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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

me		rue Service Interior Interio	ite reporting i	equirement	Inspection
<u>A</u> _		ne 2008 calendar year, or tax year beginning July 1, 2008, and er		June 30	, 20 09
В	Check If	applicable: Please C Name of organization ASSOCIATES IN MENTAL HEALTH AN	ID DEVELO	PID Emp	oyer Identification number
Ш	Addres	s change tabel or Doing Business As		22	3739128
	Name o	thange print or Number and street (or P.O. box if mail is not delivered to street address) Room	n/sulte	E Telep	hone number
	Initial re	tum 800 370 BERKELEY ROAD		(973) 677-7979
	Termina	specific instruc- City or town, state or country, and ZIP + 4			7 01771070
	Amendo	od return CRANGE NJ 07050		G Gross	receipts \$ 517,235
	Applicati	on pending F Name and address of principal officer:	We) to		
					rm for affiliates? Yes No
1	Tax-ex	empt status:			included? Yes No a list. (see instructions)
J	Webs	ite: ► www.amhdd.org	1	up exemption n	
K	Type of	organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ ☐ L Year of form			of legal domicile: NJ
Pa	art l	Summary	2,000	<i>y</i> 612.0	or rogal cormoto. 140
	1	Briefly describe the organization's mission or most significant activities:			
_		To provide therapy and counseling to individuals with developmental dis	sabilities	• • • • • • • • • • • • • • • • • • • •	***************************************
2					
Ē					
Activities & Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more t	han 25% of its	assets.	
<u>ح</u>		Number of voting members of the governing body (Part VI, line 1a)		3	12
89		Number of independent voting members of the governing body (Part VI, line	1b)	4	0
₹		Total number of employees (Part V, line 2a)		5	0
Ā		Total number of volunteers (estimate if necessary)		6	0
		Total gross unrelated business revenue from Part VIII, line 12, column (C)		7a	0
_	b	Net unrelated business taxable income from Form 990-T, line 34.RECE	VED	7. 7b	0
	Ì		Prior	Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)	10	4,125	23,814
Ĕ		Program service revenue (Part VIII, line 2g)		441,659	489,568
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	2,064	1,880
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, loc and Fe) EN	. 17	1,595	1.973
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12		449,443	517,235
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		. 0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
868	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		289,329	346,787
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
ā	b.	Total fundraising expenses (Part IX, column (D), line 25) ▶			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		177,742	183,402
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).		467,071	530,189
	19	Revenue less expenses. Subtract line 18 from line 12		(17,628)	(12,954)
58			Beginnin	g of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	.	153,142	147,060
₹ B	21	Total liabilities (Part X, line 26)	.	24,692	19,148
<u> 울</u> .	22	Net assets or fund balances. Subtract line 21 from line 20	<u>. </u>	128,450	127,912
Pa	rt II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying sol and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based	edules and stat	ements, and t	o the best of my knowledge
		and belief, it is true, correct, and complete. Decaration of preparer (outsi than only is besset	on an informati	on or which p	, 1
Sig	n				
He	re	Signature of officer		Date 5 /	11111
		1 / Value / 90 000 /			1/2010
		Type or print-name and title	Charle "	/-	· · · · · · · · · · · · · · · · · · ·
		Preparer's Date	Check if self-	loog motor	identifying number ctions)
Pald		signature 2/10	employed ►	٠	•
	arer's	T 900 FO 7/1/10		_L	
	Only	Firm's name (0' yours if self-employed),	EIN	<u> </u>	<u> </u>
		address, and ZIP + 4 V	Phone	no. ▶ ()
Ma	the l	RS discuss this return with the preparer shown above? (see instructions)	<u> </u>	· · · ·	. Yes No
For	Prived	y Act and Paperwork Reduction Act Notice, see the separate instructions.	Cat. No.	11282Y	Form 990 (2008)

			Form 9	90 (2008)
6	Total program service expenses ▶ \$ 530,189 (Must equal Part IX, Line 25, column	(B).)		
d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?.	2	1	\vdash
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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," complete Schedule D, Part IV	9		√
10 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	10	1	√
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓_
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓_
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		√
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		-
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		✓_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
	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		√
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		√
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓_
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	\perp	✓_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓_

Form 990 (2008) Part IV Checklist of Required Schedules (continued)

			Yes	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
8	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	00-		,
		28a		Α
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		1
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		✓
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		✓
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		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
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		√
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		. ✓

Form **990** (2008)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		<u>-</u>	Page
	g and rax compliance		Yes	No
b	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			√
_	instructions)	ļ		
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		1
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		√
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		1
6a	Did the organization solicit any contributions that were not tax deductible?	6a		✓
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	_	✓
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	√	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7ө		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		√
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		1
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9 a	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0		- 1	
11	Section 501(c)(12) organizations. Enter:]	
a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		√

