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Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009

Open to Public Inspection

Α	For the 200	9 calendar y	ear, or tax year beginning 07/01/09, and ending 06/3	0/10		
В	Check if applica		C Name of organization		D Emp	oloyer identification number
	Address change	use IRS label or	SUNLIGHT MANOR INC			
П	Name change	print or	Doing Business As	·····	72	-0680573
$\overline{\Box}$	Initial return	type	Number and street (or P O box if mail is not delivered to street address)	Room/suite		phone number
H		See Specific	1390 BROADWAY STREET			9-833-8947
닏	Termination	instruc-	City or town, state or country, and ZIP + 4		G Gross re	eceipts \$ 922,133
\sqsubseteq	Amended return		BEAUMONT TX 77701-2108		I	
	Application pen	uliy	e and address of principal officer RK MITCHELL		1	ns a group return for lates? Yes X No
			16 WILLOWICK ST		H(b) Are	all affiliates
			KE CHARLES LA 70607		1	ided? Yes No
_	Tax-exempt	- Tar				io, bilacii o ist (see insuboloris)
·	Website: ▶		55.10		H(c) Gro	up exemption number
		zation X Co	rporation Trust Association Other	L Year of forma	tion 1968	M State of legal domicile LA
	Part I	Summa				
	1 Brief	ly describe t	he organization's mission or most significant activities			
•	T	O FACIL	ITATE THE PROVISION OF SAFE, DECENT, AND SAM	NITARY AFF	FORDABLE	
anc	H	OUSING '	TO LOWER INCOME INDIVIDUALS AND FAMILIES.			
Activities & Governance			د '' م			
Š		ck this box 🕨		in 25% of its net	ı	1 0
8	i	-	members of the governing body (Part VI, line 1a)		3	9
ties	1	-	endent voting members of the governing body (Part VI, line 1b)		4	7
iti	1		employees (Part V, line 2a)		5	+
ĕ			volunteers (estimate if necessary)		7a	<u> </u>
			ated business revenue from Part VIII, Column(农产的社VED)		7 b	
-	D Net	uniciated bu	Silvess taxable income norm of the second of		Pnor Year	Current Year
•	8 Conf	tributions and	d grants (Part VIII, line 1h) revenue (Part VIII, line 2g)			
ž	9 Prog	ıram service			906,313	
Revenue	10 Inve	stment incor	ne (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, UT		5,582	
Œ	11 Othe	er revenue (F	Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c, and 11e)		13,688	
	1 ——		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		925,583	922,133
,	1		ar amounts paid (Part IX, column (A), lines 1–3)			
	45 0-1-	•	or for members (Part IX, column (A), line 4)		213,661	212,664
Senses	15 Sala	•	ompensation, employee benefits (Part IX, column (A), lines 5–10)		213,001	212,004
Źξ	h Tota		draising fees (Part IX, column (A), line 11e) expenses (Part IX, column (D), line 25) ▶			
EX	I Diota	_	(Part IX, column (A), lines 11a–11d, 11f–24f)		755,867	814,344
		•	Add lines 13–17 (must equal Part IX, column (A), line 25)	· 	969,528	
		-	penses Subtract line 18 from line 12		-43,945	
50					ng of Current Year	End of Year
Sset	20 Tota	l assets (Pa			,058,654	
Net Assets or	21 Tota	•	Part X, line 26)		,978,790	
_			nd balances Subtract line 21 from line 20		79,864	-25,011
	Part II		re Block	dulas and statemen		t of my knowledge
			lties of perjury, I declare that I have examined this return, including accompanying sched i is true, correct, and complete. Declaration of preparer (other than officer) is based on a			
Sid	gn	5/1	10, le Mitchelles		ı	
	э Эге	Signati	ure of officer		Da	te / /
			MARK MITCHELL PRESIDENT	-		10/8/10
		Type o	r print name and title			101
		Preparer's	Da	ate	Check if	Preparer's identifying number (see instructions)
Pa		signature	TERRY S. WHIDDON, CPA 1	0/04/10	self- employed ▶	P00012831
	eparer's	Firm's some	FUNCHESS, MILLS, WHITE & CO.,			▶ 76-0154479
US	se Only	Firm's name if self-emplo	1150 NODELL ELEVENTUL CODERE		Phon	e
		address, an	d ZIP + 4 BEAUMONT, TX 77702-1207		no	▶ 409-838-3755
	•		eturn with the preparer shown above? (see instructions)			X Yes No
Fo DA		ct and Pape	rwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)

