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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)

2010

Open to Public  
Inspection

► 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 Jul 1, 2010, and ending Jun 30, 2011

B Check if applicable		C Name of organization <u>Calvert's ABC Preschool &amp; Nursery, Inc.</u>		D Employer Identification Number 64-0817318	
Address change		Doing Business As		E Telephone number (662) 369-4110	
Name change		Number and street (or P O box if mail is not delivered to street addr) Post Office Box 686		Room/suite	
Initial return		City, town or country Aberdeen		State ZIP code + 4 MS 39730-0686	
Terminated		F Name and address of principal officer Jennifer Calvert PO Box 686 Aberdeen MS 39730		G Gross receipts \$ 365,790.	
Amended return				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Application pending				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
I Tax-exempt status		X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		H(c) Group exemption number ►	
J Website:		N/A			
K Form of organization.		X Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of Formation. 1992 M State of legal domicile. MS	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Providing child care &amp; education</u>
	-----
Revenue	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3
Expenses	4 Number of independent voting members of the governing body (Part VI, line 1b) 4
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5
Net Assets or Fund Balances	6 Total number of volunteers (estimate if necessary) 6
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a
	b Net unrelated business taxable income from Form 990-T, line 34 7b
	Prior Year Current Year
	271,808. 299,310.
	57,492. 66,470.
	10.
	329,300. 365,790.
	61,125. 60,409.
	162,407. 185,544.
	4,104.
	76,936. 86,904.
	300,468. 332,857.
	28,832. 32,933.
	Beginning of Current Year End of Year
	107,088. 124,472.
	45,344. 29,795.
	61,744. 94,677.

## Part II Signature Block

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

Sign Here	Signature of officer	09/14/11		
	► Jennifer Calvert Type or print name and title.	President		
Paid Preparer Use Only	Print/Type preparer's name Marie Harrington	Preparer's signature Marie Harrington	Date 10/25/11	Check <input type="checkbox"/> if self-employed
	Firm's name ► The Byrne CPA Firm, P.A.	Firm's EIN ►		
	Firm's address ► 111 E Washington Street Houston MS 38851-2225			
	Phone no. (662) 456-5757			

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 03/25/11

Form 990 (2010)

164

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission:Providing child care & education2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.4a (Code: \_\_\_\_\_) (Expenses \$ 294,257. including grants of \$ 66,470.) (Revenue \$ 365,780.)Teaching and providing childcare for preschool and nursery age children.

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

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

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ► 294,257.

## 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? (see instructions)	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, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	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,' 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 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a X	
b 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	11b X	
c 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	11c X	
d Did the organization report an amount for other assets 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	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	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, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	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, Parts III and IV	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 (see instructions)	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 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 X	
20a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20 X	
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	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):		
a	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
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X

BAA

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	13	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If 'Yes,' enter the name of the foreign country:  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X	
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
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	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X	
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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	X	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a Did the organization make any taxable distributions under section 4966?	9a	X	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X	
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
<b>14a Did the organization receive any payments for indoor tanning services during the tax year?</b>	14a	X	
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

**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.

Check if Schedule O contains a response to any question in this Part VI.

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4
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?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	9	X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12b	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	13	X
13	Does the organization have a written whistleblower policy?	14	X
14	Does the organization have a written document retention and destruction policy?	15a	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15b	X
a	The organization's CEO, Executive Director, or top management official	16a	X
b	Other officers of key employees of the organization	16b	
	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 ►
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 

Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
► Jennifer Calvert 530 Highway 45 North Aberdeen MS 39730-2156 (662) 369-4110

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

 Check if Schedule O contains a response to any question in this Part VII ..... 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1 a 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.

- 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, if any. See instructions for definition of 'key employee.'

