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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 Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 **07/01/09**, and ending **06/30/10**

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

C Name of organization: **THE DRAKE HOUSE, INC.**
 Doing Business As:
 Number and street (or P O box if mail is not delivered to street address): **10500 CLARA DRIVE** Room/suite:
 City or town, state or country, and ZIP + 4: **ROSWELL GA 30075**

D Employer identification number: **20-0943038**

E Telephone number: **770-587-4712**

G Gross receipts \$: **960,176**

F Name and address of principal officer:
JOHN E. SMITH III
1320 NORTH POINT WAY
ROSWELL GA 30075

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.THEDRAKEHOUSE.ORG**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **2004** **M** State of legal domicile: **GA**

H(c) Group exemption number ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE EMERGENCY HOUSING, ALONG WITH SUPPORT PROGRAMS, FOR HOMELESS WOMEN WITH CHILDREN IN NORTH FULTON COUNTY, GEORGIA.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a): **3** **22**

4 Number of independent voting members of the governing body (Part VI, line 1b): **4** **22**

5 Total number of employees (Part V, line 2a): **5** **6**

6 Total number of volunteers (estimate if necessary): **6** **350**

7a Total gross unrelated business revenue from Part VIII, column (C), line 12: **7a**

b Net unrelated business taxable income from Form 990-T, line 34: **7b** **0**

| | Prior Year | Current Year |
|--|---------------------------|------------------|
| 8 Contributions and grants (Part VIII, line 1h) | 673,469 | 948,796 |
| 9 Program service revenue (Part VIII, line 2g) | | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,637 | 4,353 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 6,203 | 7,027 |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 682,309 | 960,176 |
| 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) | 232,486 | 236,317 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| b Total fundraising expenses (Part IX, column (D), line 25) | 75,624 | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 392,526 | 401,418 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 625,012 | 637,735 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 57,297 | 322,441 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 986,817 | 1,291,103 |
| 21 Total liabilities (Part X, line 26) | 687,960 | 669,805 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 298,857 | 621,298 |

Part II Signature Block

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

Sign Here
 Signature of officer: *John E. Smith III* Date: **11/02/10**
 Type or print name and title: **JOHN E SMITH III EXECUTIVE DIRECTOR**

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: **10-12-10** Check if self-employed: Preparer's identifying number (see instructions): **P00121054**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **SANTI & ASSOCIATES, PC**
3970 OLD MILTON PKWY STE 200
ALPHARETTA, GA 30005 EIN ▶ **58-2019486**
 Phone no ▶ **770-623-4440**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO PROVIDE EMERGENCY HOUSING, ALONG WITH SUPPORT PROGRAMS, FOR HOMELESS WOMEN WITH CHILDREN IN NORTH FULTON COUNTY, GEORGIA.

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 \$ **488,711** including grants of \$) (Revenue \$ **960,176**)

THE DRAKE HOUSE, INC. IS A CRISIS RESIDENTIAL ASSESSMENT CENTER FOR HOMELESS WOMEN AND CHILDREN IN NORTH FULTON COUNTY, GEORGIA. IT PROVIDES IMMEDIATE RESIDENTIAL HOUSING, COMBINED WITH AN EMPOWERMENT PROGRAM DESIGNED TO PROVIDE STABILITY FOR THE CHILDREN AND ASSIST THE FAMILY IN WORKING TOWARD HOUSING SELF-SUFFICIENCY. THE DRAKE HOUSE, INC. ADDRESSES THE LONG-STANDING NEED FOR EMERGENCY HOUSING FOR WOMEN AND CHILDREN IN THE NORTH FULTON COMMUNITY. IT OFFERS RESIDENTIAL HOUSING AND IN-DEPTH ASSESSMENTS TO APPROXIMATELY FORTY TO FIFTY FAMILIES A YEAR. EACH FAMILY STAYS APPROXIMATELY NINETY

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶ 488,711**

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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 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 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | 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 | | |
| 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 | | 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | X |
| 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 | | X |
| 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 | | X |
| 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 | 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 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 Schedule D, Parts XI, XII, and XIII | X | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| 14b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | | X |
| 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 | | X |
| 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 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | | X |
| 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 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | X |

Part 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 1? If "Yes," complete Schedule I, Parts I and II | | 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 2? If "Yes," complete Schedule I, Parts I and III | | 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 | | 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 | | X |
| 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 | | 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 | | 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 | | 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 | | 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) | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| 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, 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 |
| 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 | 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 | | |
| 1a | 53 | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | |
| 1b | 0 | | |
| c | 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 | | |
| 2a | 6 | | |
| b | 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 |
| b | 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 |
| 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 Bank and Financial Accounts | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 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? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7d | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | |
| 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? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| 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 | | | |
| 11 | Section 501(c)(12) organizations. Enter. | | |
| 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 amounts due or received from them) | | |
| 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 12b | | | |

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.