	SUNLIGHT MANOR II		2-0680573	Page 2
1 Briefly description TQ FACI		ICE ACCOMPLISHMENTS ION OF SAFE, DECENT, A INDIVIDUALS AND FAMILE		ABLE
the prior For	anization undertake any significant p rm 990 or 990-EZ? scribe these new services on Sched	program services during the year which were reliable O	not listed on	Yes X No
3 Did the organization services?		e significant changes in how it conducts, any p	program	Yes X No
Section 501	(c)(3) and 501(c)(4) organizations a	r each of the organization's three largest progi and section 4947(a)(1) trusts are required to re evenue, if any, for each program service repor	eport the amount of grants and	
4a (Code LOW INC)(Expenses \$ 1,0 OME HOUSING PROJE	27,008 including grants of \$) (Revenue \$)
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)

4c (Co	de) (Expenses \$	including grants of \$) (Revenue \$	

4d	Other program services	(Describe in Schedule O)		
	(Expenses \$	including grants of \$) (Revenue \$)

4e Total program service expenses ▶

1,027,008

Part IV . Checklist of Required Schedules

				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A		1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		ļ		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				
	complete Schedule D, Part I		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		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,"		į		
	complete Schedule D, Part IV		9		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		10		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		11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 109 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		1		
•	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		1		
•	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		12	Х	
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No	 		77
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
14a			14a		X
b	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		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				i i
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		_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		17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1		_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18	ļ	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		19	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	-	20	- 990	X
			Eas.	_ 441	(2000)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Qid 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	21_		<u> </u>
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	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		i	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			77
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			v
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	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	256		X
26	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
~ 1	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		-	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l i		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
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	_ 34		<u> </u>
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	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
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,			v
20	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		v	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X _	(2000)

