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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

Department of the Treasury Internal Revenue Service

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

2011	
Open to Public	ļ
Inspection	

Check if applicable	calendar year, or tax year beginning , 2011, and endir		, 20
	C Name of organization 150 CHERRY STREET, INC.	D Employer identification 20~519696	
Address	Doing Business As		•
Name change	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone numbe	
-	150 CHERRY STREET	(518) 563-7	
Initial return	City or town, state or country, and ZIP + 4	(310) 303 /	
Terminated Amended	BURLINGTON, VT 05401	C Crass receipts \$	1,109,327
return Application	F Name and address of principal officer EILEEN SCHONBEK-BEER	G Gross receipts \$ H(a) Is this a group retu	
pending		affiliates?	· · · · · ·
	150 CHERRY STREET BURLINGTON, VT 05401	H(b) Are all affiliates inc	
Tax-exempt sta		` 	t (see instructions)
	WWW.150CHERRYST.ORG	H(c) Group exemption r	
		f formation 2006 M State	of legal domicile DI
rti Sur	nmary		
	describe the organization's mission or most significant activities		
	MISSION OF 150 CHERRY STREET IS TO ESTABLISH AN EX		
FATI	HER'S HOUSE: A PLACE WHERE PRAYER, COMPASSIONATE R	ELATIONSHIPS,	
COM	MUNITY, CREATIVE ARTS, AND MARKETPLACE MINISTRY CON	VERGE.	
2 Check	this box if the organization discontinued its operations or disposed of more that	an 25% of its net assets	
3 Numb	er of voting members of the governing body (Part VI, line 1a)	3	5
	er of independent voting members of the governing body (Part VI, line 1b)		5
	number of individuals employed in calendar year 2011 (Part V, line 2a)		55
	number of volunteers (estimate if necessary)		151
	unrelated business revenue from Part VIII, column (C), line 12	· · · · · · · · · · · · · · · · · · ·	
	related business taxable income from Form 990-T, line 34		
D Net ui	related business taxable income from Form 990-1, line 34	Prior Year	Current Year
		255 254	
	butions and grants (Part VIII, line 1h)		503,159
	am service revenue (Part VIII, line 2g)		606,168
	ment income (Part VIII, column (A), lines 3, 4, and 7d)		
11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	
12 Total	evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	906,618.	1,109,327
13 Grant	s and similar amounts paid (Part IX, column (A), lines 1-3)	0	
14 Benef	ts paid to or for members (Part IX, column (A), line 4)		
15 Saları 16a Profes b Total t	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	379,422.	453,043
16a Profes	sional fundraising fees (Part IX, column (A), Ine 11e)	0	
	undraising expenses (Pari+IX, column (D), line 25) ▶ 0		
	expenses (Part R column (A) Lines 11a-110 (1f-24e)	509,184.	587,253
	expenses Add lines 13-17 (must equal Part P., column (A), line 25)	888,606.	1,040,296
TA INTAL:	ue less expenses Subtractiline 18 from line (2)	18,012.	69,031
18 Total		,	
19 Rever	ISI NOV	Beginning of Current Year	End of Year
19 Rever	199 100	Beginning of Current Year	End of Year 79 - 944
19 Rever	assels (Part X line 16)	25,871.	79,944
19 Rever20 Total21 Total	assets (Part X, line 16) GDEN, UT.	25,871. 29,527.	79,944 14,569
19 Rever20 Total21 Total22 Net as	assets (Part X, line 16) Jabilities (Part X, line 360 DEN; UT.	25,871.	79,944 14,569
 20 Total 21 Total 22 Net as rt II Sign 	assets (Part X, line 16) Habilities (Part X, line 66) Sisets or fund balances Subtract line 21 from line 20.	25,871. 29,527. -3,656.	79,944 14,569 65,375
 20 Total 21 Total 22 Net as rt II Sign 	assets (Part X, line 16) Habilities (Part X, line 66) Sisets or fund balances Subtract line 21 from line 20.	25,871. 29,527. -3,656.	79,944 14,569 65,375
19 Rever 20 Total 21 Total 22 Net as 11 Sign	assets (Part X, line 16) Jabilities (Part X, line 360 DEN; UT.	25,871. 29,527. -3,656.	79,944 14,569 65,375
20 Total 21 Total 22 Net as rt II Signer penalties or rect, and comp	assets (Part X, line 16) pabilities (Part X, line 16) passets or fund balances Subtract line 21 from line 20. prature Block perjury, I declare that I have examined this return including accompanying schedules and statement little Declaration of preparer (other than officer) is based on all information of which preparer has any	25,871. 29,527. -3,656.	79,944 14,569 65,375
19 Rever 20 Total 21 Total 22 Net as 11 Signer penalties of rect, and company	assets (Part X, line 16) Jabilities	25,871. 29,527. -3,656.	79,944 14,569 65,375
20 Total 21 Total 22 Net as Till Signer penalties or rect, and company	assets (Part X, line 16) pabilities (Part X, line 16) passets or fund balances Subtract line 21 from line 20. prature Block perjury, I declare that I have examined this return including accompanying schedules and statement little Declaration of preparer (other than officer) is based on all information of which preparer has any	25,871. 29,527. -3,656.	79,944 14,569 65,375
20 Total 21 Total 22 Net as 111 Signer penalties of ect, and company	assets (Part X, line 16) Jabilities	25,871. 29,527. -3,656.	79,944 14,569 65,375
20 Total 21 Total 22 Net as rt II Signer penalties or rect, and compared in the period of the penalties of rect, and compared in the period of the penalties of rect, and compared in the period of the penalties of rect, and compared in the period of the penalties of the penaltie	assets (Part X, line 16) Jabilities	25,871. 29,527. -3,656. ss, and to the best of my knowledge	79,944 14,569 65,375
20 Total 21 Total 22 Net as 11 Signer penalties of ect, and companies Print/ KAR	assets (Part X, line 16) Jabilities	25,871. 29,5273,656. s, and to the best of my knowledge Date Check	79, 944 14, 569 65, 375 edge and belief, it is true,
20 Total 21 Total 22 Net as rt II Signer penalties of rect, and compare Print/ KAR Print/ KAR Errm's P	assets (Part X, line 16) passets or fund balances Subtract line 21 from line 20. gnature Block perjury, I declare that I have examined this return including accompanying schedules and statement of the Declaration of preparer (other than officer) is based on all information of which preparer has any Signature of officer EILEEN SCHONBEK BEER Type or print name and title Type preparer's name Preparer's signature Date EN J. DANAHER	25,871. 29,5273,656. Is, and to the best of my knowledge Date Check if self-employed	79, 944 14, 569 65, 375 edge and belief, it is true,
20 Total 21 Total 22 Net as rt II Signer penalties of rect, and compared to the penalties of rect, and the penalties of rect,	assets (Part X, line 16) Jabilities	25,871. 29,5273,656. s, and to the best of my knowledge Date Check if self-employed Firm's EIN ▶ 20-	79, 944 14, 569 65, 375 edge and belief, it is true,

For Paperwork Reduction Act Notice, see the separate instructions

150 CHERRY STREET, INC.

	n 990 (2011) Page
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF 150 CHERRY STREET IS TO ESTABLISH AN EXPRESSION OF THE
	FATHER'S HOUSE: A PLACE WHERE PRAYER, COMPASSIONATE RELATIONSHIPS,
	COMMUNITY INITIATIVES, CREATIVE ARTS, AND MARKETPLACE MINISTRY
	CONVERGE.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
	(Code:) (Expenses \$670,190. including grants of \$) (Revenue \$600,694.) SEE SCHEDULE O FOR EXPLANATION.
4	(Code) (Expenses \$ 339,733 including grants of \$) (Revenue \$ 5,474.)
	(Code)(Expenses \$339,733_ including grants of \$)(Revenue \$5,474) SEE SCHEDULE O FOR EXPLANATION.
	SEE SCHEDULE O FOR EXPLANATION.
4 c	(Code) (Expenses \$ 0 including grants of \$) (Revenue \$ 0)
	SEE SCHEDULE O FOR EXPLANATION.
4 d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4 e	Total program service expenses ► 1,009,923.