Part Vi Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		V
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		1
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а		8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9a		9a		✓
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		4
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations		1	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		
Sec	tion B. Policies			
			Van	Na
		120	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		✓	No
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes √	No
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b	√	No
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c	✓	
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13	√	No
12a b c 13	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c	√	
12a b c	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13	√	
12a b c 13 14	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14	√	
12a b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14	√	→
12a b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	√	
12a b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14	√	→
12a b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	√	\ \ \ \ \
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14	√	→
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	√	\ \ \ \ \
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	√	\ \ \ \ \
12a b c c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	√	✓ ✓ ✓
12a b c c 13 14 15 a b 16a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	√	✓ ✓ ✓
12a b c c 13 14 15 a b Sec 17	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b	\frac{1}{\sqrt{1}}	✓ ✓ ✓
12a b c c 13 14 15 a b 16a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (5016)	12b 12c 13 14 15a 15b	\frac{1}{\sqrt{1}}	✓ ✓ ✓
12a b c c 13 14 15 a b Sec 17	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(available for public inspection. Indicate how you make these available. Check all that apply.	12b 12c 13 14 15a 15b	\frac{1}{\sqrt{1}}	✓ ✓ ✓
12a b c 13 14 15 a b Sec 17 18	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b 16a 16b	√ √ √ only)	✓ ✓ ✓
12a b c c 13 14 15 a b Sec 17	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(a available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website U Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	12b 12c 13 14 15a 15b 16a 16b	√ √ √ only)	✓ ✓ ✓
12a b c 13 14 15 a b Sec 17 18	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed NJ. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict policy, and financial statements available to the public.	12b 12c 13 14 15a 15b 16a 16b	√ √ √ √ only)	✓ ✓ ✓
12a b c 13 14 15 a b Sec 17 18	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(a available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website U Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	12b 12c 13 14 15a 15b 16a 16b	√ √ √ √ only)	✓ ✓ ✓

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not co	mpensate	any o	offic	er,	dire	ctor,	trus	tee, or key en	ployee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)					<u> </u>	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Martha Adedoyin - President/CEO 370 Berkeley Rd. Orange, NJ 07050		/		1				78,525		
Dr. Adam Kar - Chairman 69 Finley Place, Newark , NJ		1								
Stella King		l		ł	l	l	ł	}		
175 Prospect St., East Orange, NJ 07017		1		✓	<u> </u>	<u> </u>	<u> </u>			<u> </u>
Attorney John Abill 17 Devon Drive, West Orange, NJ 07017		1		_			_			
Mary Watts					Π					
62 Lindisey Place, East Orange, NJ 07017		1			L	l	<u> </u>			
Amanda Carrington								[
17 Devon Drive, West Orange, NJ 07052	L	1	L.	L	_		<u> </u>			
Peter Pilat		1]]	ļ	}		i
370 Berkeley Rd. Orange, NJ 07050		✓	L	1	_	<u> </u>				L
Rev Dr. Alfred Johnson		1	}	1	}]	1	ļ		
6 Crest View, West Orange, NJ 07052		/	L_		_	<u> </u>	L			
Dr. Harris Enaulelle		1	ł		l	ł	1	ł		1
51 East Park St., East Orange, NJ 07017		1	L_	1	<u> </u>		<u> </u>	ļ		
Ngozi Abilli		ł	l		l	Ì		ţ		
17 Deven Drive, West Orange, NJ 07052		1	L.	_	↓_	 	↓			· · · · · · · · · · · · · · · · · · ·
Tisha Watts		ί.	1	1		ĺ	1	1		
589 Farview, Orange, NJ 07050		1	<u> </u>	 	↓_	 	 			
Gwendolyn Roberts	}	١.		ļ		}				
108 Changley Drive, Deptfore, NJ 08096		1	ļ	_	├_	 	┼	ļ		
										,
					Γ		T			

Pa	rt VII Section A. Officers, Directors, Tru	istees, Key	/ Emp	oloy	ees	, an	d Hig	hes	t Compensate	d Employees (c	ontinue	ed)	age C
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	Posit	ion (chec	k ali	that ap	ply)	Reportable	Reportable		stimate	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com	mount other opensation the ganization displays an incident the ganization of the gan	tion e ion ed
						L							
									L				
							<u></u>						
							ļ						
1b			<u> </u>					•					
2	Total number of individuals (including those organization ► None	e in 1a) wh	o rec	eive	ed n	nore	thar	1 \$ 1	00,000 in repo	rtable compens	ation	from	the
_									bi-b			Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Se	chedule J	for su	ch .	indi	vidu	ıal .				3		✓
4	For any individual listed on line 1a, is the state organization and related organizations individual.	um of repo	ortabl ın \$15	e co 50,0	omp 007	ens If "	ation Yes,"	cor	d other compe nplete Schedu	nsation from le J for such	4		✓
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp lete :	oens S <i>ch</i>	satio edu	on f ile J	from s	any uch	unrelated org	anization for	5		1
Se	ction B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe 	nde	nt c	contra	icto	rs that received	d more than \$1	00,000) of	
	(A) Name and business add	iress				•			(B) Description of s	ervices	(C Compe		1
No	ne							\vdash					
				_				-					
2	Total number of independent contractors compensation from the organization ► N	(including t	those	in	1) w	/ho	recei	ved	more than \$10	00,000 in			