Pa	art V . Statements Regarding Other IRS Filings and Tax Compliance					<u></u>
			_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1				
	U.S. Information Returns. Enter -0- if not applicable	1a	11			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				l
	gaming (gambling) winnings to prize winners?			1c]	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	7			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	,		2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)			}		•
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	y				
	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al				
	account)?			4a		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 Bar	ık				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	17		5b	L	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng				
	Prohibited Tax Shelter Transaction?			5c	ļ	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?			6b	ļ	
7	Organizations that may receive deductible contributions under section 170(c).			+		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds		<u> </u>		1
	and services provided to the payor?			7a	-	-
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	 	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
_	required to file Form 8282?	1 1		7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personant contract?	onai		70		f
f	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	,		7 9 7f	 	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			71 7g	-	
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			'g		
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			111		<u> </u>
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			}		
	organization, have excess business holdings at any time during the year?			8		ĺ
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		ĺ
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				I
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				ł
11	Section 501(c)(12) organizations. Enter					1
а	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				1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	412		12a	<u>L</u>	L
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, Coverning Body and Management 1a Enter the number of voting members of the governing body 1b Enter the number of voting members bit are endependent 2 Did any officer, direction, trustee, or key employee have a family relationship or a business relationship with a property of the common of the com		Schedule O. See instructions.			
table Einter the number of volting members of the governing body Einter the number of volting members of the governing body Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employees to a management of under company or other person? 2	Sec	tion A. Governing Body and Management			
b Enter the number of voting members that are independent 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 3 Did the organization risks or structure, or key employee as a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 LX 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filled? 4 LX Did the organization have members or stockholders? 5 Did the organization have members of stockholders? 6 Does the organization have members of stockholders? 7 Does the organization have members of stockholders, or other persons who may elect one or more members of the governing body? 7 Ta LX 8 Did the organization obscene water during the year by the following a The poverning body? 8 Did the organization obscene water the meetings held or written actions underfaken during the year by the following a The poverning body? 9 Each committee with authority to act on behalf of the governing body? 9 Each committee with authority to act on behalf of the governing body? 9 Each committee with authority to act on behalf of the governing body? 9 Each committee with subtroty to act on behalf of the governing body? 9 Each committee with subtroty to act on behalf of the governing body? 9 Each committee with subtroty to act on behalf of the governing body? 10 Each committee with subtroty to act on behalf of the governing body? 10 Each committee with subtroty to act on behalf of the governing body? 11 Each organization have locat chapters, branches or a fillinates? 12 Did the organization have locat chapters, branches or a fillinates? 13 Did the organization have locat chapters, branches or organization provided act organization have a written prolices and procedures governing the activities of such chapters, affinitions, and branches to ensure their operations are cons				Yes	No
b Elent the number of votings members that are independent 2	1a	Enter the number of voting members of the governing body			
any other officer, director, fuseles, or key employee? Ded the organization delegates control over management duties customanly performed by or under the direct suspervision of officers, directions or insistess, or key employees to a management company or other person? 3	b	Enter the number of voting members that are independent 1b 9			
any other officer, director, fusetes, or key employee? Ded the organization delegates control over management duties customanly performed by or under the direct suspervision of officers, directions or insistess, or key employees to a management company or other person? 3	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
De the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to an annagement company or other person? 4 Dod the organization make any significant changes to its organizational documents since the prior Form 990 was filled? 5 Dod the organization become aware during the year of a material diversion of the organizations? 6 Does the organization have members or stockholders. Or other persons who may elect one or more members of the governing body? 7 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 8 Dot the organization contempraneously document the meetings held or written actions undertaken during the year by the following 8 The governance by the following 9 Is there any officed, director, frustee, or key employee listed in Part VIII. Section A, who cannot be reached at the organization snaling address? If Yes, Produce the names and addresses in Schedule O 9 Is there any officed, director, frustee, or key employee listed in Part VIII. Section A, who cannot be reached at the organization snaling address? If Yes, Produce the names and addresses in Schedule O 9 Is a Does the organization have long directs? If Yes, Produce the names and addresses in Schedule O 9 Is a Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and through the produce the programination? 10 Does the organization have a written conflict of interest policy? 11 Is a the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 12 Does the organization have a written organization to review this Form 990 12 Does the organization have a written organization of the deliberation and decreased in the policy? 13 Are Officers, directors or through the process in Schedule O (the process, if any, used by the organization to review this Form 990 14 A			2		Х
supervision of officers, directors of trustees, or key employees to a management company or other person? 4	3				
d b dhe organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5	-		3		X
5 Does the organization have members of stockholders? 1 Does the organization have members of stockholders? 2 Does the organization have members of stockholders, or other persons who may elect one or more members of the governing body? 3 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 5 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 5 Each committee with authority to act on behalf of the governing body? 5 Is there any officer, director, furstee, or key employee listed in Part VII, Section A, who cannot be reached at the organization smalling address? If Yes, 'provide the names and addresses in Schedule O 5 Is there any officer, director, furstee, or key employee listed in Part VII, Section A, who cannot be reached at the organization smalling address? If Yes, 'provide the names and addresses in Schedule O 5 If Yes, 'Provide the names and addresses in Schedule O 6 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? 10 If Has 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? 10 If Yes, 'does the organization have a written conflict of interest policy?' If Yo,' go to line 13 11 A SC Does the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 12 Does the organization have a written conflict of interest policy? If Yo,' go to line 13 13 Does the organization have a written conflict of interest policy? If Yo,' go to line 13 14 Does the organization have a written document retertition and destruction policy? 15 Does the organization have a writ	4				
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The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ J. ALLEN MANAGEMENT 1390 BROADWAY STREET					
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20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization J. ALLEN MANAGEMENT 1390 BROADWAY STREET	19				
organization ▶ J. ALLEN MANAGEMENT 1390 BROADWAY STREET					
**************************************	20				
	_	*·3*···	າດ ຄວ	2 0	047

