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Short Form Return of Organization Exempt From Income Tax

2008

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

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 org anizations 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

Open to Public Inspection

Α	For the 2008 calendar year, or tax year beginning 11/01	, 2008, and end	ding 10/31	, 2009	
В	Check if applicable C		D Em	ployer identification number	
X	Address change Please MIKEY'S WAY FOUNDATION, INC.		2	0-3825973	
	Name change label or 191 POST ROAD WEST			ephone number	
	Initial return type. WESTPORT, CT 06880		1	-866-MIKEYS-9	
<u> </u>	Termination Specific				—
-	Amended return Application pending			oup Exemption mber	
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charita	able trusts	G Accounting metho	d. X Cash Accrua	al
	must áttach a completed Schedule Á (Form 990 or 990-EZ,)	Other (specify) ►		
	Website: ► WWW.MIKEYSWAY.ORG		H Check ► X if the required to attach	the organization is not Schedule B (Form 990,	
J		47(a)(1) or 527	990-EZ, or 990-PF	-).	
K	Check ► X if the organization is not a section 509(a)(3) supporting org		oss receipts are norm	ally not more than	
	\$25,000 A return is not required, but if the organization chooses to file a				
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000 instead of Form 990-EZ	,000 or more, file Fo	orm 990	►\$ 14,74	2.
P	art I Revenue, Expenses, and Changes in Net Assets	or Fund Balane	ces (See the inst		_
	1 Contributions, gifts, grants, and similar amounts received			1 13,78	9.
	2 Program service revenue including government fees and contracts	3		2	_
	3 Membership dues and assessments			3	
1	4 Investment income		*	4 95.	3.
•	5a Gross amount from sale of assets other than inventory	5a			
	b Less: cost or other basis and sales expenses	_5b		:	
R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (a		5c		
Ÿ	6 Special events and activities (complete applicable parts of Schedule G). If any amou	k here			
REVENU	a Gross revenue (not including \$of contribu				
ž	reported on line 1)				
	b Less, direct expenses other than fundraising expenses				
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6b		6c		
	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	n line 7a)		7c	
	8 Other revenue (describe >)	8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		<u> </u>	9 14,74	
	10 Grants and similar amounts paid (attach schedule)	REGEN	Aleme nt 1	10 12,90	<u>1.</u>
E	11 Benefits paid to or for members			11	
E X P	12 Salaries, other compensation, and employee benefits	MAR 0 9	18	12	
E	13 Professional fees and other payments to independent contractors	MAR 0 9	2010	13 1,25	<u>0.</u>
S E	14 Occupancy, rent, utilities, and maintenance		2010	14	
S	15 Printing, publications, postage, and shipping	OGDEN	TIT	15 34	<u>6.</u>
	16 Other expenses (describe > See Statement 2	OUDLIV			7.
_	17 Total expenses (add lines 10 through 16) 18 Excess or (deficit) for the year (Subtract line 17 from line 9)	· · · · · · · · · · · · · · · · · · ·		17 14,55	
,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			18 18	<u>o.</u>
N E	19 Net assets or fund balances at beginning of year (from line 27, colfigure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation)	lumn (A)) (must agr	ee with end-of-year	19 83,36	Ω
Ŧ!	20 Other changes in net assets or fund balances (attach explanation)			20	<u>-</u> -
	21 Net assets or fund balances at end of year. Combine lines 18 thro		•	21 83,55	6
P	art II Balance Sheets. If Total assets on line 25, column (B) are		e, file Form 990 inste		 -
	(See the instructions for Part II.)	<u></u>	(A) Beginning of ye		
2			83,368		6.
2	*			23	
2	4 Other assets (describe ►)			24	
2			83,368	. 25 83,55	<u>6.</u>
2			0	. 26	0.
_2	7 Net assets or fund balances (line 27 of column (B) must agree with lin	ne 21)	83,368	. 27 83,55	6.

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

Form 990-EZ (2008)

TEEA0803L 09/18/08

<u>Form</u>	990-EZ (2008) MIKEY S WAY F					-304	23913 Page 2
Part	III Statement of Program	Se	rvice Accomplishments	(See the instruction	ons.)]	Expenses
What is	s the organization's primary exempt purpose?	Se	e Statement 3			(Req	uired for 501(c)(3)
Descr	tibe what was achieved in carrying or tibe the services provided, the number	ut th	ne organization's exempt purp	oses. In a clear and co	ncise manner,	and	(4) organizations and
descr	ibe the services provided, the numbe am title	er o	persons benefited, or other	relevant information for	each	for o	(a)(1) trusts, optional thers)
						701 0	
28	<u> See Statement 4 </u>					1	
						-	
							2 500
	(Grants \$)	If th	iis amount includes foreign g	rants, check here	▶	28 a	9,520.
29						ļ	
						ļ	
	(Grants \$	 If th	is amount includes foreign g	rants, check here		29a	
30	(5.5.1.0 +		3 3				
						{	
	· · · · · · · · · · · · · · · · · · ·		is amount includes foreign g	-		30 a	
				rants, check here		30 a	
	Other program services (attach sche		•	·	. □	21.	
			is amount includes foreign g	rants, check here		31 a	9,520.
	Total program service expenses (ac					32	
Part	IV List of Officers, Directo	ors					
	(a) Name and address		(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla		(e) Expense account and other allowances
	(a) Name and address		to position	not paid, enter -0)	deferred compens	ns anu ation	and other allowances
TEC	FRIEDMAN		President	0.		0.	0.
			riesidenc	0.		٥.	ļ
	WINTERGREEN_DRIVE		ļ				
	TON, CT 06612						
CAT	HERINE FRIEDMAN		Secretary	0.		0.	0.
35	WINTERGREEN DRIVE) 0				
EAS	TON, CT 06612						
	AN FRIEDMAN		Treasurer	0.		0.	0.
	WINTERGREEN DRIVE		0		•		
	TON. CT 06612		Ĭ				
			CEO	0.		0.	0.
	HAEL FRIEDMAN		1 _	0.		Ο.	· ·
	WINTERGREEN_DRIVE		0				
	TON, CT 06612						
PET	ER_FRIEDMAN		Vice President	0.	}	0.	0.
35	WINTERGREEN DRIVE		0				
EAS	TON, CT 06612						
	HAEL CALLAHAN		CFO	0.		0.	0.
	0 MILL CREEK DRIVE		0.20				
	T AMHERST, NY 14051		Ĭ				
			Director	0.		0.	0.
	BARA LANDAU		Director	٠.		0.	0.
	5 MADISON AVENUE		ļ				
TRU	MBULL, CT 06611	_					
_		_					
					 		<u> </u>
			}				
		_					
				~			
-							
D4 -				1/14/00	L		Form 990-EZ (2008)
BAA			TEEA0812L 0)1/1 4/09			FUITH 330-E∠ (∠008)

