Form **990**

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)**

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

OMB No 1545-0047

**2001**

**Open to Public Inspection**

**A For the 2001 calendar year, or tax year period beginning** and ending

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
MT. AIRY, USA

Number and street (or P O box if mail is not delivered to street address) | Room/suite
6639-41 GERMANTOWN AVENUE

City or town, state or country, and ZIP + 4
PHILADELPHIA, PA 19119

**D Employer identification number** 22-2526396

**E Telephone number** (215) 844-6021

**F** Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)**

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶ 0

H(c) Are all affiliates included? N/A [ ] Yes [ ] No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Enter 4-digit GEN ▶

G Web site ▶www.mtairyusa.org

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

K Check here ▶ [ ] if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return**

M Check ▶ [ ] if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 942,945.

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

| | | | | | |
|---|---|---|---|---|---|
| **Revenue** | 1 Contributions, gifts, grants, and similar amounts received | | | | |
| | a Direct public support | 1a | 61,099. | | |
| | b Indirect public support | 1b | | | |
| | c Government contributions (grants) | 1c | | | |
| | d **Total** (add lines 1a through 1c) (cash $ 61,099. noncash $ ) | | | 1d | 61,099. |
| | 2 Program service revenue including government fees and contracts (from Part VII, line 93) | | | 2 | 880,350. |
| | 3 Membership dues and assessments | | | 3 | |
| | 4 Interest on savings and temporary cash investments | | | 4 | |
| | 5 Dividends and interest from securities | | | 5 | 1,248. |
| | 6 a Gross rents | 6a | | | |
| | b Less rental expenses | 6b | | | |
| | c Net rental income or (loss) (subtract line 6b from line 6a) | | | 6c | |
| | 7 Other investment income (describe ▶ ) | | | 7 | |
| | 8 a Gross amount from sale of assets other than inventory | (A) Securities: | (B) Other: | | |
| | | 8a | | | |
| | b Less cost or other basis and sales expenses | 8b | | | |
| | c Gain or (loss) (attach schedule) | 8c | | | |
| | d Net gain or (loss) (combine line 8c, columns (A) and (B)) | | | 8d | |
| | 9 Special events and activities (attach schedule) | | | | |
| | a Gross revenue (not including $ of contributions reported on line 1a) | 9a | | | |
| | b Less direct expenses other than fundraising expenses | 9b | | | |
| | c Net income or (loss) from special events (subtract line 9b from line 9a) | | | 9c | |
| | 10 a Gross sales of inventory, less returns and allowances | 10a | | | |
| | b Less cost of goods sold | 10b | | | |
| | c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | | | 10c | |
| | 11 Other revenue (from Part VII, line 103) | | | 11 | 248. |
| | 12 **Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | | | 12 | 942,945. |
| **Expenses** | 13 Program services (from line 44, column (B)) | | | 13 | 278,334. |
| | 14 Management and general (from line 44, column (C)) | | | 14 | 84,432. |
| | 15 Fundraising (from line 44, column (D)) | | | 15 | |
| | 16 Payments to affiliates (attach schedule) | | | 16 | |
| | 17 **Total expenses** (add lines 16 and 44, column (A)) | | | 17 | 362,766. |
| **Net Assets** | 18 Excess or (deficit) for the year (subtract line 17 from line 12) | | | 18 | 580,179. |
| | 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | | | 19 | 447,431. |
| | 20 Other changes in net assets or fund balances (attach explanation) | | | 20 | 0. |
| | 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) | | | 21 | 1,027,610. |

SCANNED DEC 20 '02

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123001 01-04-02 LHA **For Paperwork Reduction Act Notice, see the separate instructions.** 1

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1

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

| *Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I* | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|---|---|---|---|---|
| 22 Grants and allocations (attach schedule) cash $ noncash $ | 22 | | | | |
| 23 Specific assistance to individuals (attach schedule) | 23 | | | | |
| 24 Benefits paid to or for members (attach schedule) | 24 | | | | |
| 25 Compensation of officers, directors, etc | 25 | 62,000. | 62,000. | 0. | 0. |
| 26 Other salaries and wages | 26 | 121,327. | 73,922. | 47,405. | |
| 27 Pension plan contributions | 27 | | | | |
| 28 Other employee benefits | 28 | 11,789. | 8,724. | 3,065. | |
| 29 Payroll taxes | 29 | 14,791. | 10,945. | 3,846. | |
| 30 Professional fundraising fees | 30 | | | | |
| 31 Accounting fees | 31 | 12,000. | 3,900. | 8,100. | |
| 32 Legal fees | 32 | | | | |
| 33 Supplies | 33 | 13,207. | 9,244. | 3,963. | |
| 34 Telephone | 34 | 5,257. | 4,272. | 985. | |
| 35 Postage and shipping | 35 | 4,279. | 3,049. | 1,230. | |
| 36 Occupancy | 36 | 8,002. | 6,431. | 1,571. | |
| 37 Equipment rental and maintenance | 37 | 4,154. | 2,834. | 1,320. | |
| 38 Printing and publications | 38 | 2,633. | 1,952. | 681. | |
| 39 Travel | 39 | 4,982. | 4,208. | 774. | |
| 40 Conferences, conventions, and meetings | 40 | | | | |
| 41 Interest | 41 | 23,811. | 23,299. | 512. | |
| 42 Depreciation, depletion, etc (attach schedule) | 42 | 15,470. | 8,547. | 6,923. | |
| 43 Other expenses not covered above (itemize) | | | | | |
| a | 43a | | | | |
| b | 43b | | | | |
| c | 43c | | | | |
| d | 43d | | | | |
| e See Statement 1 | 43e | 59,064. | 55,007. | 4,057. | |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13 15 | 44 | 362,766. | 278,334. | 84,432. | 0. |

**Joint Costs** Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ ________, (ii) the amount allocated to Program services $ ________, (iii) the amount allocated to Management and general $ ________, and (iv) the amount allocated to Fundraising $ ________