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	١		
7	· · · · · · · · · · · · · · · · · · ·	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		••
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	١.		х
_	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			v
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			,,
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
~	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	···	-	
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16		Х
47	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	47		Х
4.0	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			\ v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			l .
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			v
	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			v
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, 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		
С	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		<u> </u>
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	25-		x
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	254		x
•	If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26		x
0.7	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		-
27				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-21		
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
•	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
D	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	-	
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
00	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,			
٠.	Part I	31		Х
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		Х
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		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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		Х
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		Х
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	<u> </u>
			000	

Pa	ne	5
Pa	ae	Э

Form	990 (2011)		F	Page 5
Par				
	Check if Schedule O contains a response to any question in this Part V			\mathbf{x}
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	*	÷.	».`.
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	۱ ،		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	> . / _{2/2}	- 🖏	23,
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	4		¥ . ``
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 55			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ا
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			l
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶	32		ેવ
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			لــــا
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Х
	organization solicit any contributions that were not tax deductible?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	e h		
-	gifts were not tax deductible?	6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7 a	-	` X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ū	required to file Form 8282?	7 c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		-	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			i
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1	
	organization, have excess business holdings at any time during the year?	8		_X
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders		-	
	Gross income from other sources (Do not net amounts due or paid to other sources		1	ı
-	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Х
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		_	L .
	Is the organization licensed to issue qualified health plans in more than one state?	13a		Х
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

150 CHERRY STREET, INC. • Form 990 (2011) 20-5196967 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Are any governance decisions of the organization reserved to (or subject to approval by) members. Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х Х 8 b Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . Χ 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c Χ 13 Did the organization have a written whistleblower policy?.... 13 X Did the organization have a written document retention and destruction policy?...... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_____ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)

- available for public inspection. Indicate how you made these available. Check all that apply
 - Another's website Own website X Upon request
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ PAULA ANDERSON 150 CHERRY STREET BURLINGTON, VT 05401 20

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for	box,	not cl unles	Pos heck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	_
	related organizations in Schedule O)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director		(W-2/1099-MISC)		organization and related organizations				
	.50	x						0	0		C
(2) PAMELA STEAD DIRECTOR	.50	х						0	0		 0
(3) MARSHALL JEWELL DIRECTOR	5.00	х			ļ			0	0		_0
(4) ANDREW SCHONBEK VICE PRESIDENT	15.00	х		х				0	0		_0
(5)_EILEEN_SCHONBEK-BEER PRESIDENT	60.00	Х		Х				0	0	···	_0
(6) JIM MCMAHAN TREASURER	.10			х				0	0		_0
(7)							_				_
		-									_
(11)											-
_(12)											_
_(13)		-									_
_(14)											_

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and F	łigl	hest Compensat	ed Employees (continued)
· (A) Name and title	(B) Average hours per week (describe hours for	box office	unles er and	Pos heck ss pe	rson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	_									
	_						-			
					_					
	_									
	-									
1b Sub-total	Section A .						> > -	0	0	0
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organization) 	limited to t	hose					o re	ceived more than		1
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directo									Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15	0,0	007	İ	"Yes	," ·	complete Schedu		4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5 X
Section B. Independent Contractors									4h \$400,000	-£
Complete this table for your five highest concompensation from the organization Report of year.										
(A) Name and business ad	dress							(B) Description of se	rvices ((C) Compensation
							<u> </u>			
Total number of independent contractors (if more than \$100,000 in compensation from the contractors of				nite	d to	thos	e li	sted above) who	received	
JSA 1F1055 2 000	<u> </u>									Form 990 (2011)

ĮРа	rt VI	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax
. 1					revenue	Tevende	under sections 512, 513, or 514
ants	1a	Federated campaigns 1a		, ,	3 0 0	3	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b			, , , , , , , , , , , , , ,	* * ,* ,	
ifts,	C	Fundraising events 1c		*	, j	*	, 200
ij G	d	Related organizations 1d			117 7	,*	
ons,	е	Government grants (contributions) 1e		*	· ·	,	3, 4,
her j	f	All other contributions, gifts, grants,		<u> </u>	*		· ·
Ē		and similar amounts not included above . 1f	503,159.	*	<i>"</i> ,	,	1
Sor	9	Noncash contributions included in lines 1a-1f \$. شد	,	, ′
	<u> </u>	Total. Add lines 1a-1f		503,159.	, <u>3</u> , 3		
eur			Business Code	**			
Ş	2 a	RELATIONSHIP BUILDING/NEW MOON CAFE	722100	600,694.	600,694.		
- 8	b	MINISTRY	900099	5,474.	5,474.		
Ξ	C						
пS	d						
gran	e	A.I					
Program Service Revenue	g	All other program service revenue Total. Add lines 2a-2f		606,168.			
_=-	3	Investment income (including dividends, interest		000,100.			
	•	other similar amounts)		0			
	4	Income from investment of tax-exempt bond p	_ 1	0			
	5	Royalties · · · · · · · · · · · · · · · · · · ·		0			
		(i) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss).		0			
	7.	(i) Securities	(II) Other		-		
	7 a	Gross amount from sales of assets other than inventory		,>			
	ь	Less cost or other basis		,,			
		and sales expenses					
	С	Gain or (loss)		*			
	d	Net gain or (loss)	<u></u>	0			
ne	8 a	Gross income from fundraising			*		
en		events (not including \$					
é		of contributions reported on line 1c)		ă Î			
<u>.</u>		See Part IV, line 18 a					
Other Revenu	b	Less direct expenses b				-	
Ó	С	Net income or (loss) from fundraising events.	<u></u> ▶	0			
	9 a	Gross income from gaming activities					
		See Part IV, line 19 a	í I				
	b	Less direct expenses b					
	C	Net income or (loss) from gaming activities.	·····	0		-	
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b Net income or (loss) from sales of inventory		o			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0			<u></u>
	12	Total revenue See instructions		1,109,327	606,168		