Section 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 | | |
| 1a | 22 | | |
| 1b | 22 | | |
| 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? | | 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? | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | X |
| 6 | Does the organization have members or stockholders? | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | X |
| 7a | | | |
| 7b | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 8a | | | |
| 8b | | | |
| 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 | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

| | | Yes | No |
|------------|--|----------|----------|
| 10a | Does the organization have local chapters, branches, or affiliates? | | 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? | | |
| 10a | | | |
| 10b | | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 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 | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | |
| 12a | | | |
| 12b | | X | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | | |
| 12a | | X | |
| 12c | | X | |
| 13 | Does the organization have a written whistleblower policy? | X | |
| 14 | Does the organization have a written document retention and destruction policy? | 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? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | | |
| 15a | | | |
| 15b | | | |
| 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? | X | |
| 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? | | |
| 16a | | | |
| 16b | | X | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **GA**
- 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
 - 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 ► **JOHN E. SMITH III** **10500 CLARA DRIVE**
ROSWELL **GA 30075**

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.

Check this box if the organization did not compensate any current officer, director, or trustee

| (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 | | | |
| JIM ALFORD BOARD MEMBER | | X | | | | | 0 | 0 | 0 | |
| MALIA B. BAGDY BOARD MEMBER | | X | | | | | 0 | 0 | 0 | |
| PHIL L. BALDWIN BOARD MEMBER | | X | | | | | 0 | 0 | 0 | |
| JOHN BUCKETT BOARD MEMBER | | X | | | | | 0 | 0 | 0 | |
| TEDRA W. CHEATHAM BOARD MEMBER | | X | | | | | 0 | 0 | 0 | |
| CAROYLYN DAILEY BOARD MEMBER | | X | | | | | 0 | 0 | 0 | |
| CRAIG DRYDEN BOARD MEMBER | | X | | | | | 0 | 0 | 0 | |
| DAVID HAMMOND BOARD MEMBER | | X | | | | | 0 | 0 | 0 | |
| PHILIP HASTY BOARD MEMBER | | X | | | | | 0 | 0 | 0 | |
| FREDA B. HARDAGE BOARD MEMBER | | X | | | | | 0 | 0 | 0 | |
| KIM HOLMES BOARD MEMBER | | X | | | | | 0 | 0 | 0 | |
| BETH HYDER BOARD MEMBER | | X | | | | | 0 | 0 | 0 | |
| JULIA JOHNSON BOARD MEMBER | | X | | | | | 0 | 0 | 0 | |
| MERRILL KENNEDY BOARD MEMBER | | X | | | | | 0 | 0 | 0 | |
| NANCY FOLSOM LANE BOARD MEMBER | | X | | | | | 0 | 0 | 0 | |
| KACY C. LEWIS BOARD MEMBER | | X | | | | | 0 | 0 | 0 | |
| KAREN PYE BOARD MEMBER | | X | | | | | 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 | | | |
| KATHLEEN KIRK SWAHN BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
| DUANE THACKER BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
| OLLIE WAGNER BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
| DEBORAH YOUNG BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
| TOM WILSON BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
| JOHN E. SMITH III EX. DIRECTOR | | | | X | | | | 55,000 | 0 | 0 |
| 1b Total | | | | | | | | 55,000 | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 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 but not limited to those listed above) 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 | 241,170 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 707,626 | | | | |
| | g Noncash contributions included in lines 1a-1f | \$ | 27,318 | | | | |
| | h Total. Add lines 1a-1f | | 948,796 | | | | |
| 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) | | 4,353 | | | 4,353 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross Rents | (i) Real | 3,200 | | | | |
| | | (ii) Personal | | | | | |
| | b Less rental exps | | | | | | |
| | c Rental inc or (loss) | 3,200 | | | | | |
| | d Net rental income or (loss) | | 3,200 | 3,200 | | | |
| | 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) | | | | | | |
| | d Net gain or (loss) | | | | | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| | b Less direct expenses | b | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 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 MISCELLANEOUS | | 3,827 | | | 3,827 | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | 3,827 | | | | | |
| 12 Total Revenue. See instructions | | 960,176 | 3,200 | 0 | 8,180 | | |