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? ▶ See Statement 2

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served publications issued etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others )

| | Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.) |
|---|---|
| a ACQUISITION, REHABILITATION AND RENTAL OR SALE OF ABANDONED BUILDINGS. TENANTS INCLUDE OTHER EXEMPT ORGANIZATIONS INVOLVED IN COMBATING COMMUNITIY DETERIORATION, URBAN BLIGHT AND COMMUNITY EDUCATION (Grants and allocations $ ) | 278,334. |
| b (Grants and allocations $ ) | |
| c (Grants and allocations $ ) | |
| d (Grants and allocations $ ) | |
| e Other program services (attach schedule) (Grants and allocations $ ) | |
| f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ | 278,334. |

## Part IV Balance Sheets

| Note | Where required, attached schedules and amounts within the description column should be for end-of-year amounts only | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| **Assets** | | | | | | |
| 45 | Cash - non-interest-bearing | | | 56,616. | 45 | 69,494. |
| 46 | Savings and temporary cash investments | | | 35,444. | 46 | 60,111. |
| 47 a | Accounts receivable | 47a | 3,801. | | | |
| b | Less allowance for doubtful accounts | 47b | | 2,763. | 47c | 3,801. |
| 48 a | Pledges receivable | 48a | | | | |
| b | Less allowance for doubtful accounts | 48b | | | 48c | |
| 49 | Grants receivable | | | 93,181. | 49 | 180,975. |
| 50 | Receivables from officers, directors, trustees, and key employees | | | | 50 | |
| 51 a | Other notes and loans receivable | 51a | | | | |
| b | Less allowance for doubtful accounts | 51b | | | 51c | |
| 52 | Inventories for sale or use | | | | 52 | |
| 53 | Prepaid expenses and deferred charges | | | 1,398. | 53 | 949. |
| 54 | Investments - securities | ▶ ☐ Cost ☐ FMV | | | 54 | |
| 55 a | Investments land, buildings, and equipment basis | 55a | | | | |
| b | Less accumulated depreciation | 55b | | | 55c | |
| 56 | Investments - other | | | | 56 | |
| 57 a | Land, buildings, and equipment basis | 57a | 1,128,654. | | | |
| b | Less accumulated depreciation Stmt 3 | 57b | 115,959. | 662,772. | 57c | 1,012,695. |
| 58 | Other assets (describe ▶ See Statement 4 ) | | | 4,031. | 58 | 437,570. |
| 59 | **Total assets** (add lines 45 through 58) (must equal line 74) | | | 856,205. | 59 | 1,765,595. |
| **Liabilities** | | | | | | |
| 60 | Accounts payable and accrued expenses | | | 63,080. | 60 | 159,518. |
| 61 | Grants payable | | | | 61 | |
| 62 | Deferred revenue | | | 16,562. | 62 | 157,490. |
| 63 | Loans from officers, directors, trustees, and key employees | | | | 63 | |
| 64 a | Tax exempt bond liabilities | | | | 64a | |
| b | Mortgages and other notes payable Stmt 5 Stmt 6 | | | 321,063. | 64b | 412,908. |
| 65 | Other liabilities (describe ▶ SECURITY DEPOSITS ) | | | 8,069. | 65 | 8,069. |
| 66 | **Total liabilities** (add lines 60 through 65) | | | 408,774. | 66 | 737,985. |
| **Net Assets or Fund Balances** | | | | | | |
| | **Organizations that follow SFAS 117, check here ▶** [X] and complete lines 67 through 69 and lines 73 and 74 | | | | | |
| 67 | Unrestricted | | | 446,227. | 67 | 1,026,146. |
| 68 | Temporarily restricted | | | 1,204. | 68 | 1,464. |
| 69 | Permanently restricted | | | | 69 | |
| | **Organizations that do not follow SFAS 117, check here ▶** ☐ and complete lines 70 through 74 | | | | | |
| 70 | Capital stock, trust principal, or current funds | | | | 70 | |
| 71 | Paid in or capital surplus, or land, building, and equipment fund | | | | 71 | |
| 72 | Retained earnings, endowment, accumulated income, or other funds | | | | 72 | |
| 73 | **Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) | | | 447,431. | 73 | 1,027,610. |
| 74 | **Total liabilities and net assets / fund balances** (add lines 66 and 73) | | | 856,205. | 74 | 1,765,595. |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

## Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

| | | | |
|---|---|---|---|
| a | Total revenue, gains, and other support per audited financial statements | a | 942,945. |
| b | Amounts included on line a but not on line 12, Form 990 | | |
| (1) | Net unrealized gains on investments $ | | |
| (2) | Donated services and use of facilities $ | | |
| (3) | Recoveries of prior year grants $ | | |
| (4) | Other (specify) $ | | |
| | Add amounts on lines (1) through (4) | b | 0. |
| c | Line a minus line b | c | 942,945. |
| d | Amounts included on line 12, Form 990 but not on line a | | |
| (1) | Investment expenses not included on line 6b, Form 990 $ | | |
| (2) | Other (specify) $ | | |
| | Add amounts on lines (1) and (2) | d | 0. |
| e | Total revenue per line 12, Form 990 (line c plus line d) | e | 942,945. |

## Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|---|---|---|
| a | Total expenses and losses per audited financial statements | a | 362,766. |
| b | Amounts included on line a but not on line 17, Form 990 | | |
| (1) | Donated services and use of facilities $ | | |
| (2) | Prior year adjustments reported on line 20, Form 990 $ | | |
| (3) | Losses reported on line 20, Form 990 $ | | |
| (4) | Other (specify) $ | | |
| | Add amounts on lines (1) through (4) | b | 0. |
| c | Line a minus line b | c | 362,766. |
| d | Amounts included on line 17, Form 990 but not on line a | | |
| (1) | Investment expenses not included on line 6b, Form 990 $ | | |
| (2) | Other (specify) $ | | |
| | Add amounts on lines (1) and (2) | d | 0. |
| e | Total expenses per line 17, Form 990 (line c plus line d) | e | 362,766. |

## Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

| (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 |
|---|---|---|---|---|
| AHSAN NASRATULLAH | PRESIDENT 10 | 0. | 0. | 0. |
| JAY GOLDSTEIN | VICE-PRESIDENT 10 | 0. | 0. | 0. |
| LESLIE BENOLIEL | TREASURER 10 | 0. | 0. | 0. |
| ANNE C. EWING | SECRETARY 10 | 0. | 0. | 0. |
| FARAH JIMENEZ | EX. DIRECTOR 40+ | 62,000. | 0. | 0. |
| SEE LIST OF ADDITIONAL BOARD MEMBERS ATTACHED | | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? If "Yes," attach schedule ▶ ☐ Yes ☒ No