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

(A) Name and Title	(B) Average	Pos	ition (C) k all t	hat ap		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MARK MITCHELL		1		_						
PRESIDENT		X	<u> </u>	X				0	0	C
FRANK JEFFERSON		🖵						o	o	C
TREAS/SECR HARRISON FRANKLIN		X	-	X				U	U	
DIRECTOR		x						o	0	C
NATHAN HARTFIELD,	JR.	+**				\vdash				
DIRECTOR		X						ol	0	C
ADRIAN WALLACE					\vdash	1				
DIRECTOR		x						0	0	C
SOLOMON CANNON										
DIRECTOR		X						0	0	C
ALYCE MURPHY									_	_
DIRECTOR		X	<u> </u>	_	ļ			0	0	C
RUBY JACKSON				ł						
DIRECTOR KIMBERLY DONALDSO). (37	X	├	 	\vdash	1		0	0	C
DIRECTOR	174	$ _{\mathbf{x}}$			ĺ			o	0	C
DIRECTOR										
			ļ							
		_				_				
				_						

Pa	rt VII Section A. Officers	, Directors, Trus	tees	, Ke	у Еп	plo	/005	, an	d Highest Compensated E	mployees (continued)			
	. (A) Name and Title	(B) Average	Pos	ition (C) k all t	hat ap	opły)	(D) Reportable	(E) Reportable	Est	(F) mated	
	•	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	o comp fro orga and	ount of other sensation of the nization related nizations	
						ļ			-				
				<u> </u>		<u> </u>							
				_		<u> </u>	_						
		ļ	_	_	_	_							
									<u> </u>				
-			_	-					·				
1b	Total				<u> </u>	L							
2	Total number of individuals (increportable compensation from				ose	liste	d abo	ove)	who received more than \$1	00,000 in			
3	Did the organization list any fo	rmer officer, dire	ctor o	or tru					ee, or highest compensated			Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line the organization and related or	1a, is the sum o	f гер	ortat	ole co	ompe	ensat	tion	and other compensation fro	m uch	3		X
5	individual Did any person listed on line 1a	a receive or accri	ue co	mpe	ensat	ion f	rom	any	unrelated organization for		4		X
Sec	services rendered to the organition B. Independent Contractor		com	plete	Sch	edu	e J f	or si	uch person		5		Х
1	Complete this table for your fiv compensation from the organization	e highest compe zation	nsate	ed in	depe	nde	nt co	ntra					
	Name and	(A) d business address						\vdash	Descrip	(B) otion of services		(C) Compensa	ition
								_					
	14.							-					
								-					
2	Total number of independent of		_				to th	nose	e listed above) who received	 I			
DAA	more than \$100,000 in compe	nsation from the	orgai	nızat	ion 🖡	<u> </u>					F	orm 990	(2009)