(A) (B) (C) (D) Total revenue Related or Unrelated Revenue exempt business excluded from	Par	t VII	Statement of Re	evenue					Page 9
1		_					Related or exempt function	Unrelated business	Revenue excluded from tax under sections
Page 2 Miccicaid Reimbursement Business Code 489,568 48	क्ष दे	1a	Federated campaigns	1a			TOVERIDO		312, 313, 07 314
Page 2 Miccicaid Reimbursement Business Code 489,568 48	5 3	b		• • • —	490		}		}
Page 2 Miccicaid Reimbursement Business Code 489,568 48	a, e	C	•						
Business Code 489,568	gift	d							1
Business Code 489,568	S, E					1			
Business Code 489,568	ion r si			150110113).					
Business Code 489,568	돌] •			17 630	}			
Business Code 489,568	H o	_			17,035	i			
Business Code 489,568	a C	h				23 814			
2a Medicaid Reimbursement 489,568 489,568 5			10441714411140114	<u> </u>		20,014			
3 Investment income (including dividends, interest, and other similar amounts) 1,880 1,8	Ĕ		Medicaid Reimburser	ment		400 EC9	490 560		
3 Investment income (including dividends, interest, and other similar amounts) 1,880 1,8	eve			• • • • • • • • • • • • • • • • • • • •		403,300	409,300		
3 Investment income (including dividends, interest, and other similar amounts) 1,880 1,8	Ð.	b	• • • • • • • • • • • • • • • • • • • •						
3 Investment income (including dividends, interest, and other similar amounts) 1,880 1,8	Ž	C							
3 Investment income (including dividends, interest, and other similar amounts) 1,880 1,8	တ္တ	d	***************************************		}				
3 Investment income (including dividends, interest, and other similar amounts) 1,880 1,8	TB.	e	All other programs consi		ļ				+
3 Investment income (including dividends, interest, and other similar amounts) 1,880 1,8	<u> </u>					100 500			+
other similar amounts) Income from investment of tax-exempt bond proceeds Royalties On Real On Rea		9				489,568			
Income from investment of tax-exempt bond proceeds Royalties (ii) Personal		3				4 000	4 000		
6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$						1,000	1,680		
(i) Personal (ii) Personal (ii) Personal (iii) Pe									
Company Com	·	5	Royalties						
b Less: rental expenses c Rental income or (loss) d Not rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Not gain or (loss) 8a Gross income from fundraising of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Not income or (loss) from fundraising events. 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Not income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Not income or (loss) from gaming activities. See Part IV, line 19 b Less: of income or (loss) from gaming activities. See Ross income or (loss) from gaming activities. Not income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Not income or (loss) from sales of inventory. Miscellaneous Revenue Business Code 11a Miscellaneous Income 1,973 d All other revenue				(I) H68I	(ii) Personal	ļ	j		
C Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundralsing events (not including \$				<u> </u>	 		İ		
d Net rental income or (loss)		,	•	ļ					
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses . c Gain or (loss) . d Net gain or (loss) . Ba Gross income from fundraising events (not including \$ a b Less: direct expenses . b a b Less: direct expenses				L		ł	}		1
The Gross and in inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) c of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events c Net income or (loss) from fundraising events Pa Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Income 1,973 Miscellaneous Income 1,973 A All other revenue		-	•	r					
b Less: cost or other basis and sales expenses . c Gain or (loss) . d Net gain or (loss) .		7a	Gross amount from sales of	(i) Securities	(ii) Other				
and sales expenses . c Gain or (loss) . d Net gain or (loss) . 8a Gross income from fundraising events (not including \$		i							
C Gain or (loss) Net gain or (loss) Ba Gross income from fundraising events (not including \$		b							
d Net gain or (loss) 8a Gross income from fundraising events (not including \$			•			ļ.			1
8a Gross income from fundraising events (not including \$				L					
events (not including \$		1							
of contributions reported on line 1c). See Part IV, line 18	3	8a					}		
See Part IV, line 18		İ	•						1
9a Gross income from gaming activities. See Part IV, line 19	æ				1				}
9a Gross income from gaming activities. See Part IV, line 19	<u>_</u>	١.		-					
9a Gross income from gaming activities. See Part IV, line 19	Ę	b	Less: direct expenses	I om fundraisina		1			
See Part IV, line 19	U	1	-	_	events				
b Less: direct expenses. b c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances		9a	Gross income from gan	ning activities.		1			
c Net income or (loss) from gaming activities			See Part IV, line 19		1		1		i
10a Gross sales of inventory, less returns and allowances		Ь	Less: direct expenses.	l					
returns and allowances		C	Net income or (loss) in	om gaming act	IVIUES				
b Less: cost of goods sold . b		10a	Gross sales of inv	entory, less					
C Net income or (loss) from sales of inventory						. [[İ
Miscellaneous Revenue Business Code 11a Miscellaneous Income 1,973 b									
11a Miscellaneous Income 1,973 b		C							
b					Business Code		1		
d All other revenue		11a	Miscellaneous Incom	ie		1,973			
d All other revenue		ь							
d All other revenue		C	••••						
1 40001		d			L				
		е				1,973			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,		12	Total Revenue. Add li	nes 1h, 2g, 3,	4, 5, 6d, 7d, 8c,				