**Part VI Other Information**

| | | | | Yes | No |
|---|---|---|---|---|---|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | 76 | | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | | 77 | | X |
| 78 a | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? | | 78a | | X |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? | N/A | 78b | | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | | 79 | | X |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization? | | 80a | X | |
| b | If "Yes," enter the name of the organization ▶ See Statement 7 and check whether it is ☐ exempt OR ☐ nonexempt. | | | | |
| 81 a | Enter direct or indirect political expenditures See line 81 instructions | 81a 0. | | | |
| b | Did the organization file **Form 1120-POL** for this year? | | 81b | | X |
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | 82a | | X |
| b | If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III ) | 82b N/A | | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | | 83a | X | |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | N/A | 83b | | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | | 84a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | N/A | 84b | | |
| 85 | *501(c)(4), (5), or (6) organizations* **a** Were substantially all dues nondeductible by members? | N/A | 85a | | |
| b | Did the organization make only in-house lobbying expenditures of $2,000 or less? | N/A | 85b | | |
| | If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | | | | |
| c | Dues, assessments, and similar amounts from members | 85c N/A | | | |
| d | Section 162(e) lobbying and political expenditures | 85d N/A | | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e N/A | | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f N/A | | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount in 85f? | N/A | 85g | | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | N/A | 85h | | |
| 86 | *501(c)(7) organizations* Enter **a** Initiation fees and capital contributions included on line 12 | 86a N/A | | | |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b N/A | | | |
| 87 | *501(c)(12) organizations* Enter **a** Gross income from members or shareholders | 87a N/A | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) | 87b N/A | | | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX | | 88 | | X |
| 89 a | *501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0. | | | | |
| b | *501(c)(3) and 501(c)(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 a statement explaining each transaction | | 89b | | X |
| c | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | ▶ 0. | | | |
| d | Enter Amount of tax on line 89c, above, reimbursed by the organization | ▶ 0. | | | |
| 90 a | List the states with which a copy of this return is filed ▶ PENNSLYVANIA | | | | |
| b | Number of employees employed in the pay period that includes March 12, 2001 | 90b 5 | | | |

91 The books are in care of ▶ MANAGEMENT Telephone no ▶ (215) 844-6021

Located at ▶ 6639 GERMANTOWN AVENUE PHILADELPHIA, PA ZIP + 4 ▶ 19119

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

## Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

| Note Enter gross amounts unless otherwise indicated | Unrelated business income | | Excluded by section 512, 513, or 514 | | |
|---|---|---|---|---|---|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | (E) Related or exempt function income |
| 93 Program service revenue | | | | | |
| a SCEP/YOUTHWORKS | | | | | 33,993. |
| b RENTAL INCOME | | | | | 81,413. |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | 764,944. |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | | | |
| 96 Dividends and interest from securities | | | 14 | 1,248. | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue | | | | | |
| a MISCELLANEOUS | | | | | 248. |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0. | | 1,248. | 880,598. |

105 Total (add line 104, columns (B), (D), and (E)) ▶ 881,846.

**Note** *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

## Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32.)

| Line No. ▼ | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|---|---|
| | See Statement 8 |

## Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|---|---|---|---|---|
| | % | | | |
| N/A | % | | | |
| | % | | | |
| | % | | | |

## Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

[redacted] ompanying schedules and statements, and to the best of my knowledge and belief it is true

formation of which preparer has any knowledge

/21/02 ▶ Anne C. Ewing, Secretary

[redacted]

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information-(See separate instructions.)
▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2001

Name of the organization: MT. AIRY, USA

Employer identification number: 22 2526396

## Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

| (a) Name and address of each employee paid more than $50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|---|---|---|---|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over $50,000 ▶ | 0 | | | |

## Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

| (a) Name and address of each independent contractor paid more than $50,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over $50,000 for professional services ▶ 0 | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

123101
12 29-01



09151107 758106 12324-70 2001.06020 MT. AIRY. USA 12324-71

## Part III Statements About Activities (See page 2 of the instructions )

| | | | Yes | No |
|---|---|---|---|---|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ $ ______ (**Must equal amounts on line 38, Part VI-A, or line i of Part VI-B** ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI B AND attach a statement giving a detailed description of the lobbying activities | 1 | | X |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions )* | | | |
| a | Sale, exchange, or leasing of property? | 2a | | X |
| b | Lending of money or other extension of credit? | 2b | | X |
| c | Furnishing of goods, services, or facilities? | 2c | | X |
| d | Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? | 2d | | X |
| e | Transfer of any part of its income or assets? | 2e | | X |
| 3 | Does the organization make grants for scholarships, fellowships, student loans, etc ? (See **Note** below ) | 3 | | X |
| 4 | Do you have a section 403(b) annuity plan for your employees? | 4 | | X |

**Note** *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments*

## Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions )

The organization is not a private foundation because it is (Please check only **ONE** applicable box )

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V )

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ ______

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

12 ☒ 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

| **(a)** Name(s) of supported organization(s) | **(b)** Line number from above |
|---|---|
| | |
| | |
| | |

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

**Part IV-A** **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
**Note** *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

| Calendar year (or fiscal year beginning in) ▶ | (a) 2000 | (b) 1999 | (c) 1998 | (d) 1997 | (e) Total |
|---|---|---|---|---|---|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) | 54,813. | 62,834. | 11,530. | 69,540. | 198,717. |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | 482,379. | 284,277. | 223,438. | 172,727. | 1,162,821. |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 3,301. | 3,924. | 318. | 289. | 7,832. |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 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 | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | 44. | 24. | See Statement 9 | | 68. |
| 23 Total of lines 15 through 22 | 540,537. | 351,059. | 235,286. | 242,556. | 1,369,438. |
| 24 Line 23 minus line 17 | 58,158. | 66,782. | 11,848. | 69,829. | 206,617. |
| 25 Enter 1% of line 23 | 5,405. | 3,511. | 2,353. | 2,426. | |