Part IX. Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Total dependence Total dependence Total dependence Programs service granted and flower Programs service granted responses Programs service granted granted responses Programs service granted gr		Check if Schedule O contains a response to any question in this Part IX								
Cognization in the United States See Part IV, line 21		not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising				
Cognization in the United States See Part IV, line 21	1	Grants and other assistance to governments and								
the United States See Part IV, line 22		-	0							
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV. Interest of the Compensation of current officers, directors, trustees, and key employees 0 5 Compensation of current officers directors, trustees, and key employees 0 6 Compensation not individed above, to discussified persons (as defined under section 4958(c)(3)) and persons described in section 4958(c)(3)(8), 0 7 Other salaries and wages 391, 837. 391, 8	2		0							
organizations, and individualis outside the United States See Part (Nine 15 and 16, 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2	ľ								
United States See Part IV, lines 15 and 16,	,	-								
Sementis pand to or for members 0 0 0 0 0 0 0 0 0		=	ol							
5 Compensation of current officers, directors, trustees, and key employees	4	· · · · · · · · · · · · · · · · · · ·	0							
Trustees, and key employees		ſ				· · · · · · · · · · · · · · · · · · ·				
6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8)) and persons described in section 4958(c)(3)(8) and persons described in section 4958(c)(3)(8) and persons described in section 4958(c)(3)(8) and 20(2)(9 implicitly contributions (include section 401(4)) and 402(9) employer contributions). 9 Other employee benefits	Ū	•	o							
persons (as defined under section 4958()(1)) and persons described in section 4958()(3)(8). 7 Other salares and wages	6	* · · · · · · · · · · · · · · · · · · ·								
Penson plan accruais and contributions (include section 40 (k) and 40 (k) employer contributions) 0	•									
Penson plan accruals and contributions (include section 40(th) and 40(th) employee benefits			o							
401(k) and 403(b) employer contributions)	7	Other salaries and wages	391,837.	391,837.						
401(k) and 403(b) employer contributions)		-								
9 Other employee benefits	-		_ ~[
10 Payroll taxes 36,600 36,600	9		24,606.							
11 Fees for services (non-employees) a Management b Legal		•	36,600.	36,600.						
b Legal	11									
c Accounting 7,743. 7,743. 7,743. d Lobbying 0 e Professional fundraising services See Part IV. line 17 f Investment management fees 9 g Other 2,935. 2,935 17,226 17,	а	Management	0							
d Lobbying	b	Legal								
e Professional fundraising services See Part IV. line 17 f Investment management fees 0 g Other 2,935. 2,935. 2,935. 12 Advertising and promotion 17,226. 17,226. 13 Office expenses 0 0 14 Information technology. 0 15 Royallies	С	Accounting	7,743.		7,743.					
f Investment management fees 0 2,935. 2,935. 2 Advertising and promotion 17,226. 17,226. 12 Advertising and promotion 17,226. 17,226. 13 Office expenses 0 14 Information technology 0 15 Royalities 0 16 Occupancy 119,283 112,722 6,561. 17 Travel 17,476. 17,476. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 0 10 Interest 0 10 Payments to affiliates 0 11 Payments to affiliates 0 12 Depreciation, depletion, and amortization 13,138. 13,138. 13 Insurance 11,078. 11,078. 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25; column (A) amount, list line 24e expenses on Schedule O) a FOOD COSTS 281,507. 281,507. b SUPPLIES 42,063. 42,063. c MINISTRY EXPENSES 15,752. 15,752. 14,513. 14,513. e All other expenses Add lines 1 through 24e 1,040,296. 1,009,923. 30,373. 25 Total functional expenses Add lines 1 through 24e 1,040,296. 1,009,923. 30,373.	d	Lobbying	0							
g Other	е	Professional fundraising services See Part IV, line 17	0							
12 Advertising and promotion	f	Investment management fees	0							
13 Office expenses 0 0	g	Other								
13	12	Advertising and promotion		17,226.						
Information technology	13	Office expenses								
119,283. 112,722. 6,561. 17 Travel. 17,476. 17,476. 17,476. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 0 0 0 0 0 0 0	14	Information technology	0							
17 Travel	15	-	110 202	110 700	C F.C.1					
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings	16	, ,			6,361.					
for any federal, state, or local public officials 19 Conferences, conventions, and meetings	17		17,476.	1/,4/0.						
19 Conferences, conventions, and meetings	18	•								
19 Conferences, conventions, and meetings										
21 Payments to affiliates			<u> </u>		- · · · · · · · · · · · · · · · ·					
22 Depreciation, depletion, and amortization										
11,078. 11,078. 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a FOOD COSTS b SUPPLIES C MINISTRY EXPENSES C MINISTRY EXPENSES 15,752. 15,752. d CREDIT CARD FEES 14,513. 14,513. e All other expenses 25 Total functional expenses Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ If		· ·		13.138						
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a FOOD COSTS b SUPPLIES c MINISTRY EXPENSES d CREDIT CARD FEES All other expenses All other expenses Add lines 1 through 24e 25 Total functional expenses Add lines 1 through 24e 26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if		· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '								
above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a FOOD COSTS b SUPPLIES C MINISTRY EXPENSES d CREDIT CARD FEES All other expenses All other expenses Total functional expenses Add lines 1 through 24e 25 Total functional expenses Add lines 1 through 24e 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If			11,0,0.	11,0,0,						
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a FOOD COSTS b SUPPLIES CMINISTRY EXPENSES d CREDIT CARD FEES All other expenses All other expenses All other expenses Add lines 1 through 24e Total functional expenses Add lines 1 through 24e Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if	24	•								
(A) amount, list line 24e expenses on Schedule O) a FOOD COSTS b SUPPLIES c MINISTRY EXPENSES d CREDIT CARD FEES e All other expenses Total functional expenses Add lines 1 through 24e 25 Total functional expenses Add lines 1 through 24e 26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if		·								
b SUPPLIES c MINISTRY EXPENSES d CREDIT CARD FEES 14,513. e All other expenses Total functional expenses Add lines 1 through 24e 25 Total functional expenses Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if		•								
b SUPPLIES c MINISTRY EXPENSES d CREDIT CARD FEES 14,513. e All other expenses Total functional expenses Add lines 1 through 24e 25 Total functional expenses Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if	2	FOOD COSTS	281,507.	281,507.						
cMINISTRY EXPENSES d CREDIT CARD FEES 15,752. 14,513. e All other expenses 25 Total functional expenses Add lines 1 through 24e 26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if	_									
d CREDIT CARD FEES e All other expenses Total functional expenses Add lines 1 through 24e Total function										
e All other expenses 34,126. 28,470. 5,656. 25 Total functional expenses Add lines 1 through 24e 1,040,296. 1,009,923. 30,373. 26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if	-									
25 Total functional expenses Add lines 1 through 24e 1,040,296. 1,009,923. 30,373. 26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if	-				5,656.					
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if		·	1,040,296.	1,009,923.	30,373.					
fundraising solicitation. Check here. ▶ ☐ if		Joint costs Complete this line only if the organization reported in column (B) joint costs								
		· —								
	_		0							

JSA 1E1052 1 000

Рa	art X	Balance Sheet			rage II
-			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	14,904.	1	20,038.
	2	Savings and temporary cash investments	C	2	0
	3	Pledges and grants receivable, net	C	3	0
	4	Accounts receivable, net	2,967.	4	997.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of			
	6	Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0		0
ets	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	8,000.	8	6,359.
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 65,688.			
	b	Less accumulated depreciation	0	10c	52,550.
	11	Investments - publicly traded securities	0	11	0
	12	Investments - other securities See Part IV, line 11	0	12	0
	13	Investments - program-related. See Part IV, line 11	0	13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11		15	Ō
	16	Total assets. Add lines 1 through 15 (must equal line 34)	25,871.		79,944.
	17	Accounts payable and accrued expenses	20,519.		5,977.
	18	Grants payable	0		0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
ij	22	Payables to current and former officers, directors, trustees, key			
<u>ia</u> .		employees, highest compensated employees, and disqualified persons			•
_		Complete Part II of Schedule L	U C	22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	0
	24	Unsecured notes and loans payable to unrelated third parties	<u>_</u>	24	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X		İ	
		•	9,008.	25	9 502
	26	of Schedule D	29,527.	25	14,569.
Se		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.	23,327.	20	14,505.
Balances	27	Unrestricted net assets		27	
3ala	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
or Fund		Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	d	30	0
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	d	31	0
	32	Retained earnings, endowment, accumulated income, or other funds	-3,656.	32	65,375.
Net	33	Total net assets or fund balances	-3,656.	33	65,375.
	34	Total liabilities and net assets/fund balances	25,871.	34	79,944.