Part IX Statement of Functional Expenses

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

	All other organizations must complete col	umn (A) but are no	required to com	piete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
5	Compensation of current officers, directors, trustees, and key employees	77,272	77,272		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	269,512	269,512		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .				
9	Other employee benefits		2.640		
10	Payroll taxes	2,640	2,640		<u> </u>
11	Fees for services (non-employees):	1	İ		
	Management				
	Legal	2,755	2,755		
	Accounting				
	Lobbying				- ·-··
f	Investment management fees				
g	Other	5,064	5,064	——————————————————————————————————————	
12	Advertising and promotion	790	790		
13	Office expenses	11,172	11,172		
14	Information technology				
15	Royalties				
16	Occupancy	32,138	32,138		
17	Travel	1,132	1,132		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	7,602	7,602		
19 20	Conferences, conventions, and meetings . Interest	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	6,565	6,565		
23	Insurance	14,461	14,461		<u></u>
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
_	Utilities	15,333	15,333		
a	Auto	16,019	16,019		
C	Entertainment	431	431		
d	Maintenance	5,605	5,605		
9					
f	All other expenses Miscellaneous	2,151	2,151	ļ	
25	Total functional expenses. Add lines 1 through 24f	530,189	530,189	<u> </u>	
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pá	ırt X	Balance Sheet		<u> </u>			
	T*****		(A) Beginning of year		(I End o	B) of year	
	1	Cash—non-interest-bearing	130,874	1		121	1,390
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	7,289	4		19	,105
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6			
şţ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
⋖	9	Prepaid expenses and deferred charges	1,850	9			0
	10a	Land, buildings, and equipment: cost basis 10a 32,861					
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	13,129	10c		6	,565
	11	Investments—publicly traded securities		11			
	12	investments—other securities. See Part IV, line 11		12			
	13	Investments-program-related. See Part IV, line 11		13			
	14	Intangible assets , , , , , , , , , , , , , , , , , , ,		14			
	15 16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	452 440	15		447	
			153,142 24,692				7,059 1,148
	17	Accounts payable and accrued expenses	24,032	18			, 140
	18	Grants payable		19			
	19 20	Deferred revenue		20			
ģ	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	24,692	26		19	148
ances		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.					
ā	27	Unrestricted net assets	128,450	27		127	,912
Bal	28	Temporarily restricted net assets		28			
豆	29	Permanently restricted net assets		29			
or Fund Bal		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30			
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
As	32	Retained earnings, endowment, accumulated income, or other funds		32			
Net	33	Total net assets or fund balances		33			
4	34	Total liabilities and net assets/fund balances		34			
Pε	rt XI	Financial Statements and Reporting					
1	Acc	ounting method used to prepare the Form 990: Cash Accrual	☐ Other			Yes	No
22	Wer	re the organization's financial statements compiled or reviewed by an ind		t?	2a		✓
Ł	Wer	re the organization's financial statements audited by an independent according	ountant?		2b	1	L_
Č	: If "Y	'es" to lines 2a or 2b, does the organization have a committee that assumes	responsibility for over	sight of	i		l
	the	audit, review, or compilation of its financial statements and selection of an in	dependent accountant	t?	2c	لــــا	✓
38	Asa	a result of a federal award, was the organization required to undergo an	audit or audits as set	t forth ir			
		Single Audit Act and OMB Circular A-133?			3a	\vdash	4
t	f "\	es," did the organization undergo the required audit or audits?	<u> </u>		<u> 3b</u>	لـــــا	_✓