26 **Organizations described on lines 10 or 11** a Enter 2% of amount in column (e), line 24 ▶ 26a N/A

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b N/A

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c N/A

d Add: Amounts from column (e) for lines 18 ____ 19 ____ 22 ____ 26b ____ ▶ 26d N/A

e Public support (line 26c minus line 26d total) ▶ 26e N/A

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f N/A %

27 **Organizations described on line 12** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2000) 0. (1999) 0. (1998) 0. (1997) 0.

b For any amount included in line 17 that was received from each peson (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2000) 0. (1999) 0. (1998) 0. (1997) 0.

c Add: Amounts from column (e) for lines: 15 198,717. 16 ____ 17 1,162,821. 20 ____ 21 ____ ▶ 27c 1,361,538.

d Add: Line 27a total 0. and line 27b total 0. ▶ 27d 0.

e Public support (line 27c total minus line 27d total) ▶ 27e 1,361,538.

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f 1,369,438.

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g 99.4231%

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h .5719%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

None

**Part V** **Private School Questionnaire** (See page 7 of the instructions ) N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

| | | | Yes | No |
|---|---|---|---|---|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | 31 | | |
| | If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.) | | | |
| 32 | Does the organization maintain the following | | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | |
| | If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) | | | |
| 33 | Does the organization discriminate by race in any way with respect to | | | |
| a | Students' rights or privileges? | 33a | | |
| b | Admissions policies? | 33b | | |
| c | Employment of faculty or administrative staff? | 33c | | |
| d | Scholarships or other financial assistance? | 33d | | |
| e | Educational policies? | 33e | | |
| f | Use of facilities? | 33f | | |
| g | Athletic programs? | 33g | | |
| h | Other extracurricular activities? | 33h | | |
| | If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) | | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 34b | | |
| | If you answered "Yes" to either 34a or b, please explain using an attached statement. | | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | | |

**Part VI-A** **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions ) N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

| **Limits on Lobbying Expenditures** (The term "expenditures" means amounts paid or incurred ) | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|---|---|---|---|
| | | N/A | |
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | | |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | | |
| 38 Total lobbying expenditures (add lines 36 and 37) | 38 | | |
| 39 Other exempt purpose expenditures | 39 | | |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | | |
| 41 Lobbying nontaxable amount. Enter the amount from the following table - | 41 | | |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | | |
| 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 | 43 | | |
| 44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 | 44 | | |

| **If the amount on line 40 is -** | **The lobbying nontaxable amount is -** |
|---|---|
| Not over $500 000 | 20% of the amount on line 40 |
| Over $500 000 but not over $1 000 000 | $100 000 plus 15% of the excess over $500 000 |
| Over $1 000 000 but not over $1 500 000 | $175 000 plus 10% of the excess over $1 000 000 |
| Over $1 500 000 but not over $17 000 000 | $225 000 plus 5% of the excess over $1 500 000 |
| Over $17 000 000 | $1 000 000 |

**Caution** *If there is an amount on either line 43 or line 44, you must file Form 4720*

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions )

| | **Lobbying Expenditures During 4-Year Averaging Period** | | | | N/A |
|---|---|---|---|---|---|
| **Calendar year (or fiscal year beginning in)** ▶ | (a) 2001 | (b) 2000 | (c) 1999 | (d) 1998 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | 0. |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | 0. |
| 47 Total lobbying expenditures | | | | | 0. |
| 48 Grassroots nontaxable amount | | | | | 0. |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | 0. |
| 50 Grassroots lobbying expenditures | | | | | 0. |

**Part VI-B** **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions ) N/A

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | Yes | No | Amount |
|---|---|---|---|
| a Volunteers | | | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h ) | | | |
| c Media advertisements | | | |
| d Mailings to members, legislators, or the public | | | |
| e Publications, or published or broadcast statements | | | |
| f Grants to other organizations for lobbying purposes | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | | |
| i Total lobbying expenditures (Add lines c through h ) | | | 0. |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Part VII** **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions )

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

| | | Yes | No |
|---|---|---|---|
| a Transfers from the reporting organization to a noncharitable exempt organization of: | | | |
| (i) Cash | 51a(i) | | X |
| (ii) Other assets | a(ii) | | X |
| b Other transactions | | | |
| (i) Sales or exchanges of assets with a noncharitable exempt organization | b(i) | | X |
| (ii) Purchases of assets from a noncharitable exempt organization | b(ii) | | X |
| (iii) Rental of facilities, equipment, or other assets | b(iii) | | X |
| (iv) Reimbursement arrangements | b(iv) | | X |
| (v) Loans or loan guarantees | b(v) | | X |
| (vi) Performance of services or membership or fundraising solicitations | b(vi) | | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | c | | X |

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received N/A

| (a) Line no | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|---|---|---|---|
| | | | |

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule N/A

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|---|---|---|
| | | |

**Schedule B**
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

**Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)**

OMB No 1545-0047

**2001**

**Name of organization**
MT. AIRY, USA

**Employer identification number**
22-2526396

**Organization type** (check one)

| **Filers of:** | **Section** |
|---|---|
| Form 990 or 990-EZ | [X] 501(c)( 3 ) (enter number) organization |
| | [ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | [ ] 527 political organization |
| Form 990-PF | [ ] 501(c)(3) exempt private foundation |
| | [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | [ ] 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General rule** or a **Special rule** (**Note** *Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions )*

**General Rule-**

[X] For organizations filing Form 990, 990 EZ, or 990 PF that received, during the year $5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

**Special Rules-**

[ ] For a section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III )

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than $1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of $5,000 or more during the year ) ▶ $ ____________

**Caution** *Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they* **must** *check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)*

| Name of organization | Employer identification number |
|---|---|
| MT. AIRY, USA | 22-2526396 |

**Part I** **Contributors** (See Specific Instructions.)

| (a) No. | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | | $ 20,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 2 | | $ 7,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 3 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

