Form 990

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) OMB No 1545-0047

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70	119
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Depa Inter	artment o nal Reve	of the Treasury nue Service		The organization may	have to use a copy of this	return to satisfy	y state reportin	g requiremen	ts	Opent	o Public Inspection
			dar vear.	or tax year beginning			and ending			, 2	2010
В		applicable	<u>, , , , , , , , , , , , , , , , , , , </u>	C Name of organization							ition Number
-	C 1	dress change	Please use IRS label		ichment & Op	portunit	v Progr	am	22-3	40116	7
	F	me change	or print or type		PO box if mail is not delive				Telephon		<u>-</u>
		ial return	See	794 West Cres	cent Ave				(201) 236	-8017
		mination	Instruc- tions.	City, town or country	conc mo.	State	ZIP code + 4		(202	/ 200	
	1	ended return	40115.	Allendale		NJ	07401-2		Gross red	onte S	193,541.
	7-4	plication pending	E Name	and address of principal office				(a) Is this a gr			
				Goodkin 794 W. Crese			1	(b) Are all affi			Yes No
		exempt statu				(a)(1) or	527	If 'No,' atta	ich a list (see instruc	
<u> </u>								(c) Group exe	antice au	abar 🕨	
<u> </u>							ear of Formation				donucile NJ
K	Int I	of organization	<u> </u>	ation Trust Ass	ociation Other		ear of Formation	1 1994		ate or lega	adomicile INO
Fa		Summa		ganization's mission o	r most significant ac	tuation En	richmon	+ Progr	cam fo	n ch	ildrep
0		blieny deschi	be the of	yanization s mission o	r most significant ac		Trenmen				
je je	ť -										
E	-										
କ୍ଷି	2	Check this bo	x ► 🗍	if the organization dis	continued its operat	ons or dispo	sed of more	e than 25%	of its a	ssets	
ଚ	3			nbers of the governing						3 3	
e B	4	Number of ind	depender	nt voting members of t	he governing body (Part VI, line	1b)		_	4 3	
Ę	5		•	oyees (Part V, line 2a)					_	5	
Ć	6			teers (estimate if nece		~ .				<u>6</u> 3	
Ŵ	7a			business revenue from					-	7a 7b	0.
\$	<u> </u>	Net unrelated	business	s taxable income from	Form 990-1, line 34				I	/0	
Revenue SCANNERGINBER Grigmann								Prio	r Year		Current Year
S	8		-	nts (Part VIII, line 1h)		00.3		102 605			
G	9			nue (Part VIII, line 2g)		•			189,38		193,505.
Rev	10			art VIII, column (A), lii			<u> </u>	51.	36.		
_		Other revenue (Part VIII, column (A), lines 5, 64, 89 9; 167 and 11e) Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 189, 5									193,541.
				iounts paid (Part IX,-er					,.	<u> </u>	
						191					
		14 Benefits paid to or for members (Part IX, colume (A), the 410 35 15 Salaries, other compensation, employee genefits (Part IX, column (A), lines 5-10)								19	115,789.
es				1 1		122,24		110,100.			
Expenses				ng fees (Part IX, colun							
<u></u>				enses (Part IX, column			0.				
-				IX, column (A), lines					66,28		75,849.
	18	Total expense	es Add li	ines 13-17 (must equa	I Part IX, column (A), line 25)			188,5		191,638.
	19	Revenue less	expense	es Subtract line 18 fro	m line 12				1,00)9.	1,903.
5 8								Beginni	ng of Ye	ear	End of Year
ala	20	Total assets ((Part X, I	ine 16)					173,9	19.	<u> </u>
Net Assets or Fund Balancos	21	Total liabilitie	s (Part X	(, line 26)							
žŽ	22	Net assets or	fund bala	ances Subtract line 21	from line 20				173,9	19.	175,822.
Pa	art II	Signatu	ure Blo	ck							<u> </u>
		Under penaltie	s of perjury,	, I declare that I have examine Declaration of preparer (oth	ed this return, including acc	ompanying scher	dules and state	ments, and to	the best of	iny knowle	edge and belief, it is
							n which prepare	i nas any kilo		-1.1	_
Sig			MU	m					1110	176	· · · · · · · · · · · · · · · · · · ·
He	re	Signature	of officer	N. Leas I C	110.0	0000	.10.1	Date	-		
			<u> </u>	Jeparan O	podkin	_ Mes	<u>ident</u>	······			
		Type or pr	int name an	nd title							
_				• .		D	alc	Chec			arer's identifying nurnber nstructions)
Pa		Preparer's	·M	l l l M	011			empl	oyed 🏲	즈 –	
Pr	e- rer's	signature	-/ 4		~~~~~	1	1/11/10				
– pa Us		Firm's name (or <u>Mic</u>	hael Straffor	d //						
Or		yours if self employed).	▶ 232	Boulevard Su	ite 4			EIN	►		
		ZIP + 4		brouck llts.		NJ 0760	4	Phon	e no 🕨	,	
				with the preparer sho							X Yes No
BA	A For	Privacy Act a	and Pape	erwork Reduction Act	Notice, see the sepa	rate instruct	tions.	т	EEA0101	07/20/09	Form 990 (2009)