<u>Pa</u>	rt V	III . Statement of Reve	nue						
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
9 0	40	Endorsted semperary	4-		+		Teveriue		312, 313, 01 314
		Federated campaigns	1a						
胺인		Membership dues	1b						
₹, E		Fundraising events	1c						
<u>.gv</u> <u>e</u>	d	Related organizations	1d					1	
Sig	0	Government grants (contributions)	1e						
F F	f	All other contributions, gifts, grants,			1				
흔힘		and similar amounts not included above	1f	_,,					
들	g	Noncash contributions included in lines 1a-	lf \$	6	1				
O B	h	Total. Add lines 1a-1f			•				
e					Busn. Code				
ē	2a	HUD SECTION 8 RENTA	L ASS	IST		774,711	774,711		
Re	b	TENANT RENT				131,552	131,552		
Program Service Revenue Contributions, gifts, grants and other similar amounts	c								
ē	d						İ		
S									
grai	4	All other program conuce rough							
Š.		All other program service reven	lue			906,263			
_	g	Total. Add lines 2a–2f				900,203		····	
	3	Investment income (including d	iviaena	s, interes	t, and	013			013
		other similar amounts)				813			813
	4	Income from investment of tax-	exempt	bond pro	ceeds -				
	5	Royalties			•				
		(ı) Real		(II) F	Personal				
	6a	Gross Rents							
	b	Less rental exps						1	
	С	Rental inc or (loss)							
	ď	Net rental income or (loss)			•		ì		
	7a	Gross amount from (i) Securities	;	(11)	Other				
		sales of assets other than inventory							
	ь	Less cost or other						1	
	_	basis & sales exps						j	
		Gain or (loss)						Ī	
	d	Net gain or (loss)	. г						
9	8a	Gross income from fundraising ever	nts						
ยมเ		(not including \$							
Şe.		of contributions reported on line 1c)							
3r F		See Part IV, line 18	a					į	
Other Revenue		Less direct expenses	ь					1	
0	С	Net income or (loss) from fundr	aising g	events	•				
	9a	Gross income from gaming activities	3						·
		See Part IV, line 19	a						
	b	Less direct expenses	ь						
		Net income or (loss) from gami	ng activ	/ities	•]		
		Gross sales of inventory, less	آ			, , , , , , , , , , , , , , , , , , ,			
		returns and allowances	a						
	h	Less cost of goods sold	ь					1	
		Net income or (loss) from sales	٠- ر	nton:					
	L.	Miscellaneous Revenue		пиогу	Busn. Code				
	44-	 			- Jusii. Coud	10,704	10,704	1	
	11a	TENANT CHARGES			 				
	b	LAUNDRY & VENDING				4,353	4,353		
	C	•••			—				
	d	All other revenue			L				
	8	Total. Add lines 11a-11d			▶	15,057			
	12	Total Revenue. See instruction	18			922,133	921,320	0	813

Part IX Statement of Functional Expenses

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

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

	All other organizations must o	complete column (A) but ar			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			- '	, <u> </u>
•	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	1			
4	Benefits paid to or for members Compensation of current officers, directors,				
5	•				
	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)	170 406	170 406		
7	Other salaries and wages	179,426	179,426		
8	Pension plan contributions (include section 401(k)		ł		
	and section 403(b) employer contributions)				
9	Other employee benefits	20,075	20,075		
10	Payroll taxes	13,163	13,163		
11	Fees for services (non-employees)				
а	Management	50,927	50,927		
b	Legal	684	684		
С	Accounting	8,694	8,694		
d	Lobbying				
8	Professional fundraising services See Part IV, line 17				
f	Investment management fees	· · · · · · · · · · · · · · · · · · ·			
g	Other	98,925	98,925		
12	Advertising and promotion	1,518	1,518		
13	Office expenses	42,020	42,020		
	Information technology	12,020	12,020		
14	**				
15	Royalties			··-	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 220	1 220	<u> </u>	
19	Conferences, conventions, and meetings	1,338	1,338		
20	Interest	97,179	97,179		
21	Payments to affiliates	745 40-	3.6.45		
22	Depreciation, depletion, and amortization	146,435	146,435		
23	Insurance	74,140	74,140		
		1			
24	Other expenses Itemize expenses not	1			
	covered above (Expenses grouped together	1			
	and labeled miscellaneous may not exceed	1			
	5% of total expenses shown on line 25 below)				
а	UTILITIES	103,503	103,503		
b	REPAIRS AND MAINTENANCE	73,571	73,571		
С	GARBAGE AND TRASH REMOVAL	56,109	56,109		
d	SUPPLIES	47,944	47,944		······································
е	BAD DEBTS	4,008	4,008		
f	All other expenses	7,349	7,349		
25	Total functional expenses. Add lines 1 through 24f	1,027,008	1,027,008		
	Joint costs. Check here	1,021,000	1,021,000		
20	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation		<u> </u>		Form 990 (2009