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 | 206,375 | 154,781 | 33,020 | 18,574 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 12,000 | 9,000 | 1,920 | 1,080 |
| 9 Other employee benefits | 1,311 | 983 | 210 | 118 |
| 10 Payroll taxes | 16,631 | 12,474 | 2,661 | 1,496 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 16,740 | | 16,740 | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 58,906 | 58,906 | | |
| 17 Travel | 858 | 567 | 80 | 211 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 28,109 | 21,925 | 3,092 | 3,092 |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 58,656 | 45,752 | 6,452 | 6,452 |
| 23 Insurance | | | | |
| 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 FRESH PROGRAM | 100,469 | 100,469 | | |
| b PROFESSIONAL FEES | 31,905 | | | 31,905 |
| c UTILITIES | 31,457 | 24,536 | 3,461 | 3,460 |
| d REPAIRS & MAINTENANCE | 16,324 | 12,733 | 1,796 | 1,795 |
| e WORKSHOPS | 11,754 | 11,754 | | |
| f All other expenses | 46,240 | 34,831 | 3,968 | 7,441 |
| 25 Total functional expenses. Add lines 1 through 24f | 637,735 | 488,711 | 73,400 | 75,624 |
| 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 | 55,015 | 1 | 42,359 |
| | 2 | Savings and temporary cash investments | 74,568 | 2 | 384,994 |
| | 3 | Pledges and grants receivable, net | 92,700 | 3 | 111,908 |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 | 8,393 | 9 | 3,038 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 959,828 | | |
| | b | Less accumulated depreciation | 10b 225,776 | 10c | 734,052 |
| | 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 | 2,938 | 15 | 14,752 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 986,817 | 16 | 1,291,103 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 20,148 | 17 | 5,490 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial 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 | 663,488 | 23 | 655,145 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | 4,324 | 25 | 9,170 |
| | 26 | Total liabilities. Add lines 17 through 25 | 687,960 | 26 | 669,805 |
| 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 | 272,692 | 27 | 616,401 |
| | 28 | Temporarily restricted net assets | 26,165 | 28 | 4,897 |
| | 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 | 298,857 | 33 | 621,298 | |
| 34 | Total liabilities and net assets/fund balances | 986,817 | 34 | 1,291,103 | |

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash 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?

b Were the organization's financial statements audited by an independent accountant?

c 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?

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 the Single Audit Act and OMB Circular A-133?

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

| | Yes | No |
|-----------|----------|----------|
| | | |
| 2a | | X |
| 2b | X | |
| 2c | X | |
| | | |
| 3a | | X |
| 3b | | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE DRAKE HOUSE, INC.

Employer identification number

20-0943038

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 described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 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 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?

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

h Provide the following information about the supported organization(s)

| (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 | | | | | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Grfts, 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 Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 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 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 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 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 <input type="checkbox"/> | | |
| b 33 1/3 % support test—2008. 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—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 <input type="checkbox"/> | | |
| 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 <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) 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.") | 336,194 | 388,479 | 541,859 | 673,469 | 948,796 | 2,888,797 |
| 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 | | | | | 3,200 | 3,200 |
| 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 through 5 | 336,194 | 388,479 | 541,859 | 673,469 | 951,996 | 2,891,997 |
| 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 \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | 2,891,997 |

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 | 336,194 | 388,479 | 541,859 | 673,469 | 951,996 | 2,891,997 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 4,753 | 3,098 | 4,166 | 2,637 | 4,353 | 19,007 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 4,753 | 3,098 | 4,166 | 2,637 | 4,353 | 19,007 |
| 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) | 770 | 4,905 | 8,283 | 6,203 | 3,827 | 23,988 |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | 341,717 | 396,482 | 554,308 | 682,309 | 960,176 | 2,934,992 |
| 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 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | 98.54 % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | 98.30 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|-----|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | 1 % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | 1 % |

- 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.** 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

PART III, LINE 12 - OTHER INCOME DETAIL

\$ 23,988

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

THE DRAKE HOUSE, INC.

Employer identification number

20-0943038

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including checkboxes for preservation purposes, a table for 'Held at the End of the Tax Year' (2a-2d), and questions 3-9 regarding monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-1b and 2 regarding reporting and amounts.

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

3 Using the organization's acquisition, 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
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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 Escrow and Custodial Arrangements. Complete if the 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

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

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 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 Net investment earnings, gains, and 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

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

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

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) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | |

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (960,176); Line 2: Total expenses (637,735); Line 3: Excess or (deficit) for the year (322,441); Line 10: Excess or (deficit) for the year per audited financial statements (322,441).

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for revenue reconciliation. Line 1: Total revenue (960,176); Line 3: Subtract line 2e from line 1 (960,176); Line 5: Total revenue (960,176). Includes sub-rows 2a-2e and 4a-4c.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for expense reconciliation. Line 1: Total expenses (637,735); Line 3: Subtract line 2e from line 1 (637,735); Line 5: Total expenses (637,735). Includes sub-rows 2a-2e and 4a-4c.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 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 this part to provide any additional information

Series of horizontal dashed lines provided for entering supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2009

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE DRAKE HOUSE, INC.

Employer identification number
20-0943038

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 | | | | |
| 6 Cars and other vehicles | X | 1 | 4,210 | FAIR MARKET VALUE |
| 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 | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (COMPUTERS) | X | 1 | 6,639 | FAIR MARKET VALUE |
| 26 Other ▶ (IMPROVEMENTS) | X | 1 | 16,469 | FAIR MARKET VALUE |
| 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?

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?

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

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

| | Yes | No |
|-----|-----|----------|
| 30a | | X |
| 31 | | X |
| 32a | | X |

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990Complete 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

2009Open to Public
Inspection

Employer identification number

20-0943038

THE DRAKE HOUSE, INC.

