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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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: GATE-GATEWAY TO INDEPENDENCE. Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 6023. City or town, state or country, and ZIP + 4: MARYVILLE, TN 37802

D Employer identification number: 86-1084910. E Telephone number: (865) 379-7904. F Group Exemption Number

G Accounting method: Cash. I Website: WWW.GATEWAYTOINDEPENDENCE.ORG. J Tax-Exempt status: 501(c)(3)

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

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

Table with 21 rows and 3 columns: Line number, Description, and Amount. Revenue section (lines 1-9) totals 60,005. Expenses section (lines 10-17) totals 53,201. Net Assets section (lines 18-21) totals 103,671.

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
22 Cash, savings, and investments	95,858	22	102,908
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,009	24	763
25 Total assets	96,867	25	103,671
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	96,867	27	103,671

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?

THE GATE- GATEWAY TO INDEPENDENCE ASSISTS YOUNG ADULTS WITH SEVERE DISABILITIES TO ACHIEVE INDEPENDENCE BY PROVIDING THEM WITH SOCIAL AND VOCATIONAL ACTIVITIES PARTICIPANTS ENTER THE PROGRAM BETWEEN THE AGES OF 22-30 BUT MAY REMAIN IN THE PROGRAM AS LONG AS THEY WISH THE PARTICIPANTS COME TOGETHER SEVERAL DAYS EACH WEEK WITH STAFF AND VOLUNTEERS FROM THE COMMUNITY TO ENJOY EACH OTHERS COMPANY AND TO USE SKILLS THAT FOSTER INDEPENDENCE THE FOCUS OF THE PROGRAM IS ON EACH INDIVIDUALS ABILITIES AND ON DEVELOPING A COMMUNITY OF PEOPLE WHO APPRECIATE AND CARE ABOUT EACH OTHER JUST AS IMPORTANT, THE GATE PROVIDES A RESPITE SERVICE TO THE FAMILY/CARETAKER WHO IS ABLE TO LEAVE THE PARTICIPANT WITH US KNOWING THAT THEY ARE IN A SAFE AND NURTURING ENVIRONMENT FOR MANY FAMILIES, THIS IS THE ONLY RESPITE THEY HAVE WITHOUT THIS PROGRAM , MOST OF THESE YOUNG ADULTS FACE A LIFE OF ISOLATION AND EXCLUSION THE GATE IS A MODEL OF WHAT AN INCLUSIVE COMMUNITY CAN BE THE PROGRAM IS FUNDED THROUGH D

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

28 THE GATE- GATEWAY TO INDEPENDENCE ASSISTS YOUNG ADULTS WITH SEVERE DISABILITIES TO ACHIEVE INDEPENDENCE BY PROVIDING THEM WITH SOCIAL AND VOCATIONAL ACTIVITIES PARTICIPANTS ENTER THE PROGRAM BETWEEN THE AGES OF 22-30 BUT MAY REMAIN IN THE PROGRAM AS LONG AS THEY WISH THE PARTICIPANTS COME TOGETHER SEVERAL DAYS EACH WEEK WITH STAFF AND VOLUNTEERS FROM THE COMMUNITY TO ENJOY EACH OTHERS COMPANY AND TO USE SKILLS THAT FOSTER INDEPENDENCE THE FOCUS OF THE PROGRAM IS ON EACH INDIVIDUALS ABILITIES AND ON DEVELOPING A COMMUNITY OF PEOPLE WHO APPRECIATE AND CARE ABOUT EACH OTHER JUST AS IMPORTANT, THE GATE PROVIDES A RESPITE SERVICE TO THE FAMILY/CARETAKER WHO IS ABLE TO LEAVE THE PARTICIPANT WITH US KNOWING THAT THEY ARE IN A SAFE AND NURTURING ENVIRONMENT FOR MANY FAMILIES, THIS IS THE ONLY RESPITE THEY HAVE WITHOUT THIS PROGRAM , MOST OF THESE YOUNG ADULTS FACE A LIFE OF ISOLATION AND EXCLUSION THE GATE IS A MODEL OF WHAT AN INCLUSIVE COMMUNITY CAN BE THE PROGRAM IS FUNDED THROUGH DONATIONS, SPECIAL EVENTS AND GRANTS THE PROGRAMS SERVE 30 PARTICIPANTS WHICH PROVIDES A RESPITE FOR 60 PARENT/CARETAKERS THERE ARE 12 COLLEGE STUDENT VOLUNTEERS WHO RECEIVE COMMUNITY SERVICE HOURS FOR THEIR VOLUNTEER WORK AT THE PROGRAM

(Grants \$ 1,500) If this amount includes foreign grants, check here **28a** 52,388

29

(Grants \$) If this amount includes foreign grants, check here **29a**

30

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32** 52,388

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 checkboxes for 'Yes' and 'No' and input fields for amounts and names.

Yes No

Table with 3 columns: Question number, Question text, Yes, No. Rows 45, 45a, 46.