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) Jennifer Calvert Service Director	45.00	X					35,300.	0.	0.
(2) Sallie Ward Board of Directors	36.00		X				18,056.	0.	0.
(3) Rhonda Chandler Board of Directors	32.00		X				16,248.	0.	0.
(4) Sherita Dobbins VP/Sec/Treasurer	12.00		X				0.	0.	0.
(5) Alexander Calvert President	4.00		X				0.	0.	0.
(6) DuWayne Tumblin Vice President	1.00		X				0.	0.	0.
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									

## Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(c) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	
(18)								
(19)								
(20)								
(21)								
(22)								
(23)								
(24)								
(25)								
(26)								
(27)								
(28)								
(29)								
1b Sub-total						► 69,604.	0.	0.
c Total from continuation sheets to Part VII, Section A						►		
d Total (add lines 1b and 1c)						► 69,604.	0.	0.

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

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

Yes	No
3	X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

Yes	No
4	X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Yes	No
5	X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

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

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GRANTS, AND OTHER SIMILAR AMOUNTS	1a Federated campaigns .....	1a			
	b Membership dues .....	1b			
	c Fundraising events .....	1c	8,517.		
	d Related organizations .....	1d			
	e Government grants (contributions) .....	1e	290,793.		
	f All other contributions, gifts, grants, and similar amounts not included above .....	1f			
	g Noncash contributions included in lns 1a-1f \$				
	h Total. Add lines 1a-1f .....		299,310.		
PROGRAM SERVICE REVENUE	2a School and daycare fees	Business Code 624410	66,470.	66,470.	0.
	b				0.
	c				
	d				
	e				
	f All other program service revenue .....				
	g Total. Add lines 2a-2f .....		66,470.		
	3 Investment income (including dividends, interest and other similar amounts) .....		10.	10.	0.
4 Income from investment of tax-exempt bond proceeds .....					
5 Royalties .....					
6a Gross Rents .....	(i) Real	(ii) Personal			
b Less: rental expenses .....					
c Rental income or (loss) .....					
d Net rental income or (loss) .....					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses .....					
c Gain or (loss) .....					
d Net gain or (loss) .....					
8a Gross income from fundraising events (not including \$ 8,517. of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses .....	b				
c Net income or (loss) from fundraising events .....					
9a Gross income from gaming activities. See Part IV, line 19 .....	a				
b Less: direct expenses .....	b				
c Net income or (loss) from gaming activities .....					
10a Gross sales of inventory, less returns and allowances .....	a				
b Less: cost of goods sold .....	b				
c Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue	Business Code				
11a .....					
b .....					
c .....					
d All other revenue .....					
e Total. Add lines 11a-11d .....		365,790.	66,480.	0.	0.
12 Total revenue. See instructions .....					

## X 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).

<b>not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	60,409.	60,409.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	69,604.	55,683.	13,921.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	101,389.	93,278.	8,111.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	14,551.	11,641.	2,910.	0.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	883.	706.	177.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	4,104.	0.	0.	4,104.
12 Advertising and promotion	821.	821.	0.	0.
13 Office expenses	2,913.	2,330.	583.	0.
14 Information technology				
15 Royalties				
16 Occupancy	12,000.	12,000.	0.	0.
17 Travel	3,488.	2,790.	698.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,813.	0.	4,813.	0.
20 Interest	3,021.	2,433.	588.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,599.	11,483.	116.	0.
23 Insurance	4,744.	4,744.	0.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Utilities & telephone	15,289.	13,231.	2,058.	0.
b Taxes and licenses	3,664.	3,664.	0.	0.
c Office expense	521.	0.	521.	0.
d Bank charges	383.	383.	0.	0.
e Equipment rental	7,927.	7,927.	0.	0.
f All other expenses	10,734.	10,734.	0.	0.
25 Total functional expenses. Add lines 1 through 24f	332,857.	294,257.	34,496.	4,104.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

BAA

Form 990 (2010)

## Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	20,209.	1	32,570.
2	Savings and temporary cash investments	8,956.	2	19,010.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	167,818.		
b	Less accumulated depreciation	94,926.	77,923.	10c 72,892.
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		15	
16	<b>Total assets</b> Add lines 1 through 15 (must equal line 34)	107,088.	16	124,472.
17	Accounts payable and accrued expenses	3,827.	17	3,787.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	41,517.	23	26,008.
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	<b>Total liabilities</b> Add lines 17 through 25	45,344.	26	29,795.
Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	61,744.	32	94,677.
33	Total net assets or fund balances	61,744.	33	94,677.
34	<b>Total liabilities and net assets/fund balances</b>	107,088.	34	124,472.