For	m 990 (2011)			Pa	ge 12			
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	<u>T</u>	1,1	09,	327.			
2	Total expenses (must equal Part IX, column (A), line 25)		1,0	40,	296.			
3	Revenue less expenses. Subtract line 2 from line 1				031.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		-3,656					
5	Other changes in net assets or fund balances (explain in Schedule O)							
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,							
	column (B))			65 , :	375.			
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				ļ			
	If the organization changed its method of accounting from a prior year or checked "Other," expla Schedule O	in in						
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		X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsiaht			 			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c					
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	were						
	issued on a separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in						
	the Single Audit Act and OMB Circular A-133?		3 a		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		3 b					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Inspection

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name o	f the organization						_	Emplo	yer iden	tificatio	n numb	ег	_
150 C	CHERRY STREET,	INC.							20	-519	6967		
Part I	Reason for Pub	lic Charity Status	s (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions	·.			
The org	janization is not a priv	rate foundation bed	cause it is (For lines 1 th	rough	11, che	eck only	one bo	x.)					
1	A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)((1)(A)(i)					
2	A school described	l in section 170(b)((1)(A)(ii). (Attach Schedul	еE)									
3	A hospital or a coo	perative hospital s	ervice organization descr	ıbed ın	sectio	n 170(b)(1)(A)	(iii).					
4	A medical researd	h organization op	erated in conjunction wi	th a h	nospita	I descr	ibed in	sectio	n 170(t)(1)(A	()(iii) . [Enter	the
	hospital's name, cit	y, and state							. 				
5	An organization op	perated for the bea	nefit of a college or univ	ersity	owned	l or ope	erated b	oy a go	vernme	ntal u	nıt des	cribed	nı t
	_ section 170(b)(1)(/	A)(iv). (Complete P	'art II)										
6	A federal, state, or	local government	or governmental unit des	cribed	in sect	ion 170	(b)(1)(A)(v).					
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
	described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8	-	described in secti	on 170(b)(1)(A)(vi). (Com	iplete F	Part II)								
9 X	J 3		es (1) more than 331/3%							-		_	
	•		exempt functions - sub										
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
	¬ ' ' '		e 30, 1975 See section	•		•		•					
10	- ·		ted exclusively to test for		-				-				
11	_		rated exclusively for the								_		
			ipported organizations de					•		٠,,	•	sect	ion
		<u> </u>	es the type of supporting	_			-	lines 1		¬⁻			
_	a Type I	b Type				ally inte	-		_ d [e III - O		
e			the organization is not			-		-	-			•	
			gers and other than one	or mo	re put	niciy su	pportec	ı organ	izations	aesc	ribea ii	n sect	.ion
	509(a)(1) or section		n determination from th	o IDC	that it	10 0 T	ma I T	ال مصد	or Tuo	a III a			
f	-	thic hav			ınaı ıı	is a Ty	/pe i, i	ype II,	от гур	e III S	upporti	ng r	\neg
	organization, check				 ntributi	on from						L	
9	following persons?	ooo, nas the organ	inzation accepted any gin	UI COI	HUIDUU	on non	ally O	lile					
	= :	directly or indire	ectly controls, either alor	a or t	onethe	ar with	nercon	e decc	ribed in	(11)	ĺ	Yes	No
			ly of the supported organ		_	21 WILLI	•				11g(ı)		-
			scribed in (i) above?	12011011	• •						11g(II)		
		•	on described in (i) or (ii) a	 hove?							11g(III)		
h			ut the supported organiza		٠								—
	Name of supported	(II) EIN	(iii) Type of organization	r	ls the	(v) Did v	ou notify	(٧١)	s the	ĺv	ıı) Amou	int of	
	organization	(,	(described on lines 1-9	organiz	zation in listed in	the orga	nization	organiz	zation in	(,	suppo		
			(see instructions)	your go	overning ment?	in col your su			rganized US?				
			, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No				
							-						
(A)													
(D)					-								
(B)									ļ				
(0)									· ·				
(C)													
(D)													
(D)													
(E)													_
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2011

Total

Part II

Page 2

-	(Complete only if you checl Part III. If the organization f						ualify under					
Sec	tion A. Public Support											
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total					
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")											
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf											
3	The value of services or facilities furnished by a governmental unit to the organization without charge											
4	Total. Add lines 1 through 3		* /	4 4		1 1						
5	The portion of total contributions by	•	****	* * *	` <i>*</i>							
	each person (other than a governmental unit or publicly supported organization) included on											
	line 1 that exceeds 2% of the amount	,		,	1 1							
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4			8	;. %.	a , ,	 					
	6 Public support. Subtract line 5 from line 4											
	alendar year (or fiscal year beginning in) ► (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total											
7	Amounts from line 4					<u> </u>	 					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar											
	sources											
9	Net income from unrelated business activities, whether or not the business is regularly carried on											
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)											
11	Total support Add lines 7 through 10	**										
12	Gross receipts from related activities, etc. (s	see instructions) .				12						
13	First five years If the Form 990 is f organization, check this box and stop here	or the organizat	tion's first, secor	nd, third, fourth,	or fifth tax ye							
Sec	tion C. Computation of Public Sup	port Percenta	ge	· · · · · · · · · · · · · · · · · · ·		·						
14	Public support percentage for 2011 (li		· -			14	%_					
15	Public support percentage from 2010						%					
16a	331/3% support test - 2011. If the o											
	this box and stop here . The organization											
b	331/3% support test - 2010. If the c	-										
4	check this box and stop here. The org											
1/a	10%-facts-and-circumstances test - 2	-										
	10% or more, and if the organization						•					
	Part IV how the organization meets to				•		ъирропеа 🔼 🦳					
b	organization	2010. If the or	ganization did n	ot check a box	on line 13, 16	8a, 16b, or 17a						
	Explain in Part IV how the organization supported organization	on meets the "	facts-and-circun	nstances" test	The organization	on qualifies as						
18	Private foundation. If the organization	did not check	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and se						
	instructions	· · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			990 or 990-EZ) 2011					

Schedule A (Form 990 or 990-EZ) 2011

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	Aion A. Dublic Connect	anily diluci tile	10303 113000 DC	now, picase oc	inpicte i ait ii	•/	
	tion A. Public Support	(a) 2007	(b) 2009	(a) 2000	(4) 2010	(5) 2044	49 Takal
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants ")	289,404.	242,211.	251,910.	277,274.	503,159.	1,563,958.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	193,870.	473,674.	532,356.	629,333.	606,168.	2,435,401.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 $ \cdot $						
4	Tax revenues levied for the				į		
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities		·				
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	483,274.	715,885.	784,266.	906,607.	1,109,327.	3,999,359.
	Amounts included on lines 1, 2, and 3						-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	received from disqualified persons	288,020.	240,675.	243,100.	268,632.	476,489.	1,516,916.
b	Amounts included on lines 2 and 3						1,010,010.
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	288,020.	240,675.	243,100	268,632	476 490	1 516 016
С 8	Add lines 7a and 7b Public support (Subtract line 7c from	200,020.	240,073.	243,100	200,032	476,489.	1,516,916.
0							2 402 442
500	tion B. Total Support						2,482,443.
		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	/A Total
_	ndar year (or fiscal year beginning in)			- +			(f) Total
9	Amounts from line 6	483,274.	715,885	784,266.	906,607	1,109,327.	3,999,359.
IVa	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11,						
. •	and 12)	483,274.	715,885.	784,266.	906,607.	1,109,327	3,999,359.
14	First five years If the Form 990 is for	·	 				
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sur						
15	Public support percentage for 2011 (line 8	<u> </u>		nn (f))		15	62.07%
16	Public support percentage from 2010 Sche					16	64.00%
	tion D. Computation of Investmen			· · · · · · · · · · · · · · · · · · ·		10]	01.00 /6
	Investment income percentage for 2011 (li			2 column (f))	· · · · · · · · · · · · · · · · · · ·	47	0/
17 18						17	<u>%</u>
18	Investment income percentage from 2010				-	18	<u>%</u>
ısa	331/3% support tests - 2011. If the or					•	
	17 is not more than 331/3%, check th		_	•	•		
b	331/3% support tests - 2010 If the orga						
	line 18 is not more than 331/3%, check		•	•		.,	
20	Private foundation If the organization	aid not check	a box on line 1	4, 19a, or 19b			
21 1 (000 7132CB 771P 11/14/2012 3	.22.12 DM	V 11-6 1	2	S: 0133-401	chedule A (Form 99	0 or 990-EZ) 2011 1 DACE

Schedule A (Form 990 or 990-EZ) 2011

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. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public Inspection

Department of the Treasury ► Attach to Form 990. ► See separate instructions. Internal Revenue Service Name of the organization