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

20**08**

Employer identification number

Open to Public Inspection

						S, INC.		22 :			39128	
Ц									ee instru	ctio	ons)	
											1	
						ribed in s	section 1	70(b)(1)(A)(ī).			
⊒ .	A hospital or	a cooperative h	nospital service organ	ization d	escribed	in sectio	n 170(b)	(1)(A)(iii).	(Attach S	Sch	edule H.)	
┚.	A medical re	search organiza	tion operated in conj	unction v	vith a ho	spital de	scnbed i	n sectior	170(b)(1)(A)(iii). Ente	er the
											ļ	
				ge or univ	versity ov	vned or d	perated	by a gov	emmenta	l ur	nit descrit	oed in
⇉ .	A federal, sta	ate, or local gove	emment or governme	ntal unit	describe	d in sect	ion 170(l	b)(1)(A)(v)).			
					its suppo	ort from a	governm	nental uni	t or from	the	general p	public
					omplete	Part II.)						
	-				-		m contrib	utions, m	nembershi	ip f	ees, and	gross
									511 tax)	fre	om busin	esses
	•	<u> </u>					•	•			1	
												cuon
										. 1	1	thor
7										- 1	γ.	
				trices (or	J 01 11.010	, pas						
	(/ (/	. , , ,										
	If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type	I. Type II	, or Type	- 111	supporti	ng
	•		a written determinati			that it is	a Type	I, Type II	, or Type	. #	supporti	ng
	organization,	check this box								. ##	supporti	ng
	organization,	check this box t 17, 2006, has										
	organization, Since Augus following per	check this box t 17, 2006, has sons?		 epted any	gift or c	 ontributio	on from a	 any of the			Yes	ng 🗆
	organization, Since Augus following per (i) A person	check this box t 17, 2006, has sons? who directly or		 opted any either alor	gift or c	 ontributio	on from a	 any of the		[1	Yes	
	organization, Since Augus following per (i) A person and (iii) b (ii) A family	check this box t 17, 2006, has sons? who directly or lelow, the goven member of a pe	the organization accer indirectly controls, ending body of the supports of the		gift or cone or togonizatio	ontribution pether with n? .	on from a	 any of the		[4]4]	Yes 1g(i) 1g(ii)	
	organization, Since Augus following per (i) A person and (iii) b (ii) A family (iii) A 35% c	the check this box the thin the check the check the check the resons? who directly or the check the check the member of a perior the check the check the member of a perior the check the check the check the check this box the check the check the check the check the check the check the the organization accer indirectly controls, ening body of the suppreson described in (i) a of a person described	pted any either alor corted on above? I in (i) or	gift or control ganizatio (ii) above	ontribution tribution tribution with the contribution of the contr	on from a	 any of the		[4]4]	Yes		
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ame	organization, Since Augus following per (i) A person and (iii) b (ii) A family (iii) A 35% c Provide the	t 17, 2006, has a sons? who directly or below, the goven member of a perior of the colonial o	the organization accer indirectly controls, ening body of the suppreson described in (i) and a person described attion about the organ (iii) Type of organization (described on lines 1-9	either alor ported on above? I in (i) or izations t (M) Is the in col. (i) its governing	gift or cone or tog ganizatio (ii) above the organization of the organization of the course of the	ontribution gether with n? ization s (v) Drd y the organ col. (i) supp	th persor th persor upports. upports. ou notify ization in of your port?	(vi) organizal	bed in (ii)	[4]4]	Yes 1g(i) 1g(ii) 1g(ii) (vii) Amoun	No No t of
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		rganization is not A church, co A school des A hospital or A medical rehospital's na An organization section 170(A federal, state described in A community An organization receipts from acquired by An organization purposes of 509(a)(3). Cha Type By checking persons other	rganization is not a private foun A church, convention of chu A school described in section A hospital or a cooperative has a large in section 170(b)(1)(A)(iv). (Coresection 170(b)(1	rganization is not a private foundation because it is: A church, convention of churches, or association A school described in section 170(b)(1)(A)(ii). (Att A hospital or a cooperative hospital service organ A medical research organization operated in conj hospital's name, city, and state: An organization operated for the benefit of a college section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or government An organization that normally receives a substantial described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1) An organization that normally receives: (1) more that receipts from activities related to its exempt funct support from gross investment income and unre acquired by the organization after June 30, 1975. An organization organized and operated exclusive purposes of one or more publicly supported organ 509(a)(3). Check the box that describes the type a ☐ Type I b ☐ Type II c By checking this box, I certify that the organizat persons other than foundation managers and other	reganization is not a private foundation because it is: (Please of A church, convention of churches, or association of churches. A school described in section 170(b)(1)(A)(ii). (Attach School A hospital or a cooperative hospital service organization of A medical research organization operated in conjunction whospital's name, city, and state: An organization operated for the benefit of a college or universection 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental united An organization that normally receives a substantial part of described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33⅓ % receipts from activities related to its exempt functions—su support from gross investment income and unrelated bus acquired by the organization after June 30, 1975. See section 170(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(rganization is not a private foundation because it is: (Please check onl A church, convention of churches, or association of churches desc A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described A medical research organization operated in conjunction with a ho hospital's name, city, and state: An organization operated for the benefit of a college or university or section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described An organization that normally receives a substantial part of its support described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33⅓ % of its sureceipts from activities related to its exempt functions—subject to a support from gross investment income and unrelated business tareculared by the organization after June 30, 1975. See section 509(□) An organization organized and operated exclusively to test for publication organization organized and operated exclusively for the benefit purposes of one or more publicly supported organizations described 509(a)(3). Check the box that describes the type of supporting organication of the purposes of one or more publicly supported organization is not control persons other than foundation managers and other than one or more	reganization is not a private foundation because it is: (Please check only one organization of churches, or association of churches described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section A medical research organization operated in conjunction with a hospital de hospital's name, city, and state: An organization operated for the benefit of a college or university owned or of section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section An organization that normally receives a substantial part of its support from a described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33⅓ % of its support from receipts from activities related to its exempt functions—subject to certain example income and unrelated business taxable income acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II.) An organization organized and operated exclusively for the benefit of, to purposes of one or more publicly supported organizations described in section 509(a)(3). Check the box that describes the type of supporting organization a ☐ Type I	rganization is not a private foundation because it is: (Please check only one organization A church, convention of churches, or association of churches described in section 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b) A medical research organization operated in conjunction with a hospital described in hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b) An organization that normally receives a substantial part of its support from a government of section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33½ % of its support from contriber receipts from activities related to its exempt functions—subject to certain exceptions support from gross investment income and unrelated business taxable income (less acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Faction 199(a)(2)). (Complete Faction 199(a)(2)). (Complete Faction 199(a)(3)). Check the box that describes the type of supporting organization and comal Type I b Type II c Type III—Functionally integrate By checking this box, I certify that the organization is not controlled directly or incoperson other than foundation managers and other than one or more publicly supported.	riganization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	rganization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule E.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmenta section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33½% of its support from contributions, membersh receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more support from gross investment income and unrelated business taxable income (less section 511 tax) acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see An organization organized and operated exclusively for the benefit of, to perform the functions of, purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e the a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or persons other than foundation managers and other than o	rganization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule research organization operated in conjunction with a hospital described in section 170(b)(1)(A) hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33½% of its support from contributions, membership for receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more that support from gross investment income and unrelated business taxable income (less section 511 tax) for acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see in An organization organized and operated exclusively for the benefit of, to perform the functions of, or to purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III—Functionally integrated d Type III by C Type III—Functionally integrated d Type III By checking this box, I certify that the organization is not controlled directly or indirectly by one or more persons other than foundation managers and other th	rganization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33½ % of its support from contributions, membership fees, and receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½ % support from gross investment income and unrelated business taxable income (less section 511 tax) from busin acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instruction An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry o purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See se 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III—C Type III—Functionally integrated d Type III—O By checking this box, I ce