BAA

Form 990 (2010)

**Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	365,790.
2 Total expenses (must equal Part IX, column (A), line 25)	2	332,857.
3 Revenue less expenses. Subtract line 2 from line 1	3	32,933.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	61,744.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	94,677.

**Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
7 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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
2b 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	
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 separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	

Form 990 (2010)

## Public Charity Status and Public Support

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.

2010

Open to Public  
Inspection

Name of the organization

Mark's ABC Preschool &amp; Nursery, Inc.

Employer identification number

64-0817318

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

Organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 Ib  Type IIc  Type III – Functionally integratedd  Type III – Other 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).If the organization received a written determination from the IRS that 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?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**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 <b>Gross grants, contributions, and membership fees received. (Do not include "unusual grants")</b>	239,675.	298,684.	256,076.	329,300.	365,780.	1,489,515.
2 <b>Tax revenues levied for the organization's benefit and either paid to it 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>						
<b>Total. Add lines 1 through 3</b>	<b>239,675.</b>	<b>298,684.</b>	<b>256,076.</b>	<b>329,300.</b>	<b>365,780.</b>	<b>1,489,515.</b>
4 <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>						
<b>5 <b>Public support. Subtract line 4 from line 4</b></b>						<b>1,489,515.</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
6 <b>Amounts from line 4</b>	<b>239,675.</b>	<b>298,684.</b>	<b>256,076.</b>	<b>329,300.</b>	<b>365,780.</b>	<b>1,489,515.</b>
7 <b>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</b>						
	87.					87.
8 <b>Net income from unrelated business activities, whether or not the business is regularly carried on</b>						
9 <b>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</b>						
<b>10 <b>Total support. Add lines 7 through 10</b></b>						<b>1,489,602.</b>
<b>11 <b>Gross receipts from related activities, etc (see instructions)</b></b>					<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 section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

14 <b>Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))</b>	14	99.99%
15 <b>Public support percentage from 2009 Schedule A, Part II, line 14</b>	15	99.99%
<b>16a 33-1/3% support test – 2010.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
<b>b 33-1/3% support test – 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test – 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>b 10%-facts-and-circumstances test – 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

IAA

Schedule A (Form 990 or 990-EZ) 2010

**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**

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

**Section B. Total Support**

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

**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** ►

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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 .....	18	%

**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 ►

**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 ►

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

## Supplemental Financial Statements

2010

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.  
 ► Attach to Form 990. ► See separate instructions.

Employer identification number

Albert's ABC Preschool &amp; Nursery, Inc.

64-0817318

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
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? .....

Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....

Yes  No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the 31st day of the tax year.		
		<b>Held at the End of the Tax Year</b>
3 Total number of conservation easements .....	2a	
4 Total acreage restricted by conservation easements .....	2b	
5 Number of conservation easements on a certified historic structure included in (a) .....	2c	
6 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d	
7 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____		
8 Number of states where property subject to conservation easement is located ► _____		
9 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
10 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____		
11 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____		
12 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
13 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.		

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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.

1b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

► \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

► \$ \_\_\_\_\_

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

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection (check all that apply):

- Public exhibition
- Scholarly research
- Preservation for future generations

- d Loan or exchange programs
- e Other

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Escrow and Custodial Arrangements.** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

If 'Yes,' explain the arrangement in Part XIV and complete the following table:

a Beginning balance

b Additions during the year

c Distributions during the year

d Ending balance

e Did the organization include an amount on Form 990, Part X, line 21?

f If 'Yes,' explain the arrangement in Part XIV.