_P	art X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			39,264	1	62,570
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			2,109	4	6,343
	5	Receivables from current and former officers, directors, tro	ustees, key	ľ			
		employees, and highest compensated employees. Comple					
		Schedule L		5			
	6	Receivables from other disqualified persons (as defined un	nder section				
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete				
		Part II of Schedule L		Ĺ		6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			48,631	9	36,063
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	3,570,789			
	ь	Less accumulated depreciation	10b	2,167,797	1,549,425	10c	1,402,992
	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	419,225	15	479,815		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,058,654		1,987,783
	17	Accounts payable and accrued expenses		32,750	17	72,078	
	18	Grants payable				18	
	19	Deferred revenue		4,406	19	1,277	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete Part IV of S	Schedule D	L		21	
Liabilities	22	Payables to current and former officers, directors, trustees	s, key				
ğ		employees, highest compensated employees, and disqual	lified				
Ë		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third p	1,827,346	23	1,802,197		
	24	Unsecured notes and loans payable to unrelated third part			24		
	25	Other liabilities Complete Part X of Schedule D		114,288	25	137,242	
	26	Total liabilities. Add lines 17 through 25			1,978,790	26	2,012,794
es		Organizations that follow SFAS 117, check here ▶ X	and				
Š		complete lines 27 through 29, and lines 33 and 34.					
<u>=</u>	27	Unrestricted net assets	_	79,864	27	-25,011	
ä	28	Temporarily restricted net assets	ļ		28		
Б	29	Permanently restricted net assets	<u> </u>		29	<u> </u>	
교		Organizations that do not follow SFAS 117, check here					
6		and complete lines 30 through 34.					
ţ	30	Capital stock or trust principal, or current funds	<u> </u>		30		
ŝ	31	Paid-in or capital surplus, or land, building, or equipment f	ļ.	····	31		
As	32	Retained earnings, endowment, accumulated income, or o	other funds	<u> </u>		32	
Net Assets or Fund Balances	33	Total net assets or fund balances		<u> </u>	79,864		-25,011
<u>z</u>	34	Total liabilities and net assets/fund balances			2,058,654	34	1,987,783

Pa	rt XI . Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	
		Form	agn	(2000)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Employer identification number Name of the organization SUNLIGHT MANOR INC 72-0680573 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part! the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 3 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Part VI (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book value Description of investment basis (other) (investment) depreciation 76,832 76,832 1a Land 2,024,304 3,340,273 1,315,969 **b** Buildings c Leasehold improvements 153,684 143,493 10,191 d Equipment e Other 1,402,992 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2009

1 (a) Description of liability (b) Amount
Federal income taxes

ACCRUED INTEREST 121,028
TENANT DEPOSITS HELD IN TRUST 16,214

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

^{2.} FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule D (F	redule D (Form 990) 2009 SUNLIGHT MANOR INC 72-0680573 Page 9 Part XIV Supplemental Information (continued)					
Part XIV	Suppleme	ental Information (co	ntinued)	- -		
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					. – – – – – – –	
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	- 					
						
						

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

SUNLIGHT MANOR INC

Employer identification number 72 - 0680573

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 REVIEWED BY DIRECTOR PRIOR TO FILING. REVIEWED AND APPROVED BY BOARD OF DIRECTORS AT SUBSEQUENT BOARD MEETING.

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

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

Attachment Sequence No

Name(s) shown on return

► See separate instructions.

Identifying number

	SUNLIG	IT MANOR IN	IC				<u> 72-</u>	<u>068</u>	0573
	ess or activity to which this form relates NDIRECT DEPRECIAT	ION		•					
	rt I Election To Expen	se Certain Prop	•		com	plete Pa	rt I		
1	Maximum amount See the instruct			belote you	00111	picto i d	16.1.	1	250,000
2		•						2	250,000
3	Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions)								800,000
4	Reduction in limitation Subtract line	=	•	,				4	
5	Dollar limitation for tax year Subtract lin		·	no separately, se	e instru	ctions		5	
6	(a) Descriptio			ost (business use			Elected cost		
	 								