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Form 990 (2009) A1	lendale Enrich	nment & Oppor	tunity Prog	ram		22-3	4011	67		Page 2
	ent of Program Se									
1 Briefly describe th	e organization's missio	on no								
Enrichment	Program_for_c	hildren								
										
<u></u>	<u>_</u>									
•	on undertake any signi	ficant program serv	ices during the yea	ar which were	not listed or	the prior	_		_	
Form 990 or 990-E							Ľ	Yes	X	No
,	hese new services on								-	
-	on cease conducting, c	•	changes in how it c	conducts, any	program ser	vices?		Yes	X	No
	hese changes on Sche			- 1				50	1 (.) ())	
and 501(c)(4) orga	npt purpose achieveme anizations and section renue, if any, for each	4947(a)(1) trusts ar	e required to repor	t the amount	of grants an	d allocations	to othe	rs, th	e total	
4a (Code) (Expenses \$	169.960 m		ŝ			ŝ	1	89.3	85.)
	emester_after									<u>, , , , , , , , , , , , , , , , , , , </u>
	ly_300_studen									
				P						
		· 								
4b (Code) (Expenses \$	ır	cluding grapts of	¢			Ś)
	_) (Expenses 9	II	icidality grants of	۲	·		۲			/
						~				
				^			^			
4c (Code	_) (Expenses \$	ır	icluding grants of	۶	·) (Revenue	ې)
					~					
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					-					
	vices (Describe in Sci	including grants o	ıf \$) (Revenue	s)	
(Expenses \$ 4e Total program ser	vice expenses	169,9			Z (increating	<u> </u>	·		_/	
	vice expenses			· · · · · · · · · · · · · · · · · · ·						

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Form 990 (2009) Allendale Enrichment & Opportunity Program Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		x
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	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	ļ	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? <i>If 'Yes,' complete</i> <i>Schedule D, Part IV</i>	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	_		x
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		x
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
	• Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If'Yes, 'complete Schedule D, Part X 	ļ	ļ	ļ
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	ļ	x
	A Was the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	<u> </u>	X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b	 	x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15	<u> </u>	x
16	Did the organization report on Part IX, column (A), line 3 more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III.	16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I.	17	 	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	<u> </u>	x
	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
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u> </u>	

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Form 990 (2009) Allendale Enrichment & Opportunity Program Part IV Checklist of Required Schedules (continued)

·			Yes	No
07				
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		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		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? <i>If 'Yes,' complete Schedule J</i>	23		x
24 a	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		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		<u>x</u>
t	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		<u>x</u>
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		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		x
28 a	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete			
	Schedule L, Part IV	28b]	Х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L. Part IV	28c		<u>x</u>
2 9	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		<u>x</u>
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		<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>x</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		<u>x</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		<u>x</u>
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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
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orm 990 (2009) Allendale Enrichment & Opportunity Program 22-340116	7	P	'age 5
art V Statements Regarding Other IRS Filings and Tax Compliance		,	
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 1a 0			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	х	
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			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<u>x</u>
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	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		<u> </u>
b If 'Yes,' enter the name of the foreign country.			
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		<u>X</u>
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
a 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 deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
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?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>x</u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<u>7h</u>		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		х
 Sponsoring organizations maintaining donor advised funds. 			
a Did the organization make any taxable distributions under section 4966?	9a		х
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		Х
0 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12 10a			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b			
1 Section 501(c)(12) organizations. Enter			
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-		
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

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Form 990 (2009) Allendale Enrichment & Opportunity Program

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.

