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Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 7/1/2008, and ending 6/30/2009

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization: ABOUT CARE INC

D Employer identification number: 34-2047687

E Telephonenumber: (480) 802-2331

F Group Exemption Number: ▶

G Accounting method: Cash Accrual
Other (specify) ▶

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

I Website: ▶ WWW.ABOUTCARE.ORG

J Organization type (check only one)— 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 106,596

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	98,477
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	418
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	7,701
	b Less: direct expenses other than fundraising expenses	6b	8,124
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-423	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe <u>▶</u>)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	98,472	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	56,373
	13 Professional fees and other payments to independent contractors	13	2,400
	14 Occupancy, rent, utilities, and maintenance	14	7,478
	15 Printing, publications, postage, and shipping	15	1,103
	16 Other expenses (describe <u>▶ See attached statement</u>)	16	19,913
	17 Total expenses. Add lines 10 through 16	17	87,267
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,205	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	22,143
	20 Other changes in net assets or fund balances (attach explanation)	20	651
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	33,999

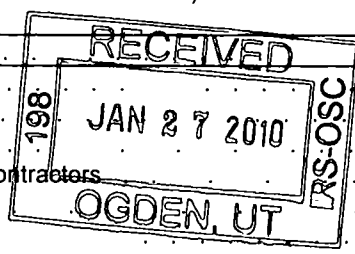
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)

	Description	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	20,482	32,709
23	Land and buildings		
24	Other assets (describe <u>▶ See attached statement</u>)	2,357	1,497
25	Total assets	22,839	34,206
26	Total liabilities (describe <u>▶ Credit cards payable</u>)	696	207
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,143	33,999

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

9-11-20 8

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <u>CARE TO ELDERLY AND HOMEBOUND DISABLED</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	Provided services to elderly and physically disabled including medical transportation, shopping, errands, home visits, reassuring phone calls, respite for caregivers, minor home repairs utilizing 125 volunteers to serve over 90 clients in the Gilbert and Chandler AZ area (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	65,467
29 (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a) <input type="checkbox"/>	32	65,467

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name JOHN WALTERS Str P.O. BOX 3278 City CHANDLER ST AZ ZIP 85244	Title CHAIR Hr/WK 2.00	0	0	0
Name RENEE CAIN Str P.O. BOX 3278 City CHANDLER ST AZ ZIP 85244	Title VICE-CHAIR Hr/WK 2.00	0	0	0
Name DAVID SIMS Str P.O. BOX 3278 City CHANDLER ST AZ ZIP 85244	Title TREASURER Hr/WK 2.00	0	0	0
Name CRAIG BRADLEY Str P.O. BOX 3278 City CHANDLER ST AZ ZIP 85244	Title DIRECTOR Hr/WK 2.00	0	0	0
Name LISA BUTTERS Str P.O. BOX 3278 City CHANDLER ST AZ ZIP 85244	Title DIRECTOR Hr/WK 2.00	0	0	0
Name ERIN KELLER Str P.O. BOX 3278 City CHANDLER ST AZ ZIP 85244	Title DIRECTOR Hr/WK 2.00	0	0	0
Name STACIA BROCCO Str P.O. BOX 3278 City CHANDLER ST AZ ZIP 85244	Title DIRECTOR Hr/WK 2.00	0	0	0
Name NICK PROMPONAS Str P.O. BOX 3278 City CHANDLER ST AZ ZIP 85244	Title DIRECTOR Hr/WK 2.00	0	0	0
Name ANNE MARIE McART Str P.O. BOX 3278 City CHANDLER ST AZ ZIP 85244	Title CEO Hr/WK 40.00	26,667	0	0
Name JESS SEGOVIA Str P.O. BOX 3278 City CHANDLER ST AZ ZIP 85244	Title DIRECTOR Hr/WK 2.00	0	0	0
Name LAURIE HOWE Str P.O. BOX 3278 City CHANDLER ST AZ ZIP 85244	Title FMR CEO Hr/WK 40.00	6,667	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK 00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK 00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK 00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	0	0
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter amount of tax on line 40c reimbursed by the organization		0
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed	AZ	
42 a	The books are in care of Name ANN MARIE MATTHEWS Telephone no. (480) 802-2331 Located at P.O. BOX 3278 City CHANDLER ST AZ ZIP + 4 85244		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?
 b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
46		X
47		X
48		X
49a	mended	X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City Str ST ZIP	Title Hr/WK	00	0	0
Name City Str ST ZIP	Title Hr/WK	.00	0	0
Name City Str ST ZIP	Title Hr/WK	00	0	0
Name City Str ST ZIP	Title Hr/WK	00	0	0
Name City Str ST ZIP	Title Hr/WK	.00	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City Str ST ZIP		0
Name City Str ST ZIP		0
Name City Str ST ZIP		0
Name City Str ST ZIP		0
Name City Str ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 . . . ▶		0