Form 990 Page 2 990

| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis - ITC, 179, Salvage | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Amount Of Depreciation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Land | | | | | | | | | | | |
| 1 | 6639 GERMANTOWN AVENUE | | L | | | 2,500. | | | 2,500. | | | 0. |
| 2 | 6641 GERMANTOWN AVENUE | | L | | | 2,500. | | | 2,500. | | | 0. |
| 3 | 6700 GERMANTOWN AVENUE | | L | | | 11,234. | | | 11,234. | | | 0. |
| 4 | 6701 GERMANTOWN AVENUE | | L | | | 30,000. | | | 30,000. | | | 0. |
| 5 | 6703 GERMANTOWN AVENUE | | L | | | 30,000. | | | 30,000. | | | 0. |
| 6 | 6705 GERMANTOWN AVENUE | | L | | | 3,322. | | | 3,322. | | | 0. |
| 7 | 6709 GERMANTOWN AVENUE | | L | | | 3,000. | | | 3,000. | | | 0. |
| 8 | 6715-17 GERMANTOWN AVENUE | | L | | | 2,344. | | | 2,344. | | | 0. |
| | * 990 Page 2 Total Land | | | | | 84,900. | | 0. | 84,900. | 0. | 0. | 0. |
| | * 990 Page 2 Total - | | | | | 84,900. | | 0. | 84,900. | 0. | 0. | 0. |
| | Buildings | | | | | | | | | | | |
| 9 | BUILDING-6639 GERMANTOWN AVENUE | 081590 | SL | 40.00 | 16 | 22,500. | | | 22,500. | 5,905. | | 563. |
| 10 | IMPROVEMENTS-6639 GERMANTOWN AVENUE | 110890 | SL | 40.00 | 16 | 5,030. | | | 5,030. | 1,323. | | 126. |
| 11 | WINDOW WIZARDS - 6639 GERMANTOWN AVE. | 112690 | SL | 40.00 | 16 | 1,416. | | | 1,416. | 368. | | 35. |
| 12 | A. FIORELLO - 6639 GERMANTOWN AVENUE | 120490 | SL | 40.00 | 16 | 12,160. | | | 12,160. | 3,192. | | 304. |
| 13 | FIORELLO-6639 GERMANTOWN AVENUE | 100191 | SL | 40.00 | 16 | 13,237. | | | 13,237. | 3,140. | | 331. |
| 14 | BERNER-HEATER - 6639 GERMANTOWN AVENUE | 061596 | SL | 40.00 | 16 | 7,765. | | | 7,765. | 1,843. | | 194. |

128102
10-03-01

(D) Asset disposed

Form 990 Page 2 990

| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis - ITC, 179, Salvage | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Amount Of Depreciation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 15 | IMPROVEMENTS-6639 GERMANTOWN AVENUE | 071596 | SL | 40.00 | 16 | 39,532. | | | 39,532. | 4,940. | | 988. |
| 16 | REFRIGERATOR-6639 GERMANTOWN AVENUE | 090198 | SL | 7.00 | 16 | 449. | | | 449. | 160. | | 64. |
| 17 | ROOF & CORNICE- 6639 GERMANTOWN AVENUE | 082599 | SL | 40.00 | 16 | 40,000. | | | 40,000. | 1,333. | | 1,000. |
| 46 | LEASEHOLD IMPROVEMENTS | 020300 | SL | 10.00 | 16 | 5,000. | | | 5,000. | 458. | | 500. |
| | * 990 Page 2 Total Buildings | | | | | 147,089. | | 0. | 147,089. | 22,662. | 0. | 4,105. |
| | * 990 Page 2 Total - | | | | | 147,089. | | 0. | 147,089. | 22,662. | 0. | 4,105. |
| | Buildings | | | | | | | | | | | |
| 18 | BUILDING - 6641 GERMANTOWN AVENUE | 081590 | SL | 40.00 | 16 | 22,500. | | | 22,500. | 5,905. | | 563. |
| 19 | IMPROVEMENTS-6641 GERMANTOWN AVENUE | 110890 | SL | 40.00 | 16 | 3,600. | | | 3,600. | 2,430. | | 90. |
| 20 | WINDOW WIZARDS - 6641 GERMANTOWN AVENUE | 112690 | SL | 40.00 | 16 | 1,416. | | | 1,416. | 368. | | 35. |
| 21 | A. FIORELLO-6641 GERMANTOWN AVENUE | 120490 | SL | 40.00 | 16 | 12,161. | | | 12,161. | 3,192. | | 304. |
| 22 | A. FIORELLO-6641 GERMANTOWN AVENUE | 100191 | SL | 40.00 | 16 | 13,236. | | | 13,236. | 3,140. | | 330. |
| 23 | IMPROVEMENTS-6641 GERMANTOWN AVENUE | 103196 | SL | 40.00 | 16 | 39,532. | | | 39,532. | 4,940. | | 988. |
| 24 | IMPROVEMENTS-6641 GERMANTOWN AVENUE | 011597 | SL | 40.00 | 16 | 1,285. | | | 1,285. | 128. | | 32. |
| 25 | IMPROVEMENTS-6641 GERMANTOWN AVENUE | 100199 | SL | 40.00 | 16 | 7,500. | | | 7,500. | 235. | | 188. |
| 26 | ROOFING - 6641 GERMANTOWN AVENUE | 121299 | SL | 40.00 | 16 | 1,475. | | | 1,475. | 40. | | 37. |
| 27 | IMPROVEMENTS-6641 GERMANTOWN AVENUE | 122899 | SL | 40.00 | 16 | 1,960. | | | 1,960. | 49. | | 49. |
| | * 990 Page 2 Total Buildings | | | | | 104,665. | | 0. | 104,665. | 20,427. | 0. | 2,616. |

