

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form

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

OMB No 1545-1150

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning, 2006, and ending, 20

B Check if applicable

- Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Bridgewater Homes Assisted Living I
Number and street (or P O box, if mail is not delivered to street address): 14538 ARBOR RIDGE DR
City or town, state or country, and ZIP + 4: Charlotte NC 28273

D Employer identification number

04-3772096

E Telephone number

(980) 722-6991

F Group Exemption Number

Number . . .

G Accounting method [X] Cash [] Accrual Other (specify)

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

I Website:

J Organization type (check only one) - [X] 501(c) (3) (insert no) [] 4947(a)(1) or [] 527

K Check [X] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows for detailed calculations like 5a-5c, 6a-6c, 7a-7c. Includes 'RECEIVED' stamps and handwritten notes.

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 51 of the instructions)

Table with 7 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, Net assets or fund balances.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

EEA

Form 990-EZ (2006)

SCANNED MAY 25 2010

Handwritten initials

RECEIVED MAR 08 2010 ACS SUPPORT CLERICAL

RECEIVED 03 04 2010

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Part III Statement of Program Service Accomplishments (See page 51 of the instructions)

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

What is the organization's primary exempt purpose?

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

28 _____

(Grants \$ _____) If this amount includes foreign grants, check here

28a

29 _____

(Grants \$ _____) If this amount includes foreign grants, check here

29a

30 _____

(Grants \$ _____) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$ _____) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 52 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ERIC BELLAMY 14538 ARBOR RIDG CHARLOTTE NC 28273	0	0	0	0
BENETTA BELLAMY 14538 ARBOR RIDG CHARLOTTE NC 28273	0	0	0	0
ANDREW PRIEST 2713 LOCUST ST BEARER FAL PA 15010	0	0	0	0

Part V Other Information (Note the statement requirement in General Instruction V)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	N/A
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	N/A
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	N/A
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36	N/A
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a		
b Did the organization file Form 1120-POL for this year?	37b	N/A
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	N/A
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	

Part V Other Information (Note the statement requirement in General Instruction V) (Continued)

40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 _____

d Enter amount of tax on line 40c reimbursed by the organization _____

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
40b	N/A	
40e	N/A	

41 List the states with which a copy of this return is filed NORTH CAROLINA

42 a The books are in care of ERIC BEALLMY Telephone no 980-722-6991
Located at 14538 ARBOR RIDGE DR Charlotte NC ZIP + 4 28273

b 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)?

If "Yes," enter the name of the foreign country _____
See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?
If "Yes," enter the name of the foreign country _____

	Yes	No
42b	N/A	
42c	N/A	

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here _____
and enter the amount of tax-exempt interest received or accrued during the tax year 43

Please Sign Here

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

Eric Beallmy Signature of officer Date 3/2/10

Type or print name and title

Paid Preparer's Use Only

Preparer's signature Walter R. Nelson CPA Date 3/2/10 Check if self-employed Preparer's SSN or PTIN (See Gen Inst X)

Firm's name (or yours if self-employed), address, and ZIP + 4 WALTER R. NELSON CPA EIN
PO BOX 16307
CHARLOTTE NC 28297-6307 Phone no 704-399-8434