Employer identification number 20-5196967

150	CHERRY STREET, INC.			20-5196967
Par	Organizations Maintaining Donor Adv	ised Funds or Other S	imilar Funds or A	ccounts. Complete if the
	organization answered "Yes" to Form	990, Part IV, line 6.		·
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that the	ne assets held in do	nnor advised
-	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, a		-	
-	only for charitable purposes and not for the benef		•	
	conferring impermissible private benefit?			
Par		f the organization answ	ered "Yes" to Form	n 990 Part IV line 7
1	Purpose(s) of conservation easements held by the			11 000,1 01(17,1110 7.
	Preservation of land for public use (e.g., reci		7	an historically important land area
	Protection of natural habitat	eation of education)		a certified historic structure
	Preservation of open space		Freservation of a	certined historic structure
2	Complete lines 2a through 2d if the organization h	ald a qualified conservation	on contribution in th	a form of a consequence
-	easement on the last day of the tax year	ieid a quaimed conservati		e form of a conservation
			1	Held at the End of the Tax Year
а	Total number of conservation easements		2	la l
b	Total acreage restricted by conservation easement			lb
c	Number of conservation easements on a certified			20
d	Number of conservation easements included in (c			
_	historic structure listed in the National Register			d
3	Number of conservation easements modified, train			
•	tax year ►	isicirca, reicasca, extingi	aished, or terrificate	so by the organization during the
4	Number of states where property subject to conse	ervation easement is locate	ed ►	
5	Does the organization have a written policy regard			
•	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, i			
_	▶	nopoomig, and omoromy		Torks daring the year
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conse	ervation easements	during the year
	►\$	g,gg	o. ranorr oacomonic	daming the year
8	Does each conservation easement reported on lir	ie 2(d) above satisfy the r	equirements of section	on 170(h)(4)(B)
_	(i) and section 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports	conservation easements	in its revenue and e	xpense statement and
	balance sheet, and include, if applicable, the text			
	organization's accounting for conservation easeme			
Par		s of Art, Historical Trea	sures, or Other S	imilar Assets.
	Complete if the organization answered	I "Yes" to Form 990, Pa	rt IV, line 8	
1 a	If the organization elected, as permitted under S	FAS 116 (ASC 958), not	to report in its rev	enue statement and balance sheet
	works of art, historical treasures, or other simil public service, provide, in Part XIV, the text of the f	ar assets held for public	: exhibition, educat	tion, or research in furtherance of
b				
b	If the organization elected, as permitted under works of art, historical treasures, or other simil	SFAS 116 (ASC 958), to	o report in its reve	enue statement and balance sheet
	public service, provide the following amounts relati		exhibition, educat	non, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line	•		▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of a			
_	following amounts required to be reported under S			on the interioral gain, provide the
а	Revenues included in Form 990, Part VIII, line 1.			. ▶ \$
	Assets included in Form 990, Part X			· · · · · > \$
	aperwork Reduction Act Notice, see the Instructions fo			Schedule D (Form 990) 2011

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Par	t III	Organizations Maintainin	g Colle	ections of	Art, H	listorica	Treasur	es, o	r Othei	Similar A	Assets (continued	1)
												•	
3		the organization's acquisition		sion, and	other r	ecords, o	heck any	of th	e follov	wing that a	are a sigi	nificant us	e of its
	collect	tion items (check all that apply	').										
а		Public exhibition			d		Loan or e						
b		Scholarly research			е		Other _						
С		Preservation for future gen											
4	Provid	e a description of the organi	zatıon's	collection	s and	explain h	ow they f	urther	r the or	ganızatıon	's exemp	t purpose	ın Part
	XIV.												
5		the year, did the organization											
	assets	to be sold to raise funds rathe	er than t	o be maınt	ained a	as part of	the organ	ızatıor	n's colle	ction? · ·	<u></u> . [Yes	No
Par	t IV	Escrow and Custodial Ar						on an	swered	"Yes" to	Form 99	0, Part I\	/,
		line 9, or reported an amo	ount on	Form 99	<u>0, Par</u>	t X, line	21.						
1 a		organization an agent, trustee											
	ıncluded on Form 990, Part X?												
b	If "Yes	s," explain the arrangement in I	Part XIV	and comp	lete the	e followin	g table						
											mount		
С		ning balance											
d		ons during the year											
e		outions during the year											
f		balance											
		e organization include an amo			Part X,	line 21?					[Yes	No
		s," explain the arrangement in I											
Par	t V	Endowment Funds. Com			1								···
	D		(a) Cu	rrent year	(b) Prior year	(c)	rwo yea	irs back	(d) Three	ears back	(e) Four ye	ears back
1 a	•	ning of year balance			ļ					ļ			
b		butions			ļ								
С		vestment earnings, gains,											
		sses			ļ						-		
		s or scholarships			 					ļ			
е		expenditures for facilities .											
£		ograms											
		istrative expenses			ļ								
g		year balance	£ 4 h = =				4 1	(- \)	1 1.1	<u> </u>			
2		e the estimated percentage of		rent year e	ena bai	ance (iine	g 1g, colun	ın (a))	neid as	3			
a b		designated or quasi-endowment ►	en ► %		_ 70								
		prarily restricted endowment		%									
·		ercentages in lines 2a, 2b, and			00%								
3a		ere endowment funds not in the				nortesina	that are h	old an	d admi	nictored for	tho		
		zation by	no poss	0331011 01 11	ne orga	1112411011	mat are n	ciù all	iu aumin	ilistered tot	li le	Y	s No
	•	elated organizations										3a(i)	3 140
		ated organizations										3a(ii)	
b		" to 3a(II), are the related orga										3 b	
4		be in Part XIV the intended us			-								
Par		Land, Buildings, and Equi						-					
ı aı	· v.	Description of property	pinent.	(a) Cost or			Cost or other	hasia	(a) A a	cumulated		1) Daalil	
		десетриет от ргорому			stment)	313 (10)	(other)	Dasis	٠,,	eciation	,,	i) Book value	
1 a	Land.									···			
b		ngs											
c		hold improvements	L										
d		ment	ž.				65,	688.		13,138.		52	,550.
е	Other							1			-		•
Tota		nes 1a through 1e (Column (equal Forr	n 990, i	Part X, co	lumn (B), i	ine 10)(c))	▶		52	,550.
		·							. , ,				

(a) Description of security or category (notuding name of security) (1) Financial derivatives	
(2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (F) (G) (H) (I) (I) (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part XIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (6)	
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Part VIII Investments - Program Related. See Form 990, Part X, line 13.	
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(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15. (1) (2) (3) (4) (5) (6)	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15. (1) (2) (3) (4) (5) (6)	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6)	
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6)	
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book va (1) (2) (3) (4) (5) (6)	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6)	
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6)	
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book va. (1) (2) (3) (4) (5) (6)	
(10) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6)	
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6)	
(a) Description (b) Book value (1) (2) (3) (4) (5)	
(1) (2) (3) (4) (5) (6)	
(2) (3) (4) (5) (6)	
(3) (4) (5) (6)	
(4) (5) (6)	
(6)	
(7)	
(7)	
(8)	
(9)	
(10)	
Total (Column (b) must equal Form 990, Part X, col (B) line 15)	
Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability (b) Book value	
1. (a) Description of liability (b) Book value (1) Federal income taxes	
(2) ACCRUED TAXES 5, 466.	
(3) PAYROLL LIABILITY 1,439.	
(4) GIFT CARD BALANCE 1,687.	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ► 8,592. 2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the footnote to the organization.	