Sec	ction A.	Governing Body and Management				
					Yes	No
1	a Enter th	e number of voting members of the governing body	1a 3		-	=
	b Enter th	e number of voting members that are independent	1b 3			
2	Did any officer, of	officer, director, trustee, or key employee have a family relationship or a business r director, trustee or key employee?	elationship with any other	2		х
3	Did the	organization delegate control over management duties customarily performed by or rs, directors or trustees, or key employees to a management company or other personal data and the second se	under the direct supervision	3		 x
4		organization make any significant changes to its organizational documents		4		X
•		e prior Form 990 was filed?				
5		organization become aware during the year of a material diversion of the organization	on's assets?	5		х
6		e organization have members or stockholders?		6		X
7	a Does the	e organization have members, stockholders, or other persons who may elect one or	more members of the	7a		x
	•	decisions of the governing body subject to approval by members, stockholders, or o	other persons?	7b		X
	-	organization contemporaneously document the meetings held or written actions und				
		erning body?		8a	x	
		mmittee with authority to act on behalf of the governing body?		8b		<u>x</u>
	Is there	any officer, director or trustee, or key employee listed in Part VII, Section A, who ca	annot be reached at the			
<u> </u>		ition's mailing address? If 'Yes,' provide the names and addresses in Schedule O Policies (This Section B requests information about policies not	required by the Internal	9		<u>_X</u>
			required by the internal			
Rev	enue Cod	9)			Yes	No
10	a Does the	e organization have local chapters, branches, or affiliates?]	10 a	103	X
		5	of such chapters, offiliator	104		<u> </u>
		does the organization have written policies and procedures governing the activities inches to ensure their operations are consistent with those of the organization?		10 b		
		organization provided a copy of this Form 990 to all members of its governing body	°	11	X	
		e in Schedule O the process, if any, used by the organization to review this Form 99	0			
		e organization have a written conflict of interest policy? If 'No,' go to line 13		12a		<u>X</u>
	b Are offic to confli	ers, directors or trustees, and key employees required to disclose annually interests cts?	s that could give rise	12 b		
1	c Does the Schedul	e organization regularly and consistently monitor and enforce compliance with the p e O how this is done	olicy? If 'Yes,' describe in	12 c		
13	Does the	e organization have a written whistleblower policy?		13		X
14	Does the	e organization have a written document retention and destruction policy?		14		<u>X</u>
15	Did the persons	process for determining compensation of the following persons include a review and , comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent			
	a The org	anization's CEO, Executive Director, or top management official		15 a	Х	
	b Other of	ficers of key employees of the organization		15 b	X	
	If 'Yes'	o line 15a or 15b, describe the process in Schedule O (See instructions)				
16	a Did the entity di	organization invest in, contribute assets to, or participate in a joint venture or simila iring the year?	r arrangement with a taxable	16a		х
	-	has the organization adopted a written policy or procedure requiring the organization	n to evaluate its participation			
	in joint v	renture arrangements under applicable federal tax law, and taken steps to safeguar ith respect to such arrangements?	d the organization's exempt	16b		
Se	ction C.	Disclosures				
17	List the	states with which a copy of this Form 990 is required to be filed < <u>New Jersey</u>				
18	Section inspection	6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a on Indicate how you make these available. Check all that apply	and 990-T (501(c)(3)s only) av	aı la bi	e for p	oublic
		website Another's website X Upon request				

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20	State the name, physical	address, and	telephone	number of th	e person	who j	possesses	the books	and r	records of	f the c	organizal	lion	

►Marilyn Varsalona	794 West Crescent Ave.	Allendale	7401	(201) 236-8017

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22-3401167 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII Employees, and Independent Contractors

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's current key employees. See instructions for definition of 'key employees.'