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 number, Question text, Yes, No. Rows 47, 48, 49a, 49b.

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. 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 section with fields for Signature of officer, Date, and Type or print name and title.

Paid Preparer's Use Only section with fields for Preparer's signature, Date, Check if self-employed, Preparer's taxpayer identification number, Firm's name, address, and ZIP + 4, EIN, and Phone no.

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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
GATE-GATEWAY TO INDEPENDENCE

Employer identification number

86-1084910

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

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

- 1 A church, convention of churches, or association of churches 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
11g(i)		
11g(ii)		
11g(iii)		

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

Part II Support Schedule for Organizations Described in 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	14,248	19,389	96,204	25,749	25,546	181,136
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	14,952	21,555	27,951	27,076	7,225	98,759
3 Gross receipts from activities that are not an unrelated trade or business under section 513		803	1,255	6,835		8,893
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	29,200	41,747	125,410	59,660	32,771	288,788
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			21,327	2,000		23,327
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			43,000	5,000		48,000
c Add lines 7a and 7b			64,327	7,000		71,327
8 Public Support (Subtract line 7c from line 6)						217,461

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	29,200	41,747	125,410	59,660	32,771	288,788
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	470	1,465	1,581	784	640	4,940
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	470	1,465	1,581	784	640	4,940
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					25,594	25,594
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)	29,670	43,212	126,991	60,444	59,005	319,322
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 2010 (line 8 column (f) divided by line 13 column (f))	15	68.100 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	72.740 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	2.000 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	2.000 %
19a 33 1/3% support tests—2010. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2009. 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 <input type="checkbox"/>		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

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).

Facts And Circumstances Test

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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
GATE-GATEWAY TO INDEPENDENCE

Employer identification number
86-1084910

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE SUPPLIES 940 INSURANCE 2,216 PROFESSIONAL DUES 165 POST OFFICE BOX RENTAL 40 MISCELLANEOUS 462 STATE TAX/FILING FEES 177 BANK FEES 46 PROMOTIONAL FEES 86 CONTRACTED SERVICES 550 TOTAL 4,682

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	EQUIPMENT 2,359 2,458 LESS ACCUMULATED DEPRECIATION 1,350 1,695 TOTAL 1,009 763

Identifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	THE GATE- GATEWAY TO INDEPENDENCE ASSISTS YOUNG ADULTS WITH SEVERE DISABILITIES TO ACHIEVE INDEPENDENCE BY PROVIDING THEM WITH SOCIAL AND VOCATIONAL ACTIVITIES PARTICIPANTS ENTER THE PROGRAM BETWEEN THE AGES OF 22-30 BUT MAY REMAIN IN THE PROGRAM AS LONG AS THEY WISH THE PARTICIPANTS COME TOGETHER SEVERAL DAYS EACH WEEK WITH STAFF AND VOLUNTEERS FROM THE COMMUNITY TO ENJOY EACH OTHERS COMPANY AND TO USE SKILLS THAT FOSTER INDEPENDENCE THE FOCUS OF THE PROGRAM IS ON EACH INDIVIDUALS ABILITIES AND ON DEVELOPING A COMMUNITY OF PEOPLE WHO APPRECIATE AND CARE ABOUT EACH OTHER JUST AS IMPORTANT, THE GATE PROVIDES A RESPITE SERVICE TO THE FAMILY/CARETAKER WHO IS ABLE TO LEAVE THE PARTICIPANT WITH US KNOWING THAT THEY ARE IN A SAFE AND NURTURING ENVIRONMENT FOR MANY FAMILIES, THIS IS THE ONLY RESPITE THEY HAVE WITHOUT THIS PROGRAM , MOST OF THESE YOUNG ADULTS FACE A LIFE OF ISOLATION AND EXCLUSION THE GATE IS A MODEL OF WHAT AN INCLUSIVE COMMUNITY CAN BE THE PROGRAM IS FUNDED THROUGH DONATIONS, FUND RAISERS AND GRANTS