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

DAYS. THE TARGET POPULATION IS SINGLE MOTHERS WITH MINOR
CHILDREN. THESE MOTHERS MAY BE UNEMPLOYED OR

UNDEREMPLOYED AND LACK SUFFICIENT INCOME TO MEET ALL

EXPENSES OF LIFE IN THE NORTH FULTON COMMUNITY. WOMEN

AND CHILDREN ENTERING THE DRAKE HOUSE ARE OFFERED A

VARIETY OF SUPPORT SERVICES TO EMPOWER AND EDUCATE THEM

AND MOVE THEM TOWARDS SELF-SUFFICIENCY. RESIDENTS

PARTICIPATE IN A GOAL SETTING PROCESS AND AN EMPOWERMENT

PLAN. INITIAL GOALS INCLUDE ADDRESSING MEDICAL NEEDS OF

THE MOTHER AND THE CHILDREN, AND THE EDUCATIONAL NEEDS OF

THE CHILDREN. ONSITE LIFE SKILLS CLASSES ARE CONDUCTED

EVERY MONDAY EVENING ON TOPICS SUCH AS JOB READINESS,

PERSONAL FINANCES, PARENTING SKILLS, AND HEALTH AND

WELLNESS. AN ADVOCACY PROGRAM PROVIDES ENCOURAGEMENT,

MOTIVATION, AND SUPPORT DURING THE FAMILY'S STAY. THE

GOAL OF THE DRAKE HOUSE, INC. IS TO CREATE AN ENVIRONMENT

THAT ALLOWS HOMELESS FAMILIES TO BE INCLUDED IN NORTH

FULTON COMMUNITY LIFE, ENJOY A STABILIZED, IMPROVED

QUALITY OF LIFE, MAKE INCREASINGLY RESPONSIBLE CHOICES,

EXERT GREATER CONTROL OVER THEIR LIFE COMPETENCIES,

DEVELOP AND EXERCISE THEIR COMPETENCIES AND TALENTS, AND

EXPERIENCE PERSONAL SECURITY AND SELF-RESPECT.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

Name of the organization

THE DRAKE HOUSE, INC.

Employer identification number

20-0943038

THE FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE IS COMPRISED OF THE PRESIDENT, VICE PRESIDENT, TREASURER, SECRETARY, AND PAST PRESIDENT. THE ADDITIONAL MEMBERS OF THE BOARD DO NOT RECEIVE A COPY OF THE FORM 990 UNLESS THEY REQUEST IT.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE DRAKE HOUSE, INC. ENSURES ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY BY REQUIRING THAT ALL CONFLICTING INTERESTS ARE FULLY DISCLOSED. THE INDIVIDUAL WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF THE TRANSACTION. A COMPETITIVE BID OR COMPARABLE VALUATION MUST EXIST, AND THE BOARD OF DIRECTORS OR DULY CONSTITUTED COMMITTEE MUST DETERMINE THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE AND THEN THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS APPROVED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name **THE DRAKE HOUSE, INC.** Employer Identification Number **20-0943038**

FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION

| Name of lender | Relationship to disqualified person |
|-------------------------------|-------------------------------------|
| (1) HOMEAID OF ATLANTA | |
| (2) NANCY A. STEWART | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |

| Original amount borrowed | Date of loan | Maturity date | Repayment terms | Interest rate |
|--------------------------|-----------------|-----------------|-----------------------------------|---------------|
| (1) 148,621 | 06/30/06 | 06/30/11 | NONE IF SPECIFICATIONS MET | |
| (2) 535,000 | 10/03/06 | 10/03/10 | BALLOON PAYMENT - MATURITY | 5.500 |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

| Security provided by borrower | Purpose of loan |
|-------------------------------|-----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |

| Consideration furnished by lender | Balance due at beginning of year | Balance due at end of year |
|-----------------------------------|----------------------------------|----------------------------|
| (1) | 148,621 | 148,621 |
| (2) | 514,867 | 506,524 |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Totals | 663,488 | 655,145 |

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

THE DRAKE HOUSE, INC.

Identifying number

20-0943038

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

| | | | |
|----|--|------------------------------|------------------|
| 1 | Maximum amount See the instructions for a higher limit for certain businesses | 1 | 250,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 800,000 |
| 4 | Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 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 instr)

| | | | |
|----|---|----|--------|
| 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 | 57,884 |

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 | 0 |
| 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 2009 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 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 | 772 |
| 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 | 58,656 |
| 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.

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)

Table with columns for property type, date placed in service, business/investment use percentage, cost or other basis, basis for depreciation, recovery period, method/convention, depreciation deduction, and elected section 179 cost. Includes rows for special depreciation allowance and property used more than 50% in a qualified business use (2000 CHRYSLER TOWN & COUNTRY).

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 with columns for miles driven (business, commuting, other personal, total) and availability for personal use during off-duty hours, primarily by more than 5% owner, or another vehicle available 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 with questions 37-41 regarding written policy statements, personal use, and requirements for qualified automobile demonstration use.