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Schedu	le Q (Form 990) 2011		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	nts	
• 1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7	Prior period adjustments	7	
8		3	
9		9	
10		0	
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	 	
1	Total revenue, gains, and other support per audited financial statements		
2		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments 2a	4	
b	Donated services and use of facilities 2b	4	
C	Recoveries of prior year grants 2c	4	
d	Other (Describe in Part XIV)	_	
e	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIV) 4b	_	
С	Add lines 4a and 4b		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	urn	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		_
а	Donated services and use of facilities 2a]	
b	Prior year adjustments 2b		
c	Other losses 2c]	
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		_
а	Investment expenses not included on Form 990, Part VIII, line 7b	1 1	
b	Other (Describe in Part XIV) Add lines 42 and 4b	1	
С	Add lines 4a and 4b	7 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIV Supplemental Information		
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV, lines 1b and	1 2b,
	, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comple	e this part to p	rovide
any ac	dditional information.		
		· 	

Part XIV Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

150 CHERRY STREET, INC.

Employer identification number 20-5196967

FORM 990, SCHEDULE O

FORM 990, PART III, LINE 4 OVERVIEW

IN ESSENCE THE RELIGIOUS AND CHARITABLE PURPOSE OF 150 CHERRY STREET

COMBINES PRAYER AND WORSHIP WITH PRACTICAL WORKS FOR THE BENEFIT OF THE

COMMUNITY. THE PRAYER ROOM IS THE FOUNDATION OF ALL THAT TAKES PLACE AT

150, PROVIDING OPPORTUNITY TO EXPERIENCE THE FATHER'S LOVE IN THE CONTEXT

OF WORSHIP, PRAYER AND PERSONAL MINISTRY; OTHER CHARITABLE ACTIVITIES

ALLOW FOR THE DEMONSTRATION OF HIS LOVE IN PRACTICAL WAYS.

WHILE THE 150 HOUSE OF PRAYER IS THE FOUNDATION, A KEY CENTRAL CONTEXT FOR RELATIONSHIP BUILDING AND CHARITABLE ACTIVITIES IS PROVIDED BY THE OPERATION OF NEW MOON CAFÉ. NEW MOON SERVES AS THE "TOUCH POINT" TO THE CITY AND THE VENUE FOR LIFE SKILLS TRAINING, FOOD OUTREACH, AND OTHER EVENTS AND ACTIVITIES DESCRIBED BELOW. THE MISSION IS TO CREATE AN ENVIRONMENT WITH A LIFE-GIVING ATMOSPHERE; ONE THAT IS WELCOMING, PEACEFUL, AND THAT CREATES A SENSE OF HOMECOMING.

FORM 990, SCHEDULE O

FORM 990, PART III, LINE 4A

CHARITABLE PROGRAM ACTIVITIES RELATED TO NEW MOON CAFÉ OPERATIONS:

*EMPLOYMENT AND LIFE SKILLS TRAINING FOR THE MARGINALIZED - WE PROVIDED

OPPORTUNITIES FOR HOMELESS, FORMERLY HOMELESS AND OTHERWISE CHALLENGED

POPULATIONS TO DEVELOP SKILLS IN FOOD SERVICES. OUR CHEF FOR THE FIRST 6

MONTHS OF 2011 WAS A RESIDENT AT THE HOMELESS SHELTER. SHE EVENTUALLY
MOVED INTO HER OWN APARTMENT. WE REGULARLY HAVE CLIENTS FROM THE HOWARD
CENTER (A PRIVATE, NON-PROFIT AGENCY PROVIDING TREATMENT SERVICES FOR
MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND OTHER RELATED ISSUES)
WORKING ALONGSIDE OUR STAFF IN THE BAKERY. OTHER CLIENTS OF THE HOWARD
CENTER ARE EMPLOYED STOCKING DRINKS AND CHIPS, GIVING THEM A
RESPONSIBILITY AND ALLOWING THEM TO GROW IN CONFIDENCE. WE CONTINUED
BUILDING RELATIONSHIP WITH BURLINGTON EMERGENCY SHELTER (ANOTHER LOCAL
501(C)3 ORGANIZATION) AS A FOUNDATION FOR THE DEVELOPMENT OF PROGRAMS FOR

*THE BANQUET - ONE OF OUR FAVORITE WAYS TO SERVE OUR HOMELESS AND AT-RISK NEIGHBORS IS TO INVITE THEM, AND SERVE THEM A FEAST! THE BANQUET IS BY INVITATION ONLY; AND A WONDERFUL NETWORK OF RELATIONSHIPS HAS COME OUT OF THIS EVENT. OUR VOLUNTEERS, FROM ALL WALKS OF LIFE, DISTRIBUTE INVITATIONS TO THEIR FRIENDS IN HOMELESS OR AT-RISK SITUATIONS. OUR CHEF PREPARES A FEAST, TABLES ARE SET WITH WHITE LINENS AND A VOLUNTEER WAIT STAFF IS IN ATTENDANCE. WE SERVE OUR GUESTS OUR BEST; WE SIT, EAT, AND VISIT WITH THEM. WE HEAR THEIR STORIES AND SHARE THEIR LIVES. THE CONVERSATION AND FRIENDSHIPS FORMED MAY OPEN DOORS OF OPPORTUNITY FOR THOSE WHO ARE STRUGGLING WITH HOMELESSNESS OR OTHER CHALLENGES.

*LUNCHEONS FOR HOMELESS WOMEN - WE HOST MONTHLY LUNCHEONS WITH WOMEN FROM BURLINGTON EMERGENCY SHELTER WITH WHOM WE ARE BUILDING RELATIONSHIPS.

MENTORS JOIN WITH THE WOMEN FOR A TIME OF ENCOURAGEMENT OVER LUNCH.

*MEALS FOR BURLINGTON EMERGENCY SHELTER - WE IMPLEMENTED A MONTHLY MEAL DELIVERY TO THE LOCAL HOMELESS SHELTER. DELICIOUS FOOD WAS PREPARED BY NEW MOON AND WAS DELIVERED BY 150 VOLUNTEERS WHO JOINED IN THE MEAL AT THE SHELTER, BUILDING RELATIONSHIP WITH THE CLIENTS.

*BIRTHDAY PARTIES FOR THE DISADVANTAGED - A NEW 150 INITIATIVE WAS
BIRTHED IN THE HEART OF A YOUNG GIRL WHO REALIZED THAT THERE ARE MANY
CHILDREN FROM THE ECONOMICALLY DEPRIVED OLD NORTH END OF BURLINGTON WHO
HAVE NEVER HAD A BIRTHDAY PARTY. 150 WORKED WITH THE VERMONT REFUGEE
RESETTLEMENT PROGRAM (A LOCAL FIELD OFFICE OF THE US COMMITTEE FOR
REFUGEES AND IMMIGRANTS) AND KIDS ALIVE (A LONG ESTABLISHED LOCAL
MINISTRY TO UNDERSERVED YOUTH), TO HOST BIRTHDAY PARTIES FOR THESE
CHILDREN, PROVIDING A LOT OF FUN WHILE IMPARTING A SENSE OF DIGNITY AND
WORTH.

*SHOWS AND EVENTS AT NEW MOON - WE HOSTED A NUMBER OF SHOWS AND EVENTS TO RAISE AWARENESS AND FUNDS FOR ALIGNED CAUSES. THESE INCLUDED CHILDREN'S ART FROM BURLINGTON'S OLD NORTH END, THE ART OF MOLDOVA'S ORPHANS, AS WELL AS A PRE SCREENING RECEPTION FOR NEFARIOUS, MERCHANT OF SOULS, A POWERFUL DOCUMENTARY ON THE SUBJECT OF HUMAN TRAFFICKING.