128102
10 03-01

(D) Asset disposed

Form 990 Page 2 990

| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis - ITC, 179, Salvage | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Amount Of Depreciation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | * 990 Page 2 Total - | | | | | 104,665. | | 0. | 104,665. | 20,427. | 0. | 2,616. |
| | Buildings | | | | | | | | | | | |
| 28 | BUILDING/DONATED VALUE-6700 GERMANTOWN AVE | 010185 | SL | 40.00 | 16 | 101,109. | | | 101,109. | 27,807. | | 2,528. |
| 29 | IMPROVEMENTS-6700 GERMANTOWN AVENUE | 122290 | SL | 40.00 | 16 | 3,779. | | | 3,779. | 988. | | 94. |
| 30 | IMPROVEMENTS-6700 GERMANTOWN AVENUE | 091890 | SL | 40.00 | 16 | 600. | | | 600. | 157. | | 15. |
| 31 | IMPROVEMENTS-6700 GERMANTOWN AVENUE | 030890 | SL | 40.00 | 16 | 30,900. | | | 30,900. | 8,110. | | 773. |
| 32 | IMPROVEMENTS-6700 GERMANTOWN AVENUE | 030191 | SL | 40.00 | 16 | 3,443. | | | 3,443. | 817. | | 86. |
| 33 | IMPROVEMENTS-6700 GERMANTOWN AVENUE | 010191 | SL | 40.00 | 16 | 26,431. | | | 26,431. | 6,275. | | 661. |
| 34 | IMPROVEMENTS-6700 GERMANTOWN AVENUE | 120193 | SL | 40.00 | 16 | 39,428. | | | 39,428. | 5,915. | | 986. |
| 35 | IMPROVEMENTS-6700 GERMANTOWN AVENUE | 010197 | SL | 20.00 | 16 | 10,600. | | | 10,600. | 2,120. | | 530. |
| 36 | IMPROVEMENTS-6700 GERMANTOWN AVENUE | 111099 | SL | 40.00 | 16 | 10,300. | | | 10,300. | 301. | | 258. |
| | * 990 Page 2 Total Buildings | | | | | 226,590. | | 0. | 226,590. | 52,490. | 0. | 5,931. |
| | * 990 Page 2 Total - | | | | | 226,590. | | 0. | 226,590. | 52,490. | 0. | 5,931. |
| | Buildings | | | | | | | | | | | |
| 37 | ENVIRONMENTAL SURVEY-6701-03 GERMANTOWN | | SL | 40.00 | 16 | 1,450. | | | 1,450. | 60. | | 0. |
| 38 | ARCHITECTURAL FEES | | SL | 40.00 | 16 | 8,135. | | | 8,135. | 322. | | 0. |
| 39 | BUILDING-6709 GERMANTOWN AVNENUE | | SL | 40.00 | 16 | 22,468. | | | 22,468. | | | 0. |
| 44 | GEOTECHNICAL EVALUATION AND SURVEY | | SL | 40.00 | 16 | 6,300. | | | 6,300. | | | 0. |

128102
10-03-01

(D) Asset disposed

Form 990 Page 2 990

| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis - ITC, 179, Salvage | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Amount Of Depreciation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 45 | SCHEMATIC DESIGN PHASE | | SL | 40.00 | 16 | 24,620. | | | 24,620. | | | 0. |
| 47 | PRECONSTRUCTION COSTS | | SL | 40.00 | 16 | 22,800. | | | 22,800. | | | 0. |
| 48 | CONSTRUCTION DOCUMENTS | | SL | 40.00 | 16 | 51,452. | | | 51,452. | | | 0. |
| 49 | DESIGN DEVELOPMENT | | SL | 40.00 | 16 | 31,260. | | | 31,260. | | | 0. |
| 50 | PRECLEAN UP FOR CONSTRUCTION | | SL | 40.00 | 16 | 1,900. | | | 1,900. | | | 0. |
| 52 | PRECONSTRUCTION COSTS | | SL | 40.00 | 16 | 14,560. | | | 14,560. | | | 0. |
| 55 | 2001 WAGON WHEEL BUILDING COSTS | | SL | 40.00 | 16 | 364,910. | | | 364,910. | | | 0. |
| | * 990 Page 2 Total Buildings | | | | | 549,855. | | 0. | 549,855. | 382. | 0. | 0. |
| | * 990 Page 2 Total - | | | | | 549,855. | | 0. | 549,855. | 382. | 0. | 0. |
| | Machinery & Equipment | | | | | | | | | | | |
| 40 | COMPUTERS | 083197 | SL | 5.00 | 16 | 1,995. | | | 1,995. | 1,596. | | 399. |
| 41 | COMPUTERS | 032299 | SL | 5.00 | 16 | 6,692. | | | 6,692. | 2,342. | | 1,338. |
| 42 | OFFICE EQUIPMENT | 090799 | SL | 7.00 | 16 | 5,630. | | | 5,630. | 1,072. | | 804. |
| 53 | OFFICE EQUIPMENT | 121900 | SL | 7.00 | 16 | 1,237. | | | 1,237. | | | 177. |
| | * 990 Page 2 Total Machinery & Equipment | | | | | 15,554. | | 0. | 15,554. | 5,010. | 0. | 2,718. |
| | * 990 Page 2 Total - | | | | | 15,554. | | 0. | 15,554. | 5,010. | 0. | 2,718. |
| | Other | | | | | | | | | | | |
| 43 | CAPITALIZED FINANCE CHARGES | 040599 | | 60M | 42 | 4,689. | | | 4,689. | 1,641. | | 938. |

128102
10-03 01

(D) Asset disposed

2001 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2 990

| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis - ITC, 179, Salvage | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Amount Of Depreciation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 51 | CAPITALIZED FINANCE CHARGES | 111300 | | 60M | 42 | 500. | | | 500. | 17. | | 100. |
| 54 | AMORTIZABLE COSTS-WW | | | 60M | 41 | 48,379. | | | 48,379. | | | 0. |
| | * 990 Page 2 Total Other | | | | | 53,568. | | 0. | 53,568. | 1,658. | 0. | 1,038. |
| | * 990 Page 2 Total - | | | | | 53,568. | | 0. | 53,568. | 1,658. | 0. | 1,038. |
| | * Grand Total 990 Page 2 Depr & Amort | | | | | 1182221. | | 0. | 1182221. | 102,629. | 0. | 16,408. |

128102
10 03 01

(D) Asset disposed

A-F-1

# *Mt. Airy • USA*
# BOARD OF DIRECTORS

FBC
5-4-01

## OFFICERS

| | |
|---|---|
| President | Ahsan Nasratullah, *JNA Capital* |
| Vice President | Jay Goldstein, *Kleinbard, Bell and Brecker* |
| Secretary | Anne C. Ewing, *Community Activist* |
| Treasurer | Leslie Benoliel, *Philadelphia Industrial Development Center* |