	Amount
1c	
1d	
1e	
1f	

Yes  No

**Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

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

c Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		
3a(ii)		

3b

**VII Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	6,694.		6,694.	0.
c Leasehold improvements	65,203.		21,338.	43,865.
d Equipment	95,921.		66,894.	29,027.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c.)) ► 72,892.

Schedule D (Form 990) 2010

BAA



**Schedule I (Form 990) 2010****Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.**

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Education & day care services	37	0.	60,409. Cost	Food, supplies, etc.	
2					
3					
4					
5					
6					
7					

**Part IV: Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Pt. I Line 2 - teaching and providing child care for preschool and nursery age children.

BAA

Department of the Treasury  
Internal Revenue Service

Name of the organization

Livent's ABC Preschool &amp; Nursery, Inc.

Employer identification number

64-0817318

VI-A, Line 2 The President and Vice President are brother-in-laws.

VI-B, Line 15 Board of directors approve all compensation.

VI-B, Line 11a Meeting by all the board of directors

4562

Depreciation and Amortization  
(Including Information on Listed Property)

2010

Department of the Treasury

Internal Revenue Service

(93)

Name(s) shown on return

Albert's ABC Pet &amp; Nursery, Inc.

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

Attachment Sequence No 67

Identifying number

64-0817318

Form 990 / Form 4562

## Election To Deduct Certain Property Under Section 179

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

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

(a) Classification of property	(b) Cost (business use only)	(c) Elected cost
.....	.....	.....

7 Listed property. Enter the amount from line 29 .....	7
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	9
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 .....	10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) .....	11
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	12
13 Carryover of disallowed deduction for 2011. Add lines 9 and 10, less line 12 .....	13

Do not use Part II or Part III for listed property. Instead, use Part V.

## Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) .....	14
15 Property subject to section 168(e)(7) election .....	15
16 Other depreciation (including ACRS) .....	16

## MACRS Depreciation (Do not include listed property.) (See instructions)

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010 .....	17	10,625.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>	19	.....

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
1 a 3-year property .....	.....	.....	.....	.....	.....	.....
1 b 5-year property .....	.....	627.	5.0 yrs	HY	200 DB	125.
1 c 7-year property .....	.....	5,941.	7.0 yrs	HY	200 DB	849.
1 d 10-year property .....	.....	.....	.....	.....	.....	.....
1 e 15-year property .....	.....	.....	.....	.....	.....	.....
1 f 20-year property .....	.....	.....	.....	.....	.....	.....
1 g 25-year property .....	.....	.....	25 yrs	.....	S/L	.....
1 h Residential rental property .....	.....	.....	27.5 yrs	MM	S/L	.....
1 i Nonresidential real property .....	.....	.....	27.5 yrs	MM	S/L	.....
1 i Nonresidential real property .....	.....	.....	39 yrs	MM	S/L	.....
1 i Nonresidential real property .....	.....	.....	.....	MM	S/L	.....

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

21 a Class life .....	22	S/L
21 b 12-year .....	22	S/L
21 c 40-year .....	22	S/L

## M Summary (See instructions.)

22 Listed property. Enter amount from line 28 .....	21	0.
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions .....	22	11,599.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	.....

For Paperwork Reduction Act Notice, see separate instructions.

FDI20812 10/29/10

Form 4562 (2010)

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

**Notes** 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.)**

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

(a) Date placed in service	(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

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

Used more than 50% in a qualified business use:

05/10/89	100.00	3,000.	3,000.	5.00	200 DB-HY	0.
07/31/00	100.00	29,274.	29,274.	5.00	200 DB-HY	0.

Used 50% or less in a qualified business use:


Sum amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

0.

Sum 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 employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 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.		