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

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

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

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

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

(A)	(B)				c)			(D)	(E)	(F)		
Name and Title	Average hours					hat app	-	Reportable compensation from	Reportable	Estimated amount of other		
	hours per week	טע אונא אן גאלפט אין אונא אונ	unstitutional tenstee	Offir M	Key employee	Higt est compensated employee	Fushel	(W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	compensation from the organization and related organizations		
Julie Kagan												
Secretary	2.00			Х				0.	0.	0.		
Deborah Goodkin												
President	4.00			x				0.	0.	0.		
Joann Hart												
Treasurer	4.00			х				0.	ο.	0.		
Evelyn Tuminello												
Instructor	10.00					x		9,287.	0.	0.		
Russell O'Neill	10.00		'		<u>.</u>			572071				
Instructor	10.00					x		7,850.	ο.	0.		
Al_Mungo	10.00					<u> </u>		11050.	0.	0.		
Instructor	10.00					x		8,700.	ο.	0.		
Patricia Hillman	10.00			<u> </u>		<u> </u>		0,700.	0.	0.		
Instructor	10.00					x		4,780.	0.	0.		
	10.00			-		<u> </u>		4,700.		<u> </u>		
Kimberly Coleman	10 00							5 710	0	0		
Instructor	10.00	[<u>x</u>		5,716.	0.	0.		
······································					-							
							-			····		
	.											
				<u> </u>	-			·····		<u> </u>		
	 _				-				·			
	·											
							<u> </u>					
	<u> </u>				-							
			 							······································		
	<u> </u>	I		L	I	L		I		Form 990 (2009)		

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Form 990 (2009) Allendale Enrichment & Op	portu	nit	<u>y</u>	Pro	ogr	am			22-340116			Page 8
Part VII Section A. Officers, Directors, Trus	<u> </u>	<u>(ey</u>	En	_	_	es,	an			loyee	<u>s (co</u> (F)	nt.)
(A)	(B) Average	Pos	tion (() check	•	hat ar	n lv)	(D)	(E)	_		
Name and Title	hours per week			Officer		Highest compensated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo con f org ar	stimated unt of of pensati rom the janizatio id relate anizatio	ther ion on ed
								 ,				
1b Total		<u> </u>					•	36,333.	0.	<u> </u>		_0.
2 Total number of individuals (including but not limite from the organization	d to tho	se li	stec	i abo	ove)	who	o ree	ceived more than	\$100,000 in report	able cor	npens	sation
											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıdua	al	-							3		x
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t individual	portable han \$15	e cor 50,00	npe)0?	nsai If 'Y	ion 'es'	and com	oth plet	er compensation e Schedule J for s	from such	4		x
5 Did any person listed on line 1a receive or accrue c rendered to the organization? If 'Yes,' complete Sci	ompens hedule	atio <i>I for</i>	n fro <i>suc</i>	om a h pe	any erso	unre n	late	d organization for	services	5		x
Section B. Independent Contractors					trac	tore	the	t received more t	han \$100,000 of			
 Complete this table for your five highest compensation from the organization 		pend			mac	,1015						
(A) Name and business addres	(A) (B) Name and business address Co										C) ensatio	on
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	but not	limi	ted	to th	nose	liste	ed a	bove) who receiv	ed more than			

Form 990 (2009) Allendale Enrichment & Opportunity Program Part VIII Statement of Revenue

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<u></u>	、 、		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a Federated campaigns 1a			10101100		
NTS	b Membership dues 1b					
10 GR	c Fundraising events					
A A	d Related organizations 1d					
∎ <u>₹</u>	e Government grants (contributions)					
SIN						
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f					
E O	g Noncash contribns included in Ins 1a-1f \$					
S∢	h Total. Add lines 1a-1f	•		ļ		
₽	Busin	ess Code			_	
E.	2a Classroom & Camp Fees		193,505.	193,505.	0.	0.
Ш Ш Ш	b					
Ň	c					
SER	d					<u></u>
WA	e					
- BO	f All other program service revenue					
Å	g Total. Add lines 2a-2f	•	193,505.			
	3 Investment income (including dividends, intere other similar amounts)	st and	36.	36.	0.	0.
	4 Income from investment of tax-exempt bond pi	roceeds ►				
	5 Royalties	▶		· · · ·	· • • • •	· · · · · · · · · · · · · · · · · · ·
		Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	•				
	(A) Securities (A)	ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis					
	and sales expenses		1			
	c Gain or (loss)					
	d Net gain or (loss) 8a Gross income from fundraising events					
NUE	(not including \$					
OTHER REVEN	of contributions reported on line 1c)					
RR	See Part IV, line 18 a					
THE	b Less direct expenses b					
0	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	•	1			
	-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	1ess Code		· · · · · · · · · · · · · · · · · · ·		
		1035 COUR	ł			
	¹¹ a					
	b			···		· · · · · · · · · · · · · · · · · · ·
	d All other revenue					<u> </u>
	e Total. Add lines 11a-11d	►				
		- -	193,541.	193,541.	0.	0.
	12 Total revenue. See instructions		1 193, 341.	1 190,041.		<u> </u>