## MEMBERS

David Bell, *Community Activist*

Robert Bembry, *Law Offices of Robert Bembry*

Barry Crawford, *Law Offices of Obra Kernodle III*

Benjamin Ellis, *New Covenant Church*

Kenneth Finkel, *WHYY, Channel 12*

Lolita Gray, *GMAC Mortgage*

Maisha Jackson, *Clearwater Development and Consulting Corp*

Mark Kidd, *Majeki Stained Glass*

Karen Kulp, *Offices of State Senator Allyson Schwartz*

Ed McGann, *Weaver's Way Coop*

Paulette Reed, *Philadelphia School District*

*Ted Reed, *Reed/Holdee/MacIntosh and Associates*

Harris Steinberg, *Steinberg and Stevens, Architects*

Algot Thorell, *Chestnut Hill National Bank*

* Immediate Past President
12/00

## Form 990 Other Expenses Statement 1

| Description | (A) Total | (B) Program Services | (C) Management and General | (D) Fundraising |
|---|---|---|---|---|
| ADVERTISING AND PROMOTION | 2,050. | 2,050. | | |
| AMORTIZATION | 1,038. | | 1,038. | |
| CASUAL LABOR | 2,510. | 1,952. | 558. | |
| INSURANCE | 2,892. | 2,572. | 320. | |
| MEMBERSHIP FEES | 2,385. | 1,933. | 452. | |
| PAYROLL SERVICE | 1,205. | | 1,205. | |
| REPAIRS AND MAINTENANCE | 8,265. | 8,212. | 53. | |
| STUDENT STIPENDS | 21,763. | 21,763. | | |
| TRAINING | 1,875. | 1,764. | 111. | |
| SCHOLARSHIPS/AWARDS | 1,200. | 1,200. | | |
| PROFESSIONAL FEES | 13,881. | 13,561. | 320. | |
| Total to Fm 990, ln 43 | 59,064. | 55,007. | 4,057. | |

## Form 990 Statement of Organization's Primary Exempt Purpose Part III Statement 2

Explanation

ACQUISITION, REHABILITATION AND RENTAL OR SALE OF ABANDONED BUILDINGS.

## Form 990 Depreciation of Assets Not Held for Investment Statement 3

| Description | Cost or Other Basis | Accumulated Depreciation | Book Value |
|---|---|---|---|
| Buildings | 1,028,199. | 108,613. | 919,586. |
| Land | 84,900. | 0. | 84,900. |
| Machinery & Other Equipment | 15,554. | 7,728. | 7,826. |
| Other | 53,568. | 2,696. | 50,872. |
| Total to Form 990, Part IV, ln 57 | 1,182,221. | 119,037. | 1,063,184. |

Form 990 Other Assets Statement 4

| Description | Amount |
|---|---|
| SECURITY DEPOSIT ON EQUIPMENT | 500. |
| RESTRICTED CASH | 6,947. |
| RESTRICTED DEPOSITS | 379,251. |
| FINANCING COSTS | 50,872. |
| Total to Form 990, Part IV, line 58, Column B | 437,570. |

Form 990 Mortgages Payable Statement 5

| Description | Balance Due |
|---|---|
| NATIONAL PENN BANK | 0. |
| NATIONAL PENN BANK | 0. |
| NATIONAL PENN BANK | 0. |
| NATIONAL PENN BANK | 0. |
| Total included on Form 990, Part IV, line 64b, Column B | |

Form 990 Other Notes and Loans Payable Statement 6

| Lender's Name | Terms of Repayment |
|---|---|
| EAST MOUNT AIRY NEIGHBORS | $ 313/MO |

| Date of Note | Maturity Date | Original Loan Amount | Interest Rate |
|---|---|---|---|
| 07/27/94 | 08/01/06 | 30,000. | 7.25% |

| Security Provided by Borrower | Purpose of Loan |
|---|---|
| NONE | |

| Relationship of Lender |
|---|
| NONE |

| Description of Consideration | FMV of Consideration | Balance Due |
|---|---|---|
| | 0. | 0. |

| Lender's Name | Terms of Repayment |
|---|---|
| NATIONAL PENN BANK | DEMAND |

| Date of Note | Maturity Date | Original Loan Amount | Interest Rate |
|---|---|---|---|
| 12/01/93 | | 10,000. | 7.75% |

| Security Provided by Borrower | Purpose of Loan |
|---|---|
| NONE | WORKING CAPITAL |

| Relationship of Lender |
|---|
| NONE |

| Description of Consideration | FMV of Consideration | Balance Due |
|---|---|---|
| | 0. | 0. |

Total included on Form 990, Part IV, line 64, Column B

Form 990 | Identification of Related Organizations Part VI, Line 80b | Statement 7

| Name of Organization | Exempt | NonExempt |
|---|---|---|
| WEST MOUNT AIRY NEIGHBORS ASSOCIATION | X | |
| EAST MOUNT AIRY NEIGHBORS ASSOCIATION | X | |

Form 990 | Part VIII - Relationship of Activities to Accomplishment of Exempt Purposes | Statement 8

| Line | Explanation of Relationship of Activities |
|---|---|
| 93A | RENTAL INCOME RECEIVED FROM TENANTS OF REAL ESTATE WHICH HAD BEEN ACQUIRED AND IMPROVED BY THE ENTITY. SUCH TENANTS ARE INVOLVED IN COMBATING COMMUNITY DETERIORATION,URBAN BLIGHT AND EDUCTIONAL PROGRAMS AIMED AT NEIGHBORHOOD DEVELOPMENT AND UPKEEP. TENANTS ARE TAX EXEMPT |
| 93B | ART JAM REVENUE IS A YEARLY EVENT DESIGNED TO PROMOTE PUBLIC AWARENESS ABOUT THE NEIGHBORHOOD AND COMBAT URBAN BLIGHT. |
| 93C | YOUTH PROGRAM THAT HELPS TEENS OBTAIN SUMMER EMPLOYMENT |
| 93G | CONTRACTS WITH GOVERNMENT AGENCIES-FUNDS RECEIVED FOR THE PURPOSE OF COUNSELING VERY LOW TO LOW INCOME FAMILIES HOW TO ACQUIRE A MORTGAGE, WHERE TO ACQURIE THE MORTGAGE AND HOW TO KEEP THE MORTGAGE CURRENT. |

Schedule A | Other Income | Statement 9

| Description | 2000 Amount | 1999 Amount | 1998 Amount | 1997 Amount |
|---|---|---|---|---|
| MISCELLANEOUS | 44. | 24. | 0. | 0. |
| Total to Schedule A, line 22 | 44. | 24. | 0. | 0. |

Form **4562** (Rev March 2002) Department of the Treasury Internal Revenue Service

# Depreciation and Amortization
**(Including Information on Listed Property)** 990

▶ See separate instructions ▶ Attach to your tax return.