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT	FORM 990-EZ, PART III, LINE 28	<p>THE GATE- GATEWAY TO INDEPENDENCE ASSISTS YOUNG ADULTS WITH SEVERE DISABILITIES TO ACHIEVE INDEPENDENCE BY PROVIDING THEM WITH SOCIAL AND VOCATIONAL ACTIVITIES PARTICIPANTS ENTER THE PROGRAM BETWEEN THE AGES OF 22-30 BUT MAY REMAIN IN THE PROGRAM AS LONG AS THEY WISH THE PARTICIPANTS COME TOGETHER SEVERAL DAYS EACH WEEK WITH STAFF AND VOLUNTEERS FROM THE COMMUNITY TO ENJOY EACH OTHERS COMPANY AND TO USE SKILLS THAT FOSTER INDEPENDENCE THE FOCUS OF THE PROGRAM IS ON EACH INDIVIDUALS ABILITIES AND ON DEVELOPING A COMMUNITY OF PEOPLE WHO APPRECIATE AND CARE ABOUT EACH OTHER JUST AS IMPORTANT, THE GATE PROVIDES A RESPITE SERVICE TO THE FAMILY/CARETAKER WHO IS ABLE TO LEAVE THE PARTICIPANT WITH US KNOWING THAT THEY ARE IN A SAFE AND NURTURING ENVIRONMENT FOR MANY FAMILIES, THIS IS THE ONLY RESPITE THEY HAVE WITHOUT THIS PROGRAM , MOST OF THESE YOUNG ADULTS FACE A LIFE OF ISOLATION AND EXCLUSION THE GATE IS A MODEL OF WHAT AN INCLUSIVE COMMUNITY CAN BE THE PROGRAM IS FUNDED THROUGH DONATIONS, SPECIAL EVENTS AND GRANTS THE PROGRAMS SERVE 30 PARTICIPANTS WHICH PROVIDES A RESPITE FOR 60 PARENT/CARETAKERS THERE ARE 12 COLLEGE STUDENT VOLUNTEERS WHO RECEIVE COMMUNITY SERVICE HOURS FOR THEIR VOLUNTEER WORK AT THE PROGRAM</p>

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BRIAN TUGGLE 357 N HOUSTON ST MARYVILLE, TN 37801	DIRECTOR 1 00	0		
CHRISTY WALSH 926 SOUTHWEST CROSS ROAD MARYVILLE, TN 37803	EXEC DIR 20 00	16,500		
DAWN BORDEN 3331 MELODY LANE MARYVILLE, TN 37804	DIRECTOR 1 00	0		
DONNA HOOKER 3724 RIVERBROOK DRIVE LOUISVILLE, TN 37777	DIRECTOR 1 00	0		
KAREN MCCOIG 613 TRILLIUM CIRCLE MARYVILLE, TN 37804	SECRETARY 2 00	0		
KAY OVERBEY 1105 N HERITAGE DRIVE MARYVILLE, TN 37803	VICE PRES 1 00	0		
JAN MORGAN 206 SHERWOOD DRIVE MARYVILLE, TN 37801	TREASURER 4 00	0		
TRUDY WHITE 2109 BUCKINGHAM CIRCLE MARYVILLE, TN 37803	PROGRAM DIR 18 00	12,360		
JOHN EVANS 2111 CHESTERFIELD DRIVE MARYVILLE, TN 37803	DIRECTOR 1 00	0		
JERRY MORTON 7309 BONNY KATE DR KNOXVILLE, TN 37920	PRESIDENT 3 00	0		
ROSEMARY GARLAND 5040 NAILS CREEK RD ROCKFORD, TN 37853	DIRECTOR 1 00	0		
FRANK HOGSED 1913 NORTHWOOD DR MARYVILLE, TN 37803	DIRECTOR 1 00	0		
ANGIE HOOKER 909 CAMELLIA TRACE MARYVILLE, TN 37801	DIRECTOR 1 00	0		
WILLIAM PYLE 216 FOOTHILLS MALL DR MARYVILLE, TN 37801	DIRECTOR 1 00	0		
KATHY STINNETT 805 HIDDEN COVE CT MARYVILLE, TN 37803	DIRECTOR 1 00	0		

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.

Name(s) shown on return GATE-GATEWAY TO INDEPENDENCE

Business or activity to which this form relates INDIRECT DEPRECIATION

Identifying number 86-1084910

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 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for property details, including description, cost, and elected cost for listed property.

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 3 rows for special depreciation allowance and other depreciation.

Part III MACRS Depreciation (Do not include listed property)

Section A

Table with 2 rows for MACRS deductions for assets placed in service before 2010.

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

Table with 7 columns (a-g) for general depreciation system assets, including classification, month, basis, recovery period, convention, method, and deduction.

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

Table with 3 rows for alternative depreciation system assets, including class life, recovery period, and method.

Part IV Summary (see instructions)

Table with 3 rows for summary totals, including listed property amount and total depreciation.

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

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

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

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

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

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.

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Rows include 30-33 (miles driven) and 34-36 (availability and use).

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

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

Table for Section C with columns Yes/No. Rows include 37-41 regarding policy statements and requirements.

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

Table for Section VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 A amortization of costs that begins during your 2010 tax year (see instructions)

43 A amortization of costs that began before your 2010 tax year **43**

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

TY 2010 Compensation Explanation

Name: GATE-GATEWAY TO INDEPENDENCE

EIN: 86-1084910

Person Name	Explanation
BRIAN TUGGLE	
CHRISTY WALSH	
DAWN BORDEN	
DONNA HOOKER	
KAREN MCCOIG	
KAY OVERBEY	
JAN MORGAN	
TRUDY WHITE	
JOHN EVANS	
JERRY MORTON	
ROSEMARY GARLAND	
FRANK HOGSED	
ANGIE HOOKER	
WILLIAM PYLE	
KATHY STINNETT	