Schedule	Α	(Form	ggn	٥r	990-	F7)	2008
	~	v am	990	u	990-		2000

Page 2

Pa	(Complete only if you chec	ganizations [ked the box	Described in	Sections 17	O(b)(1)(A)(iv) `	and 170(b)(I)(A)(vi)
Sec	tion A. Public Support	THE THE BOX	011 11110 0, 7, 1	or or rait i.	· <i>I</i>		
Cá	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	2,545	2,574	2,790		7,909
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1-3	0	2,545	2,574	2,790	0	7.909
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						7,909
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·					
Ca	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	0	2,545	2,574	2,790	0	7,909
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	967	2,064	3,031
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	341,580	559,402	447,379	1,348.361
11	Total support. Add lines 7 through 10 .						1,359,301
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	1,359,301
13	First five years. If the Form 990 is for organization, check this box and stop he	re	· <u>·</u> ·····	d, third, fourth,		ear as a section	n 501(c)(3)
	tion C. Computation of Public Sup					· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2008 (line	••	-	, column (f))		14	<u>%</u>
15 16a	Public support percentage from 2007 Sct 33% % support test—2008. If the organizand stop here. The organization qualifies	zation did not c	heck the box o		l ine 14 is 33% 9	6 or more, chec	% ck this box
b	33% % support test-2007. If the organiz	zation did not c	heck a box on	ine 13 or 16a,			check this
17a	box and stop here. The organization qua 10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circums" organization meets the "facts-and-circums"	08. If the organi acts-and-circum	zation did not c estances" test, o	heck a box on t check this box a	ine 13, 16a, or and stop here.	16b, and line 14 Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circums inces" test. The o	stances" test, cl organization qua	neck this box a lifies as a publicl	nd stop here. ly supported or	Explain in Part I ganization	IV how the
							