Part VI Amortization

Table with columns for description of costs, date amortization begins, amortizable amount, code section, amortization period or percentage, and amortization for this year. Includes rows for 2009 tax year and total amortization.

Federal Asset Report

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179Bonus | Basis for Depr | PerConv Meth | Pnor | Current |
|--|---|--------------------|----------------|----------|-----------------|-------------------|--------------|----------------|---------------|
| Other Depreciation: | | | | | | | | | |
| 1 | Office Building | 10/03/06 | 560,000 | | | 560,000 | 31 MO S/L | 48,889 | 17,778 |
| 2 | Office Furniture - Donated | 12/31/05 | 19,000 | | | 19,000 | 7 MO S/L | 9,500 | 2,714 |
| 3 | Roof | 6/15/06 | 17,848 | | | 17,848 | 10 MO S/L | 5,503 | 1,785 |
| 4 | Playground Equipment | 6/15/06 | 10,208 | | | 10,208 | 10 MO S/L | 3,147 | 1,021 |
| 5 | Leasehold Improvements - In-Kind | 6/15/06 | 107,487 | | | 107,487 | 10 MO S/L | 37,598 | 10,749 |
| 6 | Repairs - Plumbing | 6/15/06 | 4,565 | | | 4,565 | 10 MO S/L | 1,408 | 456 |
| 7 | Railings | 6/15/06 | 4,810 | | | 4,810 | 10 MO S/L | 1,483 | 481 |
| 8 | Kitchens | 6/15/06 | 21,931 | | | 21,931 | 10 MO S/L | 6,762 | 2,193 |
| 9 | Heating & Air | 6/15/06 | 37,000 | | | 37,000 | 10 MO S/L | 11,408 | 3,700 |
| 10 | Plumbing | 6/15/06 | 2,325 | | | 2,325 | 10 MO S/L | 718 | 232 |
| 11 | Miscellaneous Repairs | 6/15/06 | 4,137 | | | 4,137 | 10 MO S/L | 1,275 | 414 |
| 12 | Railings | 6/15/06 | 706 | | | 706 | 10 MO S/L | 218 | 70 |
| 13 | Diswashers/Refrigerators | 6/15/06 | 17,506 | | | 17,506 | 10 MO S/L | 5,398 | 1,750 |
| 14 | Carpet | 6/15/06 | 800 | | | 800 | 3 MO S/L | 800 | 0 |
| 15 | Carpet | 6/15/06 | 1,447 | | | 1,447 | 3 MO S/L | 1,447 | 0 |
| 16 | Playground Equipment | 11/28/06 | 10,208 | | | 10,208 | 10 MO S/L | 2,637 | 1,021 |
| 17 | Other Improvements/Landscaping | 12/31/06 | 5,000 | | | 5,000 | 10 MO S/L | 1,250 | 500 |
| 18 | Water Heater | 11/04/06 | 1,244 | | | 1,244 | 10 MO S/L | 332 | 124 |
| 19 | Office Equipment - Donated | 12/31/05 | 8,000 | | | 8,000 | 3 MO S/L | 8,000 | 0 |
| 20 | Computer | 3/11/06 | 1,134 | | | 1,134 | 5 MO200DB | 938 | 118 |
| 21 | Computers & LAN Equipment | 12/31/06 | 11,743 | | | 11,743 | 5 MO S/L | 5,872 | 2,348 |
| 22 | LAN Equipment | 3/07/07 | 1,008 | | | 1,008 | 5 MO S/L | 471 | 201 |
| 23 | Mary Drake Sign | 1/19/07 | 6,369 | | | 6,369 | 10 MO S/L | 1,539 | 637 |
| 24 | Laundry Room | 6/19/07 | 22,848 | | | 22,848 | 10 MO S/L | 4,570 | 2,284 |
| 25 | HVAC 3 Ton - Office | 9/05/07 | 3,484 | | | 3,484 | 5 MO S/L | 1,277 | 697 |
| 26 | Plumbing - Valves on water mains | 12/07/07 | 12,000 | | | 12,000 | 10 MO S/L | 1,900 | 1,200 |
| 27 | Miscellaneous Repairs | 2/08/08 | 3,525 | | | 3,525 | 10 MO S/L | 499 | 353 |
| 28 | Awnings | 2/20/08 | 2,780 | | | 2,780 | 10 MO S/L | 371 | 278 |
| 29 | Windows (7) | 1/29/08 | 2,400 | | | 2,400 | 10 MO S/L | 340 | 240 |
| 30 | Awnings | 2/25/08 | 1,220 | | | 1,220 | 10 MO S/L | 163 | 122 |
