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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: Pilgrim Mission Center Inc
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 18 Essex Road
City or town, state or country, and ZIP + 4: Paramus, NJ 07652

D Employer identification number: 20-8449691
E Telephone number: (201) 843-2222
F Group Exemption Number

G Accounting method: [X] Cash [ ] Accrual Other (specify)
I Website: N/A
J Tax-Exempt status (check only one): [X] 501(c)(3) [ ] 501(c)( ) (insert no) [ ] 4947(a)(1) or [ ] 527

H Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 191,298

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 191,298 and total expenses is 199,496.

**Part II Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	15,382	<b>22</b>	31,061
<b>23</b> Land and buildings . . . . .	8,706	<b>23</b>	9,256
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>	1,550
<b>25 Total assets</b> . . . . .	24,088	<b>25</b>	41,867
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	32,722	<b>26</b>	68,160
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	-8,634	<b>27</b>	-26,293

**Part III Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?  
Pilgrim Mission Center is dedicated to the empowerment of local communities of New Jersey through volunteer commitments and family oriented services, and to the enrichment of their lives by cultural programs and essential education in the spirit of love and servant leadership

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>28</b> See Additional Data Table			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>		<b>28a</b>	
<b>29</b>			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>		<b>29a</b>	
<b>30</b>			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . .			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . . <input type="checkbox"/>		<b>32</b>	92,504

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes fields for amounts, dates, and yes/no responses.

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

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

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

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

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances.

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

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation.

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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. [X] Yes [ ] No

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 (\*\*\*\*\*), Date (2011-10-03), Type or print name and title (Paul C Yang, President)

Paid Preparer's Use Only: Preparer's signature (Wha Sam Kong), Date (2011-10-03), Check if self-employed (checked), Preparer's taxpayer identification number, Firm's name (Kong And Chong CPA LLP), address (6135 Bergenline Ave, West New York, NJ 07093), EIN, Phone no ((201) 868-2255)

May the IRS discuss this return with the preparer shown above? See instructions. [ ] Yes [X] No

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Pilgrim Mission Center Inc

Employer identification number

20-8449691

**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 the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(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	
<b>Total</b>									

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		120,663	73,918	82,354	116,483	393,418
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3		120,663	73,918	82,354	116,483	393,418
<b>5</b> 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						393,418

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4		120,663	73,918	82,354	116,483	393,418
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			771	506	188	1,465
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )		44,340	52,852	62,250	58,427	217,869
<b>11 Total support</b> (Add lines 7 through 10)						612,752
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	

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

<b>14</b> Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	0 %
<b>15</b> Public Support Percentage for 2009 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						




**Section B. Total Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> 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 <b>stop here</b> 						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	0 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	0 %
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>b 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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<b>Facts And Circumstances Test</b>
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# Additional Data

**Software ID:** 10000149  
**Software Version:** 2010.2.15  
**EIN:** 20-8449691  
**Name:** Pilgrim Mission Center Inc

## Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<b>28</b> Pilgrim Korean School is geared for the education of elementary, junior high and senior high school aged students in the study of the Korean language and Korean history and culture &#x0D,&#x0A , (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	22,877
<b>29</b> The purpose of Youth Leadership Ministry is to raise up Korean-American youth leaders in the local Palisades Park area through Christian counseling In order to make a great impact within this community, the youth Leadership Ministry is developing a range of support networks and resources to cater to the needs of the generation&#x0D,&#x0A , (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	12,483
<b>30</b> The Baby/Toddler School at Pilgrim Mission Center aims to provide Christian education through activities and lessons so that the child may grow in Christian Faith (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	22,411
Homeless(\$3,543), Salvation(\$6,202), Riverkeeper(\$1,600), Sports Activities(\$8,028), Family Consulting(\$5,822), Freesia Service(\$5,427), Social Service Program(\$4,111) (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		34,733

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
Yang Paul C 124 Scarlet Oak Lane Paramus, NJ 07652	President 001 00	0		
Park Roshik 27 Sherwood Ridge Rd Pomona, NY 10970	V President 001 00	0		
Kim David T 190 Victoria Ave Paramus, NJ 07652	Treasurer 001 00	0		
Kim Sangsoo 59 W Edsall Ave Palisades Park, NJ 07650	Secretary 001 00	0		
Ryu Jung Whan 476 Hunter Rd Ridgewood, NJ 07450	Director 001 00	0		
Kim Kyung Moon 34 Piermont Rd Unit 4 Tenafly, NJ 07670	Director 001 00	0		
Kim Andrew Y 80 Dimmig Rd Upper Saddle River, NJ 07458	Director 001 00	0		
Lee Duk Sun 7 Keith Pl Glen Rock, NJ 07452	Director 001 00	0		
Cha Young Ja 177 Frank Ln Paramus, NJ 07652	Director 001 00	0		
Chu Chan Yun 65-A East Palisades Blvd Palisades Park, NJ 07650	Director 001 00	0		
Chang Myung Jik 198 Cambridge Dr Ramsey, NJ 07446	Director 001 00	0		
Hwang Hiun 33 Bowdoin St Staten Island, NY 10314	Director 001 00	0		
Kong Wha Sam 254 Wilson Pl Wyckoff, NJ 07481	Accounting Manager 001 00	0		