Part IX Statement of Functional Expenses

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

22-3401167

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	105,760.	105,760.	0.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	10,029.	10,029.	0.	0.
11 Fees for services (non-employees)				
a Management				
b Legal	1,579.	0.	1,579.	0.
c Accounting	520.	0.	520.	0.
d Lobbying				
e Prof fundraising svcs See Part IV, In 17				
f Investment management fees				
g Other				
12 Advertising and promotion	1,087.	0.	1,087.	0.
13 Office expenses	4,055.	0.	4,055.	0.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	8,615.	0.	8,615.	0.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Supplies	15,706.	15,706.	0.	0.
b-Bank_Charges	621.	0.	621.	0.
c Subcontractors	35,677.	35,677.	0.	0.
d_Telephone	789.	789.	0.	0.
e Special Event	1,999.	1,999.	0.	0.
f All other expenses	5,201.	0.	5,201.	0.
25 Total functional expenses. Add lines 1 through 24f	191,638.	169,960.	21,678.	0.
26 Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
				Form 990 (2009)

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Form 990 (2009) Allendale Enrichment & Opportunity Program

 Part X
 Balance Sheet

	、	(A) Beginning of year		(B) End of year
1	Çash – non-interest-bearing	173,919.	1	175,822
2	Savings and temporary cash investments		2	
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))			
	and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
7 8 9	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10;	a Land, buildings, and equipment: cost or other basis 10a			
	Complete Part VI of Schedule D			
1	b Less accumulated depreciation. 10b		10 c	
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	Total assets Add lines 1 through 15 (must equal line 34)	173,919.	16	175,822
17	Accounts payable and accrued expenses		17	
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	
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		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0
<u>N</u>	Organizations that follow SFAS 117, check here X and complete lines			
Ě	27 through 29 and lines 33 and 34.			
27	Unrestricted net assets	173,919.	27	175,822
	Temporarily restricted net assets		28	
5 20 29	Permanently restricted net assets		29	
8	Organizations that do not follow SFAS 117, check here 🕨 🗌 and complete			
-	lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
	Paid-in or capital surplus, or land, building, and equipment fund		31	
32			32	
33	Total net assets or fund balances	173,919.	33	175,822
BA 31 32 33 33 34	Total liabilities and net assets/fund balances	173,919.	34	175,822
AA				Form 990 (200

2009) I F inan	Allenuale	ents and Repo	<u>α</u>	Opportunity	Flogram

2	2	-	3	4	0	1	1	6	7	

Page	1	2
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		Yes	No
1 Accounting method used to prepare the Form 990 🔀 Cash 🗌 Accrual 🔲 Other	ŀ		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2 b		Х
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 consolidated basis, separate basis, or both			
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
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	3Ь		
BAA	Form	990 ((2009)

SCHEDULE A	
(Form 990 or 990-l	EZ)

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.