| 31 | Washer & Dryer | 8/16/07 | 4,372 | | | 4,372 | 10 MO S/L | 802 | 437 |
| 32 | Water Heater - Unit A-6 | 2/05/09 | 1,015 | | | 1,015 | 10 MO S/L | 42 | 102 |
| 33 | Patio Doors - Apartments | 6/04/09 | 1,200 | | | 1,200 | 10 MO S/L | 10 | 120 |
| 34 | Braves Playhouse - Donated | 1/01/09 | 11,000 | | | 11,000 | 10 MO S/L | 550 | 1,100 |
| 35 | HP Color LaserJet CP2025DN Printer | 9/17/09 | 499 | | | 499 | 5 MO S/L | 0 | 75 |
| 36 | HP Color LaserJet CP2025DN Printer | 9/17/09 | 499 | | | 499 | 5 MO S/L | 0 | 75 |
| 37 | HP LP2065 20 Inch Flat Panel Monitor | 9/17/09 | 419 | | | 419 | 5 MO S/L | 0 | 63 |
| 38 | HP LP2065 20 Inch Flat Panel Monitor | 9/17/09 | 419 | | | 419 | 5 MO S/L | 0 | 63 |
| 39 | HP LP2065 20 Inch Flat Panel Monitor | 9/17/09 | 419 | | | 419 | 5 MO S/L | 0 | 63 |
| 40 | HP LP2065 20 Inch Flat Panel Monitor | 9/17/09 | 419 | | | 419 | 5 MO S/L | 0 | 63 |
| 41 | HP LP2065 20 Inch Flat Panel Monitor | 9/17/09 | 419 | | | 419 | 5 MO S/L | 0 | 63 |
| 42 | HP LP2065 20 Inch Flat Panel Monitor | 9/17/09 | 419 | | | 419 | 5 MO S/L | 0 | 63 |
| 43 | HP Compaq DC5800 SFF PC | 9/17/09 | 589 | | | 589 | 5 MO S/L | 0 | 88 |
| 44 | HP Compaq DC5800 SFF PC | 9/17/09 | 589 | | | 589 | 5 MO S/L | 0 | 88 |
| 45 | HP ProBook 4710S Notebook PC | 9/17/09 | 899 | | | 899 | 5 MO S/L | 0 | 135 |
| 46 | HP Compaq 6535B Notebook PC - 14 Inch | 9/17/09 | 1,049 | | | 1,049 | 5 MO S/L | 0 | 157 |
| 47 | Patio Doors - Apartments | 7/08/09 | 2,508 | | | 2,508 | 10 MO S/L | 0 | 251 |
| 48 | Main Breaker - Rewire | 8/31/09 | 291 | | | 291 | 10 MO S/L | 0 | 24 |
| 49 | Cabinets - Apartment A1 | 9/16/09 | 585 | | | 585 | 10 MO S/L | 0 | 44 |
| 50 | Patio Doors - Apartments | 2/04/10 | 3,708 | | | 3,708 | 10 MO S/L | 0 | 155 |
| 51 | Canvas Awnings | 12/18/09 | 2,087 | | | 2,087 | 10 MO S/L | 0 | 104 |
| 52 | Dormer Roofs - Building A | 1/15/10 | 766 | | | 766 | 10 MO S/L | 0 | 38 |
| 54 | Canon 3200 Copier | 6/30/10 | 4,380 | | | 4,380 | 5 MO S/L | 0 | 0 |
| 55 | Furniture & Accessories - Middle School R | 11/01/09 | 1,135 | | | 1,135 | 7 MO S/L | 0 | 108 |
| 56 | Furniture & Accessories - Preschool Room | 11/01/09 | 694 | | | 694 | 7 MO S/L | 0 | 66 |
| 57 | Bronze Plaque | 11/01/09 | 424 | | | 424 | 7 MO S/L | 0 | 40 |
| 58 | Monitors - Computer Room | 11/01/09 | 254 | | | 254 | 5 MO S/L | 0 | 34 |
| 59 | Tree Removal | 11/01/09 | 1,450 | | | 1,450 | 10 MO S/L | 0 | 97 |
| 60 | Pavers | 11/01/09 | 3,500 | | | 3,500 | 10 MO S/L | 0 | 233 |
| 61 | Grade & Timbers | 11/01/09 | 1,650 | | | 1,650 | 10 MO S/L | 0 | 110 |
| 62 | Outdoor Seating | 11/01/09 | 997 | | | 997 | 10 MO S/L | 0 | 66 |
| 63 | Tables | 11/01/09 | 400 | | | 400 | 7 MO S/L | 0 | 38 |
| 64 | Paint | 11/01/09 | 330 | | | 330 | 10 MO S/L | 0 | 22 |
| 65 | Kitchen Cabinets | 11/01/09 | 3,000 | | | 3,000 | 10 MO S/L | 0 | 200 |
| 66 | Book Shelving | 11/01/09 | 500 | | | 500 | 10 MO S/L | 0 | 33 |
| Total Other Depreciation | | | 955,617 | | | 955,617 | | 167,117 | 57,884 |
| Total ACRS and Other Depreciation | | | 955,617 | | | 955,617 | | 167,117 | 57,884 |

