 25-year property S/L 25 yrs S/L Residential rental 27 5 yrs MM property 27 5 yrs MM S/L MM Nonresidential real S/L 39 yrs property MM S/I Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs b S/L 40-year 40 yrs MM S/L С 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 2,697 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

(8) (9) (10)

Totals

003325	5 08/13/2010 8 08 AM Pg	30							
Form	o / 990-PF	Ot	her Notes	and l	Loans Receiv	able			2009
33	07 330-1 1	For calendar year 2009,	or tax year begini	ning		, and ending			2009
Name				-		·	Emplo	oyer Identi	fication Number
ΔΔ	RON MCNETI.	HOUSE, INC.					61-	08501	37
	NON MONDID	HOODE, INC.					01	08301	.51
FO	RM 990, PAR	T X, LINE 7 -	ADDITION	IAL I	INFORMATION	「 <u> </u>		<u>-</u> _	
		Name of borrower				Polotionobio to dio	aalıfad		****
(1)	LOAN RECEIV				-	Relationship to dis	quaimeu	person	
(2)									
(3)									
(4) (5)			_				-		
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	Original amount		Moturity						lata and
	borrowed	Date of loan	Maturity date		R	epayment terms			Interest rate
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(10)			<u> </u>						
				_	<u> </u>				
	Secu	urity provided by borrower				Purpose of	f loan		
(1)									
(2) (3)		-							
(3)						 			
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	Consideral	on furnished by lender			alance due at eginning of year	Balance due at	l		narket value
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2)	-								
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