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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-1150
2009
Open to Public Inspection

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization GATE-GATEWAY TO INDEPENDENCE <hr/> Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 6023 <hr/> City or town, state or country, and ZIP + 4 MARYVILLE, TN 37802	D Employer identification number 86-1084910 <hr/> E Telephone number (865) 379-7904 <hr/> F Group Exemption Number
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G Accounting method: Cash Accrual
 Other (specify) ▶

I Website: WWW.GATEWAYTOINDEPENDENCE.ORG
H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one) — 501(c)(3) (insert no) 4947(a)(1) or 527
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 60,344

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	26,449
	2 Program service revenue including government fees and contracts	2	6,735
	3 Membership dues and assessments	3	
	4 Investment income	4	784
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	26,376
b Less direct expenses other than fundraising expenses	6b	6,310	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	20,066	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	54,034	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	55,389
	13 Professional fees and other payments to independent contractors	13	310
	14 Occupancy, rent, utilities, and maintenance	14	714
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶)	16	4,625
17 Total expenses. Add lines 10 through 16	17	61,038	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,004
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	103,871
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	96,867

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		103,050	22	95,858
23 Land and buildings			23	
24 Other assets (describe ▶)		821	24	1,009
25 Total assets		103,871	25	96,867
26 Total liabilities (describe ▶)			26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		103,871	27	96,867

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
<p>What is the organization's primary exempt purpose? THE GATE- GATEWAY TO INDEPENDENCE ASSISTS YOUNG ADULTS WITH SEVERE DISABILITIES TO ACHIEVE INDEPENDENCE BY PROVIDING THEM WITH SOCIAL AND VOCATIONAL ACTIVITIES PARTICIPANTS ENTER THE PROGRAM BETWEEN THE AGES OF 22-30 BUT MAY REMAIN IN THE PROGRAM AS LONG AS THEY WISH THE PARTICIPANTS COME TOGETHER SEVERAL DAYS EACH WEEK WITH STAFF AND VOLUNTEERS FROM THE COMMUNITY TO ENJOY EACH OTHERS COMPANY AND TO USE SKILLS THAT FOSTER INDEPENDENCE THE FOCUS OF THE PROGRAM IS ON EACH INDIVIDUALS ABILITIES AND ON DEVELOPING A COMMUNITY OF PEOPLE WHO APPRECIATE AND CARE ABOUT EACH OTHER JUST AS IMPORTANT, THE GATE PROVIDES A RESPITE SERVICE TO THE FAMILY/CARETAKER WHO IS ABLE TO LEAVE THE PARTICIPANT WITH US KNOWING THAT THEY ARE IN A SAFE AND NURTURING ENVIRONMENT FOR MANY FAMILIES, THIS IS THE ONLY RESPITE THEY HAVE WITHOUT THIS PROGRAM , MOST OF THESE YOUNG ADULTS FACE A LIFE OF ISOLATION AND EXCLUSION THE GATE IS A MODEL OF WHAT AN INCLUSIVE COMMUNITY CAN BE THE PROGRAM IS FUNDED THROUGH D</p>		
<p>Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title</p>		
<p>28 THE GATE- GATEWAY TO INDEPENDENCE ASSISTS YOUNG ADULTS WITH SEVERE DISABILITIES TO ACHIEVE INDEPENDENCE BY PROVIDING THEM WITH SOCIAL AND VOCATIONAL ACTIVITIES PARTICIPANTS ENTER THE PROGRAM BETWEEN THE AGES OF 22-30 BUT MAY REMAIN IN THE PROGRAM AS LONG AS THEY WISH THE PARTICIPANTS COME TOGETHER SEVERAL DAYS EACH WEEK WITH STAFF AND VOLUNTEERS FROM THE COMMUNITY TO ENJOY EACH OTHERS COMPANY AND TO USE SKILLS THAT FOSTER INDEPENDENCE THE FOCUS OF THE PROGRAM IS ON EACH INDIVIDUALS ABILITIES AND ON DEVELOPING A COMMUNITY OF PEOPLE WHO APPRECIATE AND CARE ABOUT EACH OTHER JUST AS IMPORTANT, THE GATE PROVIDES A RESPITE SERVICE TO THE FAMILY/CARETAKER WHO IS ABLE TO LEAVE THE PARTICIPANT WITH US KNOWING THAT THEY ARE IN A SAFE AND NURTURING ENVIRONMENT FOR MANY FAMILIES, THIS IS THE ONLY RESPITE THEY HAVE WITHOUT THIS PROGRAM , MOST OF THESE YOUNG ADULTS FACE A LIFE OF ISOLATION AND EXCLUSION THE GATE IS A MODEL OF WHAT AN INCLUSIVE COMMUNITY CAN BE THE PROGRAM IS FUNDED THROUGH DONATIONS, SPECIAL EVENTS AND GRANTS THE PROGRAMS SERVE 30 PARTICIPANTS WHICH PROVIDES A RESPITE FOR 60 PARENT/CARETAKERS THERE ARE 12 COLLEGE STUDENT VOLUNTEERS WHO RECEIVE COMMUNITY SERVICE HOURS FOR THEIR VOLUNTEER WORK AT THE PROGRAM</p>	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a 60,728
<p>29</p>	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a
<p>30</p>	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a
<p>31 Other program services (attach schedule)</p>	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a
<p>32 Total program service expenses (add lines 28a through 31a)</p>	<input type="checkbox"/>	32 60,728

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

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

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

50(f) Total number of other employees paid over \$100,000

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

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

51(d) Total number of other independent contractors each receiving over \$100,000

Please 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: ***** Date: 2010-05-04