Federal Asset Report

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|---|------------------------------|--------------------|----------------|-------|------------------|-------------------|--------------|----------------|---------------|
| Listed Property: | | | | | | | | | |
| 53 | 2000 Chrysler Town & Country | 8/09/09 | 4,210 | | | 4,210 | 5 MO S/L | 0 | 772 |
| | | | <u>4,210</u> | | | <u>4,210</u> | | <u>0</u> | <u>772</u> |
| Grand Totals | | | 959,827 | | | 959,827 | | 167,117 | 58,656 |
| Less: Dispositions and Transfers | | | 0 | | | 0 | | 0 | 0 |
| Less: Start-up/Org Expense | | | <u>0</u> | | | <u>0</u> | | <u>0</u> | <u>0</u> |
| Net Grand Totals | | | <u>959,827</u> | | | <u>959,827</u> | | <u>167,117</u> | <u>58,656</u> |

Depreciation Adjustment Report

All Business Activities

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

| Asset | Description | Date In Service | Cost | Tax | AMT |
|----------------------------|--|-----------------|---------|--------|-----|
| Other Depreciation: | | | | | |
| 1 | Office Building | 10/03/06 | 560,000 | 17,777 | 0 |
| 2 | Office Furniture - Donated | 12/31/05 | 19,000 | 2,715 | 0 |
| 3 | Roof | 6/15/06 | 17,848 | 1,785 | 0 |
| 4 | Playground Equipment | 6/15/06 | 10,208 | 1,021 | 0 |
| 5 | Leasehold Improvements - In-Kind | 6/15/06 | 107,487 | 10,749 | 0 |
| 6 | Repairs - Plumbing | 6/15/06 | 4,565 | 457 | 0 |
| 7 | Railings | 6/15/06 | 4,810 | 481 | 0 |
| 8 | Kitchens | 6/15/06 | 21,931 | 2,194 | 0 |
| 9 | Heating & Air | 6/15/06 | 37,000 | 3,700 | 0 |
| 10 | Plumbing | 6/15/06 | 2,325 | 233 | 0 |
| 11 | Miscellaneous Repairs | 6/15/06 | 4,137 | 414 | 0 |
| 12 | Railings | 6/15/06 | 706 | 71 | 0 |
| 13 | Diswashers/Refrigerators | 6/15/06 | 17,506 | 1,751 | 0 |
| 14 | Carpet | 6/15/06 | 800 | 0 | 0 |
| 15 | Carpet | 6/15/06 | 1,447 | 0 | 0 |
| 16 | Playground Equipment | 11/28/06 | 10,208 | 1,021 | 0 |
| 17 | Other Improvements/Landscaping | 12/31/06 | 5,000 | 500 | 0 |
| 18 | Water Heater | 11/04/06 | 1,244 | 125 | 0 |
| 19 | Office Equipment - Donated | 12/31/05 | 8,000 | 0 | 0 |
| 20 | Computer | 3/11/06 | 1,134 | 78 | 0 |
| 21 | Computers & LAN Equipment | 12/31/06 | 11,743 | 2,349 | 0 |
| 22 | LAN Equipment | 3/07/07 | 1,008 | 202 | 0 |
| 23 | Mary Drake Sign | 1/19/07 | 6,369 | 637 | 0 |
| 24 | Laundry Room | 6/19/07 | 22,848 | 2,285 | 0 |
| 25 | HVAC 3 Ton - Office | 9/05/07 | 3,484 | 697 | 0 |
| 26 | Plumbing - Valves on water mains | 12/07/07 | 12,000 | 1,200 | 0 |
| 27 | Miscellaneous Repairs | 2/08/08 | 3,525 | 352 | 0 |
| 28 | Awnings | 2/20/08 | 2,780 | 278 | 0 |
| 29 | Windows (7) | 1/29/08 | 2,400 | 240 | 0 |
| 30 | Awnings | 2/25/08 | 1,220 | 122 | 0 |
| 31 | Washer & Dryer | 8/16/07 | 4,372 | 437 | 0 |
| 32 | Water Heater - Unit A-6 | 2/05/09 | 1,015 | 101 | 0 |
| 33 | Patio Doors - Apartments | 6/04/09 | 1,200 | 120 | 0 |
| 34 | Braves Playhouse - Donated | 1/01/09 | 11,000 | 1,100 | 0 |
| 35 | HP Color LaserJet CP2025DN Printer | 9/17/09 | 499 | 100 | 0 |
| 36 | HP Color LaserJet CP2025DN Printer | 9/17/09 | 499 | 100 | 0 |
| 37 | HP LP2065 20 Inch Flat Pannel Monitor | 9/17/09 | 419 | 84 | 0 |
| 38 | HP LP2065 20 Inch Flat Pannel Monitor | 9/17/09 | 419 | 84 | 0 |
| 39 | HP LP2065 20 Inch Flat Pannel Monitor | 9/17/09 | 419 | 84 | 0 |
| 40 | HP LP2065 20 Inch Flat Pannel Monitor | 9/17/09 | 419 | 84 | 0 |
| 41 | HP LP2065 20 Inch Flat Pannel Monitor | 9/17/09 | 419 | 84 | 0 |
| 42 | HP LP2065 20 Inch Flat Pannel Monitor | 9/17/09 | 419 | 84 | 0 |
| 43 | HP Compaq DC5800 SFF PC | 9/17/09 | 589 | 118 | 0 |
| 44 | HP Compaq DC5800 SFF PC | 9/17/09 | 589 | 118 | 0 |
| 45 | HP ProBook 4710S Notebook PC | 9/17/09 | 899 | 180 | 0 |
| 46 | HP Compaq 6535B Notebook PC - 14 Inch Mon | 9/17/09 | 1,049 | 210 | 0 |
| 47 | Patio Doors - Apartments | 7/08/09 | 2,508 | 251 | 0 |
| 48 | Main Breaker - Rewire | 8/31/09 | 291 | 29 | 0 |
| 49 | Cabinets - Apartment A1 | 9/16/09 | 585 | 58 | 0 |
| 50 | Patio Doors - Apartments | 2/04/10 | 3,708 | 370 | 0 |
| 51 | Canvas Awnings | 12/18/09 | 2,087 | 209 | 0 |
| 52 | Dormer Roofs - Building A | 1/15/10 | 766 | 77 | 0 |
| 54 | Canon 3200 Copier | 6/30/10 | 4,380 | 876 | 0 |
| 55 | Furniture & Accessories - Middle School Room | 11/01/09 | 1,135 | 162 | 0 |
| 56 | Furniture & Accessories - Preschool Room | 11/01/09 | 694 | 99 | 0 |
| 57 | Bronze Plaque | 11/01/09 | 424 | 61 | 0 |
| 58 | Monitors - Computer Room | 11/01/09 | 254 | 51 | 0 |
| 59 | Tree Removal | 11/01/09 | 1,450 | 145 | 0 |
| 60 | Pavers | 11/01/09 | 3,500 | 350 | 0 |
| 61 | Grade & Timbers | 11/01/09 | 1,650 | 165 | 0 |
| 62 | Outdoor Seating | 11/01/09 | 997 | 100 | 0 |
| 63 | Tables | 11/01/09 | 400 | 57 | 0 |
| 64 | Paint | 11/01/09 | 330 | 33 | 0 |
| 65 | Kitchen Cabinets | 11/01/09 | 3,000 | 300 | 0 |
| 66 | Book Shelving | 11/01/09 | 500 | 50 | 0 |