Schedule A (Form 990 or 990-EZ) 2008

	dule A (Form 990 of 990-EZ) 2008		· <u></u>				Page 3
	Support Schedule for Orga (Complete only if you check	nizations Deed the box o	escribed in S n line 9 of Pa	Section 509(a art I.)	1)(2)		
	tion A. Public Support						
C	alendar year (or fiscal year beginning In) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any "unusual grants.") 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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5			ļ	<u> </u>	 	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b					<u> </u>	
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support		<u>,</u>				
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
	carried on	 	 	ļ		 	
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.)						<u> </u>
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third, fourtl	n, or fifth tax y	year as a secti	on 501(c)(3) ► □
Sec	tion C. Computation of Public Su	pport Perce	ntage				
15 16	Public support percentage for 2008 (lir Public support percentage from 2007)	ne 8, column (Schedule A. P	f) divided by lit art IV-A, line 2	ne 13, column	(f)	15	<u>%</u> %
	tion D. Computation of Investmen	nt Income P	ercentage				
	Investment income percentage for 200			d by line 13. c	olumn (fi)	17	%
17 18	Investment income percentage from 20	007 Schedule	A, Part IV-A, li	ne 27h		18	%
19a	33% % support tests—2008. If the org 17 is not more than 33% %, check this b	ox and stop h	ere. The organ	ization qualifies	s as a publicly	supported org	anization 🕨 🗀
b	line 18 is not more than 331/3 %, check thi	s box and stop	here. The orga	ınization qualifie	s as a publicly	supported org	anization 🕨 🗀
20	Private foundation. If the organization						

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Nam	e of the organization		Employer identification number
AS	SOCIATES IMMENTAL HEALTH DEVELY	MENTALDISABILITIES, ILC	22 3789128
Pa	Organizations Maintaining Do	nor Advised Funds or Other Similar	Funds or Accounts. Complete if
	the organization answered "Yes		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year) .		
4 5	Aggregate value at end of year	denomination in the state of th	
_	Did the organization inform all donors and funds are the organization's property, subj	ect to the organization's exclusive legal of	ontrol? 🗍 Yes 🗌 No
6	Did the organization inform all grantees, dused only for charitable purposes and not	for the benefit of the donor or donor adv	isor or other
	impermissible private benefit?		· · · · · · · · · Yes No
Pa		plete if the organization answered "Yes	
1	Purpose(s) of conservation easements held		-
	Preservation of land for public use (e.g	· · · · · · · · · · · · · · · · · · ·	on of an historically important land area
	Protection of natural habitat	☐ Preservat	ion of certified historic structure
2	Preservation of open space Complete lines 2a–2d if the organization hel	d a qualified concentration contribution in th	o form of a concentration accoment
2	on the last day of the tax year.	d a quaimed conservation contribution in ti	le form of a conservation easement
			Held at the End of the Year
_	Total number of conservation easements .		
b	Total acreage restricted by conservation e	· · · · · · · · · · · · · · · ·	· · ·
c	Number of conservation easements on a conservation easements on a conservation easements on a conservation easements on a conservation easements on a conservation easements on a conservation easements on a conservation easements on a conservation easement easements on a conservation easement easement easements on a conservation easement easeme		· · ·
d	Number of conservation easements includ	· •	2d
3	Number of conservation easements modifi	• • •	• • • • • • • • • • • • • • • • • • • •
3	the taxable year	eu, transierreu, reieaseu, extiriguisrieu, oi	terrimated by the organization during
4	Number of states where property subject t	o conservation easement is located >	
5	Does the organization have a written police enforcement of the conservation easement		
6	Staff or volunteer hours devoted to monitor		
7	Amount of expenses incurred in monitoring		
8	Does each conservation easement reporte 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .		nts of section Yes No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, t the organization's accounting for conserva	he text of the footnote to the organization	renue and expense statement, and is financial statements that describes
Pa		ections of Art, Historical Treasures, overed "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted ur art, historical treasures, or other similar asso provide, in Part XIV, the text of the footnot	ets held for public exhibition, education, or	research in furtherance of public service,
b	If the organization elected, as permitted ur historical treasures, or other similar assets provide the following amounts relating to t	held for public exhibition, education, or r hese items:	esearch in furtherance of public service,
	(i) Revenues included in Form 990, Part V (ii) Assets included in Form 990, Part X.	/III, line 1	\$ > \$
2	If the organization received or held works following amounts required to be reported	of art, historical treasures, or other simil	ar assets for financial gain, provide the
а	Revenues included in Form 990. Part VIII.	line 1	▶ \$
b	Revenues included in Form 990, Part VIII, Assets included in Form 990, Part X		▶ \$