7	Listed property Enter the amount f	rom line 29			7				
8	Total elected cost of section 179 pr	operty Add amounts	in column (c), lines 6 and	1 7		<u> </u>		8	
9	Tentative deduction Enter the sma	iller of line 5 or line 8						9	
10	Carryover of disallowed deduction	from line 13 of your 20	008 Form 4562					10	
11	Business income limitation. Enter t	he smaller of busines:	s income (not less than z	ero) or line 5 (s	ee ins	tructions)		11	
12	Section 179 expense deduction Ad	dd lines 9 and 10, but	do not enter more than le	ne 11				12	
13	Carryover of disallowed deduction	to 2010 Add lines 9 a	nd 10, less line 12	<u> </u>	13	<u> </u>			
Note	: Do not use Part II or Part III below	for listed property Ins	tead, use Part V						
Pa	rt II Special Depreciat	ion Allowance a	<u>nd Other Deprecia</u>	<u>tion (Do no</u>	t incl	ude liste	d prope	rty)	(See instr.)
14	Special depreciation allowance for	qualified property (oth	er than listed property) p	laced in service	е				
	during the tax year (see instruction	s)						14	
15	Property subject to section 168(f)(1) election						15	
16	Other depreciation (including ACR							16	146,435
_Pa	rt III MACRS Depreciat	ion (Do not inclu		(See instru	iction	s)			
			Section A					,	
17	MACRS deductions for assets place	· ·				_		17	<u> </u>
<u>18</u>	If you are electing to group any assets p								
	Section B—	(b) Month and year	rvice During 2009 Tax		Gene	rai Deprei	lation Sy	stem	
	(a) Classification of property	placed in service	(c) Basis for depreciation (business/investment use only-see instructions)		(e) (Convention	(f) Meti	nod	(g) Depreciation deduction
<u>19a</u>	3-year property	_							
<u> </u>	5-year property	4							
<u> </u>	7-year property	4		-					
	10-year property	4			 				
	15-year property	4			<u> </u>				
f _	20-year property	4		<u> </u>					
<u>g</u>	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		
		seate Placed in Sen	l rice During 2009 Tax Ye	ar Heing the	Morn	MM Depr	S/L	vetom	
200		35665 F 18060 111 561	Co During 2009 Tax Te	Jan Osnig tile A	1	ILIVE DEPI		ystein	
20a	Class life	_		12 μπο			S/L		
	12-year			12 yrs	1	1414	S/L		
	40-year Int IV Summary (See ins	tructions)	I	40 yrs	·	MM	S/L		<u> </u>
<u>F </u>	Listed property Enter amount from			.				21	· · · · · · · · · · · · · · · · · · ·
22	Total. Add amounts from line 12, li		es 19 and 20 in column	(a) and line 21	Enter	here		-41	
	and on the appropriate lines of you	-			Lillei	11010		22	146,435
23	For assets shown above and place			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	portion of the basis attributable to s	•			23				
						<u> </u>			

Forms					
990	1	99	n-	PF	=

Mortgages and Other Notes Payable

07/01/09 , and ending

06/30/10

2009

Employer Identification Number

Name •

<u>(9)</u> (10)

_Totals

For calendar year 2009, or tax year beginning

1,827,346

1,802,197

SUNI	LIGHT MANOR I	NC			72-0680573	
FORM	1 990, PART X	, LINE 23 -	ADDITIONAL	INFORMATION		
	Nam	e of lender		Relationship to dis	oughtied person	
(1) HE	ARTLAND BANK			rectationship to dis	qualified person	
	DEPT OF HOU		N DEV			
(3)						
(4)			•			
(5)	*				· · · · · · · · · · · · · · · · · · ·	
(6)			 			
(7)						
(8)				4		
(9)						
(10)						
	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate	
(1)	1,461,000	01/01/05	01/01/35	\$8,277 PER MONTH	5.480	
(2)	462,352	01/01/05	01/01/35	75% OF SURPLUS CAS		
(3)						
(4)						
(5)		1				
(6)						
(7)	· · · · · ·					
(8)		-				
(9) (10)						
(10)						
				_		
(4)	Secunty	provided by borrower		MORTGAGE Purpose of	if loan	
(1)	<u> </u>			2ND MORTGAGE		
(2) (3)				ZND MORIGAGE		
(4)	· · · · · · · · · · · · · · · · · · ·					
(5)						
(6)						
(7)						
(8)						
<u>(9)</u>						
(10)						
		····		Balance due at	Balance due at	
	Consideration f	urnished by lender		beginning of year	end of year	
(1)				1,364,994 1,339,8		
(2)				462,352	462,352	
(3)						
(4)						
(5) (6)	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	
(7)						
(8)						