FORM 990, SCHEDULE O

FORM 990, PART III, LINE 4B

RELIGIOUS PROGRAM ACTIVITIES:

*150 HOUSE OF PRAYER - AN AVERAGE OF 15 HOURS OF PUBLIC PRAYER MEETINGS
PER WEEK WERE HELD IN THE PRAYER ROOM AT 150 CHERRY STREET. THESE WERE
ATTENDED BY A REGULAR CORE GROUP AS WELL AS MEMBERS OF THE LOCAL PRAYER
COMMUNITY AND OTHERS. THE LEADERSHIP CONSISTED OF WORSHIP LEADERS, PRAYER
LEADERS, AND TWO ORDAINED PASTORS WHO WERE ASSISTED BY 54 STAFF MEMBERS,
INTERNS AND VOLUNTEERS. IN GENERAL MEETINGS FOLLOWED THE "HARP AND BOWL"
PRAYER MODEL WHICH INCORPORATES INTERCESSION, DEVOTIONAL, CONTEMPLATIVE,
AND SCRIPTURAL EXPRESSIONS OF PRAYER. WORSHIP MUSIC INCLUDED SINGERS,
KEYBOARDS, ELECTRIC ACOUSTIC AND BASS GUITARS, DRUMS AND OTHER PERCUSSION
AS WELL AS OTHER INCIDENTAL INSTRUMENTS. THE 150 CHERRY STREET STATEMENT
OF BELIEFS PROVIDED SPIRITUAL CONTEXT.

*THE TABLE @ 150 - THE TABLE IS A REGULAR MONTHLY MEETING OF 14 LOCAL CHURCH AND MINISTRY LEADERS HOSTED AND FACILITATED BY 150. THE INTENT IS TO NURTURE RELATIONSHIPS, BUILD UNITY, AND ENCOURAGE ONE ANOTHER IN PRAYERFUL DIALOGUE.

*OTHER TEACHING AND TRAINING PROGRAMS . WE DELIVERED A VARIETY OF TEACHING PROGRAMS ON PRAYER AND WORSHIP, BIBLE STUDY, ETC.

FORM 990, SCHEDULE O

FORM 990, PART III, LINE 4C

OTHER CHARITABLE PROGRAM ACTIVITIES:

*BURLINGTON FREESTYLE - 150 FACILITATED THIS PROGRAM TO PROVIDE

SCHOLARSHIP BASED ACTION SPORTS TRAINING TO UNDERSERVED YOUTH IN THE

Employer identification number 20-5196967

BURLINGTON AREA WITH AN EMPHASIS ON MENTORING AND LIFE SKILLS LEARNING.

FOR THE 2011 SEASON, 10 MENTORS WERE PAIRED WITH 10 MENTEES. AS THE

PROGRAM INCORPORATES BOTH ACTION SPORTS AND ONE-TO-ONE MENTORING WE WERE

ABLE TO BUILD RELATIONSHIP IN THE CONTEXT OF FREESTYLE SNOWBOARDING,

WHILE PROVIDING VALUABLE LIFE-SKILLS TRAINING.

*MENTORING/COUNSELING. STAFF MEMBERS AND VOLUNTEERS PROVIDED NO CHARGE MENTORING AND COUNSELING TO 35 INDIVIDUALS.

*TREE HOUSE ARTS - ON A MONTHLY BASIS 150 PROVIDED A HOT DINNER FOLLOWED BY A CREATIVE ART PROGRAM FOR 25 UNDERSERVED GIRLS. THE GIRLS ARE AT RISK, FROM POOR, AND REFUGEE FAMILIES. THEIR PROJECTS WERE SHOWCASED IN NEW MOON'S GALLERY SPACE, ON DISPLAY FOR A MONTH AND A HALF.

FORM 990, SCHEDULE O

FORM 990, PART VI, SECTION A, LINE 2

EILEEN SCHONBEK-BEER AND ANDREW SCHONBEK ARE SIBLINGS.

FORM 990, SCHEDULE O

FORM 990, PART VI, SECTION B, LINE 11B

THE 150 CHERRY STREET FORM 990 REVIEW POLICY IS AS FOLLOWS: THE BOARD OF DIRECTORS CONDUCTS A SUBSTANTIVE REVIEW OF THE FORM 990 DURING ITS PREPARATION BY THE OUTSIDE ACCOUNTANT WITH THE ASSISTANCE OF COUNSEL, OFFICERS AND STAFF.

FORM 990, SCHEDULE O

Employer identification number 20-5196967

FORM 990, PART VI, SECTION B, LINE 12

COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY IS MONITORED AND

ENFORCED THROUGH THE DISTRIBUTION AND REVIEW OF THE ANNUAL QUESTIONNAIRE

TO OFFICERS, DIRECTORS AND KEY EMPLOYEES AS TO THEIR RESPECTIVE FAMILY

AND BUSINESS RELATIONSHIPS, TRANSACTIONS WITH 150 CHERRY STREET,

POTENTIAL CONFLICTS OF INTEREST, AND OTHER MATTERS RELATIVE TO THEIR

CONDUCT IN RELATION TO THE CONFLICTS OF INTEREST POLICY.

FORM 990, SCHEDULE O

FORM 990, PART VI, SECTION B, LINE 13

THE BOARD HAS ADOPTED A FORM WRITTEN ETHICS AND WHISTLEBLOWER POLICY.

EMPLOYEES AND OTHERS ARE EDUCATED AS TO THE 150 CHERRY STREET

WHISTLEBLOWER POLICY, AND ARE ENCOURAGED TO REPORT THE APPEARANCE OF ANY

BREACH OF THE CONFLICTS OF INTEREST POLICY TO THE BOARD.

FORM 990, SCHEDULE O

FORM 990, PART VI, SECTION B, LINE 14

THE BOARD HAS ADOPTED A FORMAL WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY.

FORM 990, SCHEDULE O

FORM 990, PART VI, SECTION B, LINE 15A AND 15B

OFFICERS AND DIRECTORS ARE NOT COMPENSATED AND THEREFORE NO PROCEDURES

FOR INDEPENDENT REVIEW OF THEIR COMPENSATION ARE NECESSARY. IN THE EVENT

THAT COMPENSATION IS PROVIDED TO SUCH INDIVIDUALS IN THE FUTURE, IN

ADVANCE OF IT BEING APPROVED THE BOARD WILL ADOPT APPROPRIATE POLICIES

FOR INDEPENDENT REVIEW INVOLVING THE CONSIDERATION OF COMPARABILITY DATA AND OTHER FACTORS TO ENSURE THE APPROPRIATENESS OF ANY SUCH COMPENSATION.

FORM 990, SCHEDULE O

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION DOES NOT NORMALLY MAKE ITS GOVERNING DOCUMENTS AND INTERNAL FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. THE CONFLICTS OF INTEREST AND DOCUMENTATION POLICY, THE ETHICS AND WHISTLEBLOWER POLICY, THE DOCUMENT RETENTION AND DESTRUCTION POLICY, THE 990 REVIEW POLICY AND THE CODE OF ETHICS AND PROFESSIONAL CONDUCT, THESE LISTED POLICIES WILL BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