	2009
Ö	an ta Rublia

OMB No 1545-0047

					nonexempt char	itable tr	ust.					Open t	o Publi	c
Departi Interna	ment of the I Revenue	Treasury Service		Attach to	Form 990 or Form 990-E	Z. ► Se	e separ	ate instr	ructions	5.		Insp	ection	
Name	of the organ	nization								Employe	r identificat	tion number		
A11	endal	e Enrie	chme	ent & Opportu	nity Program					22-3	401167	7		
Par					is (All organizations					See I	nstruct	ions		
The c	organizat	ion is not	a priv	ate foundation becau	use it is. (For lines 1 thro	ugh 11,	check o	nly one	box)					
1	A cl	hurch, con	ventio	on of churches or ass	ociation of churches des	cribed in	section	n 170(b)((1)(A)(i)	•				
2	A so	chool desc	ribed	in section 170(b)(1)(A)(ii). (Attach Schedule I	E)								
3	A h	ospital or o	coope	rative hospital servic	e organization described	in section	on 170(l	b)(1)(A)(i	iii).					
4	A m	edical res	earch	organization operate	ed in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(/	4)(iii) Er	nter the ho	spital's	
5	An o	ne, city, an organizatio (b)(1)(A)(i v	n ope		of a college or university	owned	or oper	ated by	a gover	nmenta	I unit de	scribed in	section	 1
6 7	An o	organizatio	n tha		governmental unit descri i substantial part of its su art II)					t or fron	n the ger	neral publi	c descr	ıbed
8					170(b)(1)(A)(vi). (Comple	te Part I	1)							
9	X An from inve Jun	organization n activities estment ind e 30, 1975	in tha relat come See	t normally receives ed to its exempt func and unrelated busine section 509(a)(2). (C	(1) more than 33-1/3 % of tions — subject to certain ess taxable income (less complete Part III)	of its sup n except section !	port fro ions, an 511 tax)	id (2) no i from bi	more t usinesse	han 33- es acqu	1/3 % of	its suddo	rt from	aross
10		-	-		exclusively to test for pu									
11	mor	e nubliciv	sunn	orted organizations of	exclusively for the bene described in section 509(zation and complete line	a)(1) or -	section	509(a)(2	ctions c 2) See	of, or ca section	rry out th 509(a)(3). Check	the box	that
	a	Type 1		b 🗌 Type II				integrat			d 🗌	Type III-		
e	thar	checking th foundatic (a)(2)	nis bo in ma	ix, I certify that the of nagers and other that	rganization is not control in one or more publicly s	led direc upportec	tly or in d organi	directly zations of	by one describe	or more ed in se	e disquali ction 509	ified perse 9(a)(1) or s	ons oth section	er
f	che	ck this box			termination from the IRS								on,	
g	Sind	ce August	17, 20	006, has the organiza	ation accepted any gift o	r contrib	ution fro	om any (of the fo	ollowing	persons	ç?	Yes	No
	(i)	a persor below, ti	i who ne go	directly or indirectly verning body of the s	controls, either alone or supported organization?	together	with pe	ersons de	escribed	d ın (11)	and (III)	11 g (i)		
	(ii)	a family	mem	ber of a person desc	cribed in (i) above?							11 g (ii)		
	(iii)	a 35% c	ontrol	lled entity of a persor	n described in (i) or (ii) a	bove?						11 g (in)		
h	Pro	vide the fo	llowir	ng information about	the supported organization	ons				r				
		ie of Supporte rganization	d	(11) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	Is the tion in col d in your traing ment?	(v) Did y the organ col i your su	ization in (i) of	organizat (i) organi	Is the tion in col ized in the S ?	(vii) Amou	int of Sup	port
						Yes	No	Yes	No	Yes	No			
							1							
							l			ļ				
					· · · · ·	ļ					 		. <u></u>	<u> </u>
						<u> ·</u>			<u> </u>	<u> </u>				
			-			+	· · ·							
T														
Total	l					1	1	I	l	<u> </u>	<u> </u>	· <u>····</u>		

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Allendale Enrichment & Opportunity Program 22-3401167 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)

ŀ

Sec	tion A. Public Support		<u> </u>		, <u> </u>		<u></u>
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public 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)						
	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support				T		
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 activ	uties, etc (see ins	structions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year as	s a section 501(c)	(3)
_	tion C. Computation of Pu				·		······
	Public support percentage for 20			ne 11, column (f)		14	<u>%</u>
	Public support percentage from						%
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pul	I not check the bo blicly supported o	ox on line 13, and rganization.	d the line 14 is 33	-1/3 % or more, c	heck this box
Ł	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a put	not check a box blicly supported of	on line 13, or 16 rganization.	a, and line 15 is 3.	3-1/3% or more, o	theck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	s box and stop her	e. Explain in Part	IV how
Ł	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test The organia	s' test, check this zation qualifies a	box and stop her s a publicly suppo	e. Explain in Part rted organization	IV how the ►
18	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17			
BAA					Sc	nedule A (Form 9	990 or 990-EZ) 2009