OMB No 1545-0172
**2001**
Attachment Sequence No **67**

| Name(s) shown on return | Business or activity to which this form relates | Identifying number |
|---|---|---|
| MT. AIRY, USA | Form 990 Page 2 | 22-2526396 |

**Part I** **Election To Expense Certain Tangible Property Under Section 179 Note** If you have any listed property, complete Part V before you complete Part I

| | | | |
|---|---|---|---|
| 1 | Maximum amount See instructions for a higher limit for certain businesses | 1 | 24,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | $200,000 |
| 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 | |

| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

| | | | |
|---|---|---|---|
| 7 | Listed property Enter 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 2000 Form 4562 | 10 | |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 | 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 to 2002 Add lines 9 and 10, less line 12 ▶ | 13 | |

**Note** *Do not use Part II or Part III below for listed property Instead, use Part V*

**Part II** **Special Depreciation Allowance and Other Depreciation (Do not** include listed property )

| | | | |
|---|---|---|---|
| 14 | Special depreciation allowance for certain property (other than listed property) acquired after September 10 2001 (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election (see instructions) | 15 | |
| 16 | Other depreciation (including ACRS) (see instructions) | 16 | 15,370. |

**Part III** **MACRS Depreciation (Do not** include listed property ) (See instructions )

**Section A**

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2001 | 17 | |
| 18 | If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐ | | |

**Section B - Assets Placed in Service During 2001 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 |
|---|---|---|---|---|---|---|
| 19a 3 year property | | | | | | |
| b 5 year property | | | | | | |
| c 7 year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25 year property | | | 25 yrs | | S/L | |
| h Residential rental property | / | | 27 5 yrs | MM | S/L | |
| | / | | 27 5 yrs | MM | S/L | |
| i Nonresidential real property | / | | 39 yrs | MM | S/L | |
| | / | | | MM | S/L | |

**Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System**

| (a) Classification of property | (b) | (c) | (d) | (e) | (f) | (g) |
|---|---|---|---|---|---|---|
| 20a Class life | | | | | S/L | |
| b 12 year | | | 12 yrs | | S/L | |
| c 40-year | / | | 40 yrs | MM | S/L | |

**Part IV** **Summary** (See instructions )

| | | | |
|---|---|---|---|
| 21 | Listed property Enter amount from line 28 | 21 | |
| 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 instr | 22 | 15,370. |
| 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 | |

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

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

**Section A - Depreciation and Other Information (Caution** *See instructions for limits for passenger automobiles* **)**

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

| (a) Type of property (list vehicles first ) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|---|---|---|---|---|---|---|---|---|
| 25 Special depreciation allowance for listed property acquired after September 10, 2001 and used more than 50% in a qualified business use | | | | | | 25 | | |
| 26 Property used more than 50% in a qualified business use | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use | | | | | | | | |
| | | % | | | | S/L | | |
| | | % | | | | S/L | | |
| | | % | | | | S/L | | |
| 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 | | | | | | 28 | | |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 | | | | | | | 29 | |

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

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

| | Yes | No |
|---|---|---|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See 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? | | |

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

**Part VI** **Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---|---|---|---|---|
| 42 Amortization of costs that begins during your 2001 tax year | | | | | |
| AMORTIZABLE COSTS-WW | | 48,379. | | 60M | |
| | | | | | |
| 43 Amortization of costs that began before your 2001 tax year | | | | 43 | 1,038. |
| 44 **Total** Add amounts in column (f) See instructions for where to report | | | | 44 | 1,038. |

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ▶ [X]

**Note** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

## Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions

Name of Exempt Organization: MT. AIRY, USA

Employer identification number: 22-2526396

Number, street and room or suite no. If a P O box, see instructions: 6639-41 GERMANTOWN AVENUE

For IRS use only

City, town or post office, state, and ZIP code. For a foreign address, see instructions: PHILADELPHIA, PA 19119

**Check type of return to be filed** (File a separate application for each return)

[X] Form 990 [ ] Form 990 EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041 A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990 PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

**STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- If the organization does **not** have an office or place of business in the United States, check this box ▶ [ ]
- If 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 the extension is for

4 I request an additional 3 month extension of time until November 15, 2002

5 For calendar year 2001, or other tax year beginning ________ and ending ________

6 If this tax year is for less than 12 months check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO COMPLETE AN ACCURATE RETURN.

8a If this application is for Form 990 BL, 990 PF, 990 T, 4720 or 6069 enter the tentative tax, less any nonrefundable credits See instructions $ ________

b If 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 and any amount paid previously with Form 8868 $ ________

c **Balance Due** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions $ N/A

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Jeanette Diaz Title ▶ CPA Date ▶ 7-19-02

### Notice to Applicant - To Be Completed by the IRS

[X] We have approved this application Please attach this form to the organization's return

[ ] We have not approved this application However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return

[ ] We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting the 10 day grace period

[ ] We cannot consider this application because it was filed after the due date of the return for which an extension was requested

[ ] Other ________

EXTENSION APPROVED
AUG 06 2002
LINDA WEISKOPF, FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN

________ By ________ ________
Director Date

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Type or print

Name: Fishbein & Co. Attn: Jeanette Diaz

Number and street (include suite, room or apt no ) Or a P O box number: 8080 Old York Road Ste 200

City or town province or state and country (including postal or ZIP code): Elkins Park, PA 19027-1455

123837 07-16-01