150 CHERRY STREET, INC.

Identifying number 20-5196967

Busi	ness or activity to which this form relates							
_G	ENERAL DEPRECIATION							
Pa	rt I Election To Expense C Note: If you have any li				you compl	ete Part I.		
1	Maximum amount (see instructions)		•				1	
2	Total cost of section 179 property							
3	Threshold cost of section 179 prop							
4 5	Reduction in limitation Subtract lim Dollar limitation for tax year Subtract line 4 fr separately, see instructions	e 3 from line 2. If zero o	r less, enter -()-			4	
6	(a) Description		<u> </u>		siness use only			
	(0) 0000/15/10		·	(-, -, -, -, -, -, -, -, -, -, -, -, -, -		,,		1
			 -					•
7	Listed property Enter the amount f	rom line 29		L	7	1		
8	Total elected cost of section 179 p						8	1
9	Tentative deduction Enter the small							
10	Carryover of disallowed deduction							· · · · · · · · · · · · · · · · · · ·
11	Business income limitation Enter							
12	Section 179 expense deduction Ad							
13	Carryover of disallowed deduction							
Not	e Do not use Part II or Part III below I	for listed property Instea	ad, use Part V					
Pa	rt Special Depreciation	Allowance and Ot	her Depred	ciation (D	o not includ	le listed prope	rty) (See ı	nstructions)
14	Special depreciation allowance	for qualified property	y (other tha	in listed	property) pl	aced in servic	e	
	during the tax year (see instructions	s)					14	
15	Property subject to section 168(f)(1) election					15	
16	Other depreciation (including ACRS	<u> </u>		<u> </u>	<u> </u>		16	<u></u>
Pa	rt MACRS Depreciation	(Do not include liste	d property)	(See insti	ructions)			
			Sec	tion A				· · · · · · · · · · · · · · · · · · ·
17	MACRS deductions for assets place	•	-					<u></u>
18	If you are electing to group any	assets placed in ser	vice during l	he tax ye	ar into one	or more gener	al	
	asset accounts, check here							
	Section B - Asset	ts Placed in Service	T			General Dep	reciation 5	ystem
	(a) Classification of property	(b) Month and year placed in service	(business/inv only - see in	estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property	SEE						
t	5-year property	DETAIL	6	55,688.	5.000	HY	200DB	13,138.
	7-year property							
	1 10-year property	_						
	15-year property				_			
	20-year property					•		
	25-year property				25 yrs		S/L	
ŀ	n Residential rental				27 5 yrs	MM	S/L	
_	property				27 5 yrs	MM	S/L	
1	Nonresidential real			-	39 yrs	MM	S/L	
	property					MM	S/L	
		Placed in Service [During 2011	Tax Year	Using the	Alternative De		System
	Class life		ļ		40		S/L	
	12-year				12 yrs		S/L	
	: 40-year	tions \	L		40 yrs	MM	S/L	
	Summary (See instruc							T
21							21	
22	Total Add amounts from line 12, and on the appropriate lines of you							13,138
23	For assets shown above and pla		g the curren	t year, ent	ter the			
	portion of the basis attributable to a	section 263A costs			23	: I		

				_	-				
	4500 (0044)							20-5196	
_	entertainm Note: For a	operty (Include ent, recreation, cany vehicle for what is (a) through (c) of	r amuseme aich you are	ent.) e using the stand	dard mileage	e rate or de	•	• •	•
	·	- Depreciation and					limits for passei	nger automobile	es)
248	a Do you have evidend	ce to support the bus	iness/investm	ent use claimed?	Yes N	lo 24b lf "\	Yes," is the evide	nce written?	Yes No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment us percentage	(d) Cost or other basis	(e) Basis for depred (business/investuse only)	1 Recovery	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25	Special depreciation year and used more to	•				•	25		
26	Property used more	than 50% in a qualifie	d business us	е					
				%					
			(%					
			,	%	<u> </u>				
27	Property used 50% of	or less in a qualified bu	isiness use						
				%			S/L -		
				%			S/L -		
				%			S/L -		
28									
29	Add amounts in colu	ımn (ı), line 26 Entei	here and on	line 7, page 1	<u> </u>	<u> </u>	<u> </u>	29	
			Sectio	n B - Informatio	on on Use o	of Vehicles			
	mplete this section for ployees, first answer th								vehicles to your
30	Total business/inve		٠ ,	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
	Total commuting mi								

33 Total miles driven during the year Add lines Yes Yes Was the vehicle available for personal use

Yes No Was the vehicle used primarily by a more than 5% owner or related person? 36 is another vehicle available for personal

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

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

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by	Yes	No
	your employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?		
	See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
	Do you provide more than five vehicles to your employees, obtain information from your employees about the		
	use of the vehicles, and retain the information received?	[]	
41	Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note If your answer to 37, 38, 39, 40, or 41 is "Ves." 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 2011 tax year (see instructions)										
43 Amort	ization of costs that began b	efore your 2011 tax year			43					
44 Total.	Add amounts in column (f)	See the instructions for wher	e to report		44					
						Fam 4562 (2011)				

Form **4562** (2011)

2011

20-5196967

150 CHERRY STREET, INC

Description of Property
GENERAL DEPRECIATION
DEPRECIATION

DEPRECIATION										ł		ŀ			
Accept description	Date placed in	Unadjusted Cost	Bus %	179 exp reduction in basis	Basis	Basis for	Accumulated depreciation	Beginning Ending Accumulated Accumulated	Me	S S S S S S S S S S S S S S S S S S S		ACRS CRS	ORS CRS Slass	Current-year 179 expense	Current-year depreciation
	VARIOUS	١.,	0			65,688		13,138.	200DB	ΗX	1	2			13,138.
											ļ				
													_		
											··				
										_					
Less Retired Assets													Į		
Subtotals		65,688.				65,688.		13,138.							13,138.
Listed Property								, and a second		Ì	}	ļ			
										\exists		\exists			
Less Retired Assets									_				Į		
Subtotals			-												
TOTALS		65,688.				65,688.		13,138.							13,138.
AMORTIZATION									•					•	
Asset description	Date placed in service	Cost or basis					Accumulated	Ending Accumulated amortization	Code	Life					Current-year amortization
														1	
															,
											_				
TOTALS															
*Assets Retired															

*Assets Retired JSA 1X9024 1 000

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- orm 88	368 (Rev 1-2012)				Page 2			
	ou are filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part I	and check this box				
	Only complete Part II if you have already been grain							
if ye	ou are filing for an Automatic 3-Month Extension, o	complete o	nly Part I (on page 1)					
Part	Additional (Not Automatic) 3-Month Ex	ctension c	of Time. Only file the orig	ınal (no copies needed)				
			E	nter filer's identifying number, see	e instructions			
	Name of exempt organization or other filer, see in	structions		Employer identification num	ber (EIN) or			
Туре								
print	150 CHERRY STREET, INC.			X 20-5196967				
File by t	Number, street, and room or suite no. If a P.O. bothe	x, see instruc	ctions	Social security number (SSN	i)			
due dat filing yo								
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Form 990 01								
	990-BL	02	Form 1041-A	· · · · · · · · · · · · · · · · · · ·	08			
	990-EZ	01	Form 4720		09			
	990-PF 990-T (sec 401(a) or 408(a) trust)	Form 5227 Form 6069		10				
	990-T (trust other than above)	05 06	Form 8870		11			
	! Do not complete Part II if you were not already	1		nsion on a previously filed For				
	e books are in the care of PAULA ANDERSON		- date indicate of months oxion	iolon on a previously mea i or	0000.			
	lephone No ▶		FAX No ▶					
	he organization does not have an office or place of			nis box	▶ [
	his is for a Group Return, enter the organization's fo				his is			
	e whole group, check this box ▶							
	th the names and EINs of all members the extension		- ·					
4								
5	For calendar year 2011, or other tax year beginning, 20, and ending, 20							
6								
	Change in accounting period							
	State in detail why you need the extension							
	ADDITIONAL TIME IS NEEDED TO GATHE		NFORMATION NECESS.	ARY TO				
	FILE A COMPLETE AND ACCURATE RETURN.							
	K the analysis is far Fare 000 BL 000 BE 00	00 T 4700						
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
	nonrefundable credits See instructions If this application is for Form 990-PF, 990-T,	4720 0	6060 anter any refun	8a \$				
	estimated tax payments made Include any pr							
	amount paid previously with Form 8868	ioi yeai e	verpayment anowed as	8b\$				
	Balance Due. Subtract line 8b from line 8a Include	vour paym	ent with this form if requir					
	(Electronic Federal Tax Payment System) See instru		ioni mini mo romi, mroquii	8c \$				
	Signature and Verifica		st be completed for P					
Under	penalties of perjury, I declare that I have examined this form,		•	•	dge and helief			
	e, correct, and complete, and that I am authorized to prepare this fo		, , .g and and on		-3			
			CPA		. /			
Signati	ure & fleurita		Title \	Date ▶ 9/6	1/12			
	7			Form 8868	(Rev 1-2012)			

JSA