Schedule A (Form 990 or 990 EZ) 2009 Allendale Enrichment & Opportunity Program 22-3401167 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part 1)

	tion A. Public Support						-
	ndar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	0.	0.	0.	0.	0.	0.
2	^	0.					
	purpose	183,495.	168,575.	193,839.	189,385.	193,505.	928,799.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.	0.	0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.	0.	0.
6	Total. Add lines 1 through 5	183,495.	168,575.	193,839.	189,385.	193,505.	928,799.
78	Amounts included on lines 1, 2, 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)						928,799.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	183,495.	168,575.	193,839.	<u>1</u> 89,385.	193,505.	928,799.
10 8	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	116.	152.	184.	161.	36.	649.
	DUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	116.	152.	184.	161.	36.	649.
	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
12	Other income. Do not include gain or loss from the sale of						
	capital assets (Explain in Part IV)						
13	Capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12)						929,448.
13	Capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12)	is for the organiza	tion's first, second	d, thırd, fourth, c	or fifth tax year as	a section 501(c)(3)	
13 14	capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 Organization, check_this_box_and			d, third, fourth, c	or fifth tax year as	a section 501(c)(3)	
13 14 Sec	capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	blic Support P	ercentage		or fifth tax year as		► <u></u>
13 14 Sec 15	capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20	blic Support Po 109 (line 8, column	ercentage (f) divided by line		or fifth tax year as	15	99.93%
13 14 Sec 15 16	capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2	blic Support Po 09 (line 8, column 2008 Schedule A,	ercentage (f) divided by line Part III, line 15		or fifth tax year as		► <u></u>
13 14 Sec 15 16 Sec	capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 Organization, check this box and ition C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv	blic Support Pe 09 (line 8, column 2008 Schedule A, estment Incon	ercentage (f) divided by line Part III, line 15 ne Percentage	e 13, column (f))		15 16	▶ 99.93% 99.93%
13 14 Sec 15 16 Sec 17	capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage for	blic Support Pe 09 (line 8, column 2008 Schedule A, estment Incom or 2009 (line 10c,	ercentage (f) divided by line Part III, line 15 The Percentage column (f) divided	by line 13, column (f))		15 16 17	99.93% 99.93% 0.07%
13 14 Sec 15 16 Sec 17 18	capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and ition C. Computation of Pul Public support percentage for 20 Public support percentage from 2 ition D. Computation of Inv Investment income percentage for a 33-1/3 support tests – 2009. If the	blic Support Pe 09 (line 8, column 2008 Schedule A, estment Incom or 2009 (line 10c, rom 2008 Schedule ne organization dig	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided e A, Part III, line 1 not check the bo	e 13, column (f)) by line 13, colur 7 x on line 14, an	nn (f)) d line 15 is more	15 16 17 18 than 33-1/3%, and	99.93% 99.93% 0.07% 0.07%
13 14 Sec 15 16 Sec 17 18 19;	capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage for	blic Support Pe 09 (line 8, column 2008 Schedule A, estment Incom or 2009 (line 10c, rom 2008 Schedule ne organization dic ox and stop here. ne organization dic this box and stop	ercentage (f) divided by line Part III, line 15 DEPERCENTAGE column (f) divided e A, Part III, line 1 d not check the bo The organization d not check a box bere. The organiz	e 13, column (f)) by line 13, colur 7 on line 14, an qualifies as a pu on line 14 or 19a zation qualifies a	nn (f)) d line 15 is more blicly supported o a, and line 16 is n s a publicly suppo	15 16 17 18 than 33-1/3%, and rganization hore than 33-1/3%, orted organization	99.93% 99.93% 0.07% 0.07% line 17 is not ►

Schedule A (Form 990 or 990-EZ) 2009 Allendale Enrichment & Opportunity Program 22-3401167 Page 4 Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE O (Form 990)	Supplemental Information to Form 990		OMB No 1545-0047	
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.		2009 Open to Public Inspection	
Name of the organization		Employer identificat	on number	
Allendale Enrichment & Opportunity Program 22-3401167				
Pt_VI-B, Line 11A Copy read to ensure ties to financials and answers to guestions are correct.				
Pt_VI-B, Line 15 All compensation and related decisions made by officers who are the govering board.				
Pt VI-C, Line 19 All filed documents available upon request.				
Pt VI-A, Line 8b Minutes available upon request.				
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