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Ann Marie McArthur* Date: 1/20/2010
 Type or print name and title: ANN MARIE MCARTHUR EXEC DIRECTOR

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: 12/17/2009 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP +4: SECHLER CPA PC 921 E ORANGE DRIVE, PHOENIX, AZ 85014
 Preparer's Identifying Number (See instructions): P00008030
 EIN: 86-0859647
 Phone no: (602) 230-2700

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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	62,199	108,040	59,857	98,477	328,573
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	62,199	108,040	59,857	98,477	328,573
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.						328,573

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	0	62,199	108,040	59,857	98,477	328,573
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	403	418	821
9 Net income from unrelated business activities, whether or not the business is regularly carried on				0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10.						329,394

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f.	15	0.00%
16a 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar 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	0	0	0	0	0
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	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.)						0

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

19a 33 1/3% support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		Golf Tournament (event type)	(event type)	NONE (total number)	(Add col (a) through col (c))	
Revenue	1	Gross receipts	7,701	0	0	7,701
	2	Less Charitable contributions	0	0	0	0
	3	Gross revenue (line 1 minus line 2)	7,701	0	0	7,701
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Non-cash prizes	0	0	0	0
	6	Rent/facility costs	0	0	0	0
	7	Other direct expenses	8,124	0	0	8,124
	8	Direct expense summary Add lines 4 through 7 in column (d)				(8,124)
	9	Net income summary Combine lines 3 and 8 in column (d)				-423

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue			0
Direct Expenses	2	Cash prizes			0
	3	Non-cash prizes			0
	4	Rent/facility costs			0
	5	Other direct expenses			0
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			(0)
	8	Net gaming income summary Combine lines 1 and 7 in column (d)			0

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in.		
a	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____		
c	If "Yes," enter name and address:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$ _____ 0		
	Description of services provided ▶		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions.		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	24,927
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events).	6	0
7	Associated organization contributions	7	
8	Grants	8	73,550
9		9	
10		10	
11	Total	11	98,477

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	418
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	418

Part I, Line 16 (990-EZ) - Other Expenses

19,913

1	Travel, Meals and Entertainment		
	a Travel	1a	2,215
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc.	5	245
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	581
9	Telephone	9	2,197
10	Unrelated business income taxes	10	0
11	Outside Contractors/Services	11	5,905
12	Insurance	12	6,727
13	Miscellaneous Expenses	13	2,043
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

651

Description		Amount
1	Prior Period Adjustment	651
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part II, Line 24 (990-EZ) - Other Assets

2,357

1,497

	Description	Beginning	End
1	Prepaid Expenses	616	0
2	Deposits	600	600
3	Machinery & Equipment (Net)	1,141	897
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

696

207

	Description	Beginning	End
1	Credit cards payable	696	207
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part II (Sch G (990/990EZ)) - Events

	Event Type	Line 1 Gross Receipts	Line 2 Less (Charitable contributions)	Line 3 Gross Revenue (line 1 minus line 2)	Line 4 Cash Prizes	Line 5 Non-cash Prizes	Line 6 Rent/Facility costs	Line 7 Other direct expenses
1	Golf Tournament	7,701		7,701				8,124
2				0				
3				0				
4				0				
5				0				
6				0				
7				0				
8				0				
9				0				
10				0				
11				0				
12				0				
13				0				
14				0				
15				0				
16				0				
17				0				
18				0				
19				0				
20				0				

Amended

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- 1 This amended return is being filed in order to correct the last name of the Executive Director from "Matthews" to "McArthur"
 - 2
 - 3
 - 4
 - 5
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