Future Depreciation Report FYE: 6/30/11
Form 990, Page 1

| <u>Asset</u> | <u>Description</u> | <u>Date In Service</u> | <u>Cost</u> | <u>Tax</u> | <u>AMT</u> |
|-------------------------|--|------------------------|----------------|---------------|------------|
| | Total Other Depreciation | | <u>955,617</u> | <u>59,965</u> | <u>0</u> |
| | Total ACRS and Other Depreciation | | <u>955,617</u> | <u>59,965</u> | <u>0</u> |
| Listed Property: | | | | | |
| 53 | 2000 Chrysler Town & Country | 8/09/09 | <u>4,210</u> | <u>842</u> | <u>0</u> |
| | | | <u>4,210</u> | <u>842</u> | <u>0</u> |
| | Grand Totals | | <u>959,827</u> | <u>60,807</u> | <u>0</u> |

Federal Statements

Tax-Exempt Interest on Investments

| <u>Description</u> | <u>Amount</u> | <u>Unrelated Business Code</u> | <u>Exclusion Code</u> | <u>Postal Code</u> | <u>Acquired after 6/30/75</u> |
|--------------------|-----------------|------------------------------------|---------------------------|------------------------|-----------------------------------|
| | \$ 4,353 | | 14 | | |
| TOTAL | <u>\$ 4,353</u> | | | | |

Federal Statements

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

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|------------------------|------------------|------------------|----------------------|-----------------|
| PROPERTY TAXES | \$ 11,382 | \$ 11,382 | | |
| INSURANCE | 10,949 | 8,540 | 1,205 | 1,204 |
| SUPPLIES | 10,668 | 7,294 | 1,687 | 1,687 |
| PRINTING | 4,347 | 3,391 | 478 | 478 |
| MISCELLANEOUS | 2,152 | 1,678 | 238 | 236 |
| MEMBERSHIP & DUES | 1,635 | 1,275 | 180 | 180 |
| POSTAGE & DELIVERY | 1,630 | 1,271 | 180 | 179 |
| SPECIAL EVENT SUPPLIES | 1,422 | | | 1,422 |
| SPECIAL EVENT SUPPLIES | 1,393 | | | 1,393 |
| SPECIAL EVENT SUPPLIES | 647 | | | 647 |
| MISCELLANEOUS | 15 | | | 15 |
| TOTAL | \$ 46,240 | \$ 34,831 | \$ 3,968 | \$ 7,441 |