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

**2010**

**Open to Public  
Inspection**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Pilgrim Mission Center Inc

**Employer identification number**  
20-8449691

Identifier	Return Reference	Explanation
Form 990-EZ Part I	8	Long Term Uncleared Check

Identifier	Return Reference	Explanation
Form 990-EZ Part I	10	Homeless Service 6,715 / Salvation 6,202 / Mission Expenses 5,100 / Scholarship 12,500 / Workstudy 6,500 / others 600

Identifier	Return Reference	Explanation
Form 990-EZ		All Board members are subject to conflict of interest policy that requires decision-making on any transaction that would affect their material financial interest or that would significantly affect their personal interests so-called appearance conflicts to be effected only by action of the entire Board, with only Directors who are independent of the party with the actual or perceived conflict participating and with notice of the conflict/subject given in advance. Question as to whether an individual has a conflict falling with the policy is decided by the Board, not including in its deliberation or vote the party whose potential conflict is at issue.

Identifier	Return Reference	Explanation
Form 990-EZ		Form 990 is available for public inspection upon request. Request may be sent to mail 18 Essex Road Paramus NJ 07652 Phone 201-843-2222 Fax 201-843-2181

Identifier	Return Reference	Explanation
Form 990-EZ Part V	33	Moms Mission began its activities in 2010. It receives donations of used clothes and household goods for free and sells these donated items to public. All sales proceeds after the expense such as rents and other sales related expense are donated in cash to various missionary organizations.

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 8, Other Revenue other income 1,100

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Homeless, Grantee Homeless,

Identifier	Return Reference	Explanation
		Relationship , Description of Property , Purpose of Payment , Book Value 0, Method Used to

Identifier	Return Reference	Explanation
		Determine BV , Fair Market Value 37,617, Method Used to Determine FMV , Date Received

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Travel 378

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 5,760

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Amortization 183

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 767

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Supplies 1,676

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Telephone 974

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses advertising and promotion 2,320

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses payroll taxes 9,673

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses sales tax 282

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses other taxes 192

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses sporting goods 1,191

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses other expenses 405

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses insurance 812

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses events 3,536

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses operating expenses 15,763

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses vending machine 2,423

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 20, Net Assets Other change in fund balance The fund is

Identifier	Return Reference	Explanation
		dedignated as reserve for the anticipated loss of moms mission in 2011 Accordingly, this

Identifier	Return Reference	Explanation
		resere amount is reclassified as a liability account -9,461

Identifier	Return Reference	Explanation
		Form 990-EZ, Part II, Line 24, Other Assets Security Deposit Beginning of year 0, End of

Identifier	Return Reference	Explanation
		year 1,550

Identifier	Return Reference	Explanation
		Form 990-EZ, Part II, Line 26, Liabilities liabilities Beginning of year 32,722, End of

Identifier	Return Reference	Explanation
		year 68,160

Identifier	Return Reference	Explanation
		Form 990-EZ, Part III, Line 31 Homeless3,543, Salvation6,202, Riverkeeper1,600,

Identifier	Return Reference	Explanation
		Sports Activities8,028, Family Consulting5,822, Freesia Service5,427, Social Service

Identifier	Return Reference	Explanation
		Program4,111 Grants and allocations 0, Program service expenses 34,733

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

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.

Table with 2 columns: Description, Amount. Rows 1-5 for Section 179 election details.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-13 for property details.

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)

Table with 2 columns: Description, Amount. Rows 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 columns: Description, Amount. Rows 17-18 for MACRS deductions.

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i for asset classification.

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) 12-year, (c) 40-year, (d) Recovery period, (e) Convention, (f) Method. Rows 20a-c for alternative depreciation system.

Part IV Summary (see instructions)

Table with 2 columns: Description, Amount. Rows 21-23 for summary totals.

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

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

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

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

**26** Property used more than 50% in a qualified business use

Equipment	2007-07-01	2007-07-01	100 000 %	2,511	2,511	05 0	200 DB-HY	289
			%					
			%					

**27** Property used 50% or less in a qualified business use

						S/L -	
			%			S/L -	
			%			S/L -	

**28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28** 289

**29** Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

**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.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal(noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is 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).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2010 tax year (see instructions)

Org Cost	2007-07-01	2,750	195	15	183
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**43** Amortization of costs that began before your 2010 tax year **43** 183

**44 Total.** Add amounts in column (f) See the instructions for where to report **44** 183