Type or print name and title: TOM MORGAN TREASURER

Paid Preparer's Use Only

Preparer's signature: KIMBERLY A MCCALL Date: 2010-05-10 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: INGRAM OVERHOLT & BEAN PC, 428 MARILYN LANE, ALCOA, TN 37701

Preparer's identifying number (See instructions): EIN: Phone no: (865) 984-1040

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
GATE-GATEWAY TO INDEPENDENCE

Employer identification number

86-1084910

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 15

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

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

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

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

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

Part III Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	11,942	14,248	19,389	96,204	25,749	167,532
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	9,516	14,952	21,555	27,951	27,076	101,050
3 Gross receipts from activities that are not an unrelated trade or business under section 513			803	1,255	6,835	8,893
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 through 5	21,458	29,200	41,747	125,410	59,660	277,475
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				21,327	2,000	23,327
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				43,000	5,000	48,000
c Add lines 7a and 7b				64,327	7,000	71,327
8 Public Support (Subtract line 7c from line 6)						206,148

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	21,458	29,200	41,747	125,410	59,660	277,475
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		470	1,465	1,581	784	4,300
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		470	1,465	1,581	784	4,300
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)			579	1,055		1,634
13 Total support (Add lines 9, 10c, 11 and 12)	21,458	29,670	43,791	128,046	60,444	283,409

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	72.740 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	88.540 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	2.000 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2.000 %














19a 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

b 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

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

Part IV **Supplemental Information.** 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

Additional Data**Software ID:****Software Version:****EIN:** 86-1084910**Name:** GATE-GATEWAY TO INDEPENDENCE**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BRIAN TUGGLE  320 S COURT STREET MARYVILLE, TN 37804	DIRECTOR 0	0		
CHRISTY WALSH  926 SOUTHWEST CROSS ROAD MARYVILLE, TN 37803	EXEC DIR 0	14,912		
CYNTHIA MARTIN  1103 GRANT STREET ALCOA, TN 37701	SECRETARY 0	0		
DAWN BORDEN  3331 MELODY LANE MARYVILLE, TN 37804	DIRECTOR 0	0		
DONNA HOOKER  3724 RIVERBROOK DRIVE LOUISVILLE, TN 37777	DIRECTOR 0	0		
JERRY MORTON  7309 BONNY KATE DRIVE KNOXVILLE, TN 37920	DIRECTOR 0	0		
JULIE SMALL  3516 SUMMER DRIVE FRIENDSVILLE, TN 37737	PRESIDENT 0	0		
KAREN MCCOIG  613 TRILLIUM CIRCLE MARYVILLE, TN 37804	DIRECTOR 0	0		
KAY OVERBEY  1105 N HERITAGE DRIVE MARYVILLE, TN 37803	VICE PRES 0	0		
TOM MORGAN  206 SHERWOOD DRIVE MARYVILLE, TN 37801	TREASURER 0	0		
TRUDY WHITE  2109 BUCKINGHAM CIRCLE MARYVILLE, TN 37803	PROGRAM DIR 0	13,116		
JOHN EVANS  2111 CHESTERFIELD DRIVE MARYVILLE, TN 37803	DIRECTOR 0	0		
ERIK GARKOVICH  418 CAMELLIA TRACE MARYVILLE, TN 37801	DIRECTOR 0	0		

Form **4562**

**Depreciation and Amortization
(Including Information on Listed Property)**

OMB No 1545-0172

2009

Attachment
Sequence No **67**

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

Name(s) shown on return GATE-GATEWAY TO INDEPENDENCE	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 86-1084910
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Part I Election To Expense Certain Property Under Section 179

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

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8
9 Tentative deduction Enter the smaller of line 5 or line 8		9
10 Carryover of disallowed deduction from line 13 of your 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
13 Carryover of disallowed deduction to 2010 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	451
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	50

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 2009	17	134
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	<input type="checkbox"/>	

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		245	5 0	HY	200 DB	49
c 7-year property		206	7 0	HY	200 DB	30
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 2009 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 instructions	22	714
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	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special depreciation and business use percentages.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a)-(f) for Vehicle 1-6. Rows 30-36 cover total miles driven, commuting miles, other personal miles, and availability for personal use.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with columns Yes/No. Rows 37-41 cover policy statements and requirements for vehicle use by employees.

Part VI Amortization

Table for Section VI with columns (a)-(f). Rows 42-44 cover amortization of costs that begin during the 2009 tax year and total amounts.

TY 2009 Compensation Explanation

Name: GATE-GATEWAY TO INDEPENDENCE

EIN: 86-1084910

Person Name	Explanation
BRIAN TUGGLE	
CHRISTY WALSH	
CYNTHIA MARTIN	
DAWN BORDEN	
DONNA HOOKER	
JERRY MORTON	
JULIE SMALL	
KAREN MCCOIG	
KAY OVERBEY	
TOM MORGAN	
TRUDY WHITE	
JOHN EVANS	
ERIK GARKOVICH	

TY 2009 Other Assets Schedule

Name: GATE-GATEWAY TO INDEPENDENCE

EIN: 86-1084910

Description	Beginning of Year Amount	End of Year Amount
EQUIPMENT	1,457	2,359
LESS ACCUMULATED DEPRECIATION	636	1,350
	821	1,009

TY 2009 Other Expenses Schedule

Name: GATE-GATEWAY TO INDEPENDENCE

EIN: 86-1084910

Description	Amount
EXPENSES	
OFFICE SUPPLIES	711
POSTAGE	31
PARTICIPANT EXPENSE	612
INSURANCE	2,189
PROFESSIONAL DUES	165
POST OFFICE BOX RENTAL	40
TELEPHONE	165
EQUIPMENT RENTAL	140
MISCELLANEOUS	124
STATE TAX/FILING FEES	240
WEBSITE	90
BANK FEES	8
PROMOTIONAL FEES	110