**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
42 Amortization of costs that begins during your 2010 tax year (see instructions):					

43 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

## **Smart Worksheet for Officers, Directors, Trustees, Key Employees and Highest Compensated Employees**

**Note:** Enter all the information below for Part VII, Section A. The first 17 entries will be placed on the appropriate lines on page 7. , The next 12 entries will be placed on the appropriate lines on page 8 if more than 29 items are entered, the remainder will be placed on continuation sheets for Part VII.

(A) Name and Title	Ck if B u s i n e s s	(B) Avg hrs/wk (desc hrs for related orgs in Sch O)	Position (Ck all that apply)						(D) Reportable compn from the organi- zation (W-2/ 1099-MISC)	(E)	(F) Est amt of oth compn from org and related orgs
			C1 - Indiv trustee or dir	C2 - Institutional trustee	C3 - Officer	C4 - Key employee	C5 - Highest compensated employee	C6 - Former			
			C1	C2	C3	C4	C5	C6		Reportable compn from related orgs (W-2/1099-MISC)	
(1) Jennifer Calvert Service Director		45.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35,300.	0.	0.
(2) Sallie Ward Board of Directors		36.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18,056.	0.	0.
(3) Rhonda Chandler Board of Directors		32.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16,248.	0.	0.
(4) Sherita Dobbins VP/Sec/Treasurer		12.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(5) Alexander Calvert President		4.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(6) DuWayne Tumblin Vice President		1.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(7)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(8)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(9)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(10)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Part IX Statement of Functional Expenses

**Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet**

Depreciation, QuickZoom to Asset Entry Worksheet . . . . . →   
Depletion, calculated report of all depreciation information for Form 990, →   
Amortization to the Depreciation/Amortization Report. . . . . →   
Zoom to Form 4562 for Form 990 . . . . . → 

Following items carry to line 22 below:

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Depreciation . . . . .	11,599.	11,483.	116.	0.
Depletion . . . . .				
Amortization . . . . .				

**D, page 5 (Copy No. 1): Part XIV Supplemental Information**

**Supplemental Information Smart Worksheet**

Description of this copy of Schedule D, page 5 . . . Copy No. 1

QuickZoom here to another copy of Schedule D, page 5 . . . . . → 

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

►  You are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box  ►

►  You are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

►  You are filing for an **Automatic 6-Month Extension**, complete both Part I and Part II (on page 2 of this form).

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T) or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Related With Certain Personal Benefits Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file](http://www.irs.gov/e-file) and click on e-file for Charities & Nonprofits.

► **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

►  Corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only  ►

►  Corporations (including 1120-C corporations), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file their tax returns.

Name of exempt organization	Employer identification number
Calvert's ABC Preschool & Nursery, Inc.	64-0817318
Number, street, and room or suite number, if a P.O. box, see instructions	
Post Office Box 686	
City, town or post office, state, and ZIP code for a foreign address, see instructions	
Aberdeen	MS 39730-0686

►  The Return code for the return that this application is for (file a separate application for each return)  01

Return Code	Application Is For	Return Code
01	Form 990-T (corporation)	07
02	Form 1041-A	08
03	Form 4720	09
04	Form 5227	10
05	Form 6069	11
06	Form 8870	12

►  The books are in the care of ► Jennifer Calvert

►  Telephone No. ► (662) 369-4110

FAX No. ► (662) 369-4110

►  The organization does not have an office or place of business in the United States, check this box  ►

►  This is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box  ►  . If it is for part of the group, check this box  ►  and attach a list with the names and EINs of all members whose extension is for.

►  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 15, 20 12, to file the exempt organization return for the organization named above.

►  The extension is for the organization's return for:

►  calendar year 2011 or  
►  tax year beginning Jul 1, 20 10, and ending Jun 30, 20 11.

►  The tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
►  Change in accounting period

3a ► <input type="checkbox"/> This application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <u>0.</u>
3b ► <input type="checkbox"/> This application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <u>0.</u>
3c ► <input type="checkbox"/> Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ <u>0.</u>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**►  For Paperwork Reduction Act Notice, see Instructions.**

Form 8868 (Rev. 1-2011)