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Par						Assets (continued)
3	Using the organization's accession items (check all that apply):	and other records	s, check any of	the following th	nat are a significant	use of its collection
а	Public exhibition		a □	Loan or exchar	nge programs	
b	Scholarly research		e 🗌	Other		
C	Preservation for future general	tions				
4	Provide a description of the organize Part XIV.	ation's collections	s and explain h	ow they further t	the organization's ex	empt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive do	onations of art, hained as part of	nistorical treasure the organization's	s, or other similar scollection?	☐ Yes ☐ No
Par	Trust, Escrow and Cust Part IV, line 9, or reported				answered "Yes" to	Form 990,
	Is the organization an agent, truster included on Form 990, Part X?				ns or other assets n	ot Yes No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the follow	wing table:		
			,		 	Imount
C	Beginning balance				1c	
d	Additions during the year					
0	Distributions during the year				1e	
7	Ending balance		Dort Y line 21			☐ Yes ☐ No
b	If "Yes," explain the arrangement in	n Part XIV.	, Fait A, 11110 2			103 🗀 110
Par			zation answer	ed "Yes" to Fo	orm 990, Part IV, li	
		(a) Current year	(b) Prior year	(c) Two years b	ack (d) Three years bac	k (e) Four years back
1a	Beginning of year balance					
b	Contributions					
C	Investment earnings or losses .					
đ	Grants or scholarships		ļ <u></u>			
е	Other expenditures for facilities					
	and programs					
f g	Administrative expenses End of year balance					
2	Provide the estimated percentage of					
а	Board designated or quasi-endown	nent ▶	%			
b	Permanent endowment ▶					
C	Term endowment ▶9	6				
За	Are there endowment funds not in the	ne possession of the	ne organization	that are held and	dadministered for the) Ves Ne
	organization by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations			Sabadula B2		3a(ii)
_	If "Yes" to 3a(ii), are the related org Describe in Part XIV the intended u	janizations listed a	as required on a ration's endowr	nent funds		301
4					rt X line 10.	
Pai		(a) Cost or of		Cost or other	(c) Depreciation	(d) Book value
	Description of investment	(investm		asis (other)	(c) Depressation	
1a	Land					
b	Buildings					
C	Leasehold improvements				Y. 257	65704
d	Equipment	32,8	<u> </u>		-de/do/	- JOD / -
e	Other	oqual Form 000 Pr	ert Y column /P\	line 10(c)	· • •	105/04
Tota	II. Add lines 1a-1e. (Column (a) should	oquai FUIII 990, PE	u . A, Colullii (D),		<u></u>	- Jey 110 1

Part VII Investments - Other Securiti	es. See Form 990. Part X	line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		The state of your manual value
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Relat	ed. 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
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, F		<u></u>
	(a) Description	(b) Book value
		
Total. (Column (b) should equal Form 990, Part X, o	col (P) (mo 15.)	
Part X Other Liabilities. See Form 990	:01. (<i>B) line 15.)</i>	
(a) Description of liability	(b) Amount	
Federal income taxes	(2) / 11/14/11	1
Tederal moonie taxes		† ;
	 	1
		-
	 	†
		†
	 	1
		1
	 	†
	 	†
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶		†
		ements that reports the organization's liability for
uncertain tax positions under FIN 48.	o organization s intended state	Silvento diacropola dio organization orianity for

	dule D (Form 990) 2008		Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	77285
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	32/189
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	12,954
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<u></u> _
9	Total adjustments (net). Add lines 4–8	9	>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<u> </u>
	Reconciliation of Revenue per Audited Financial Statements With Revenue		tum
1	Total revenue, gains, and other support per audited financial statements	1	5/4235
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	\dashv \vdash	
D	Donated Scivices and use of facilities	\dashv \vdash	
C	ricooverios of prior your grants	-	
đ		ا 👡 ا	T.
θ	Add lines 2a through 2d	2e	<u></u>
3	Subtract line 2e from line 1	3	51/255
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	•
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	-	
b	Other (Describe in Part XIV)	- 4-	
E	Add lines 4a and 4b	4c	5/7096
5			5/7235
Pal		1	1 2:30:104
1	Total expenses and losses per audited financial statements	 	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	-	Ì
b	Thor year adjustments	-	į
C	Losses reported on Form 990, Part IX, line 25	-	
d	Other (Describe in Part XIV)		!
θ	Add lines 2a through 2d	2e	£30.9C
3	Subtract line 2e from line 1	3	25/101
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 . 4a	- 1	
b	Other (Describe in Part XIV)	┥.	
C	Add lines 4a and 4b	4c	£301.00G
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	334/87
	t XIV Supplemental Information		<u> </u>
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ınd 4; Part	IV, lines 1b
and	2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		
			1
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Part XIV	Supplemental Information (continued)	
		<u></u>