	1 990-EZ (2008) MIREL S WAI FOUNDATION, INC. 20-382397	<u> </u>		age
Pai	rt V Other Information (Note the statement requirement in General Instruction V)		Yes	No
			1 105	INO
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		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	34	1	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			
ā	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a	<u> </u>	X
ì	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	 	<u> </u>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions			
ŀ	b Did the organization file Form 1120-POL for this year?	37b	185	X
38 a	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?	38 a	<u></u>	X
	b If 'Yes,' complete Schedule L. Part II and enter the total	2 3 4 A		1
	amount involved . 38b N/A		\$1.°°	iğ?
	501(c)(7) organizations. Enter	, 0	· 100	1.2
	a Initiation fees and capital contributions included on line 9		8 %	1
	b Gross receipts, included on line 9, for public use of club facilities N/A	1	1.3	·
40 2	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ► 0., section 4912 ► 0.; section 4955 ► 0.	,	~~~	i ž
1			1	2 865
	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	40 ь		X
,	Enter amount of tax imposed on organization managers or disqualified persons during the	F.43		300
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
C	d Enter amount of tax on line 40c reimbursed by the organization	[.// · · ·		
€	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e	23.4	X
41	List the states with which a copy of this return is filed None			
40	T	MTD	TVC	0
42 8	a The books are in care of ► LES_FRIEDMAN Telephone no. ► 1-866 Located at ► 35_WINTERGREEN_DRIVE_EASTON_CT ZIP + 4 ► 06612	 -MTV	 正正2.	-9-
		ſ	Yes	No
t	o 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)?	42 b	163	X
	If 'Yes,' enter the name of the foreign country:	, . b	^٢ څڅ پې د	3 /
		3		1
				υŽ,
		, ,	100	` `
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.		 	
C	At any time during the calendar year, did the organization maintain an office outside of the US?	42 c		X
	If 'Yes,' enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ 🗍	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/I
			Yes	No
			163	140
24	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х

Form 990	-EZ (2008) MIKEY'S WAY FOUNDAT	ION, INC.		20-38259	73 Page 4
Part VI	Section 501(c)(3) organization	s only. All section 5	01(c)(3) organiza		
	and complete the tables for line				atement 5
46 Did	the organization engage in direct or indire public office? If 'Yes,' complete Schedule (ct political campaign act	ivities on behalf of or	in opposition to candidates	Yes No
	the organization engage in lobbying activit				47 X
	ne organization operating a school as desc			nplete Schedule E	48 X
49 a Did	the organization make any transfers to an	exempt non-charitable	related organization?		49a X
b If 'Y	es,' was the related organization(s) a sect	ion 527 organization?			49 b
50 Com	nplete this table for the five highest compe lived more than \$100,000 of compensation	nsated employees (other from the organization	If there is none, ente	ors, trustees and key emplo r 'None '	yees) who each
(8	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 and deferred compensation	(e) Expense account and other allowances
None					
-				-	
Total numbe	er of other employees paid over \$100,000				·
Total Hallibe	of other employees para over \$100,000			.1	
51 Com	plete this table for the five highest compe	nsated independent con	tractors who each red	ceived more than \$100,000	of compensation
Trom	the organization If there is none, enter the	None			
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Compensation
None_					
Total num	ber of other independent contractors rece	iving over \$100,000	•		
	Under penalties of perjury, I declare that I have exam	ined this return, including accom	panying schedules and state	ements, and to the best of my knowle	dge and belief, it is
	true, correct, and complete Declaration of preparer (Julei trari diricery is based dir ar	i mornation of which propa	. / /	
Sign Here	D A M			3/4/10	
Here	Signature of officer	CEO+ Pre	1 1	Date / /	
	Type or print name and title	CEUFFIR	h der 1		
) ype or print hame and the	20	Date /	Check if Prepa	rer's Identifying Number
Paid	Preparer's signature		Date ///	self- employed N/A	nstructions)
Pre- parer's	Firm's name (or DAVID WEISS CPA	, PLLC			
Úse		SUITE 803		EIN ► N/	
Only		016-4403		Phone no ► (212)	695-5771
	RS discuss this return with the preparer sh	own above? See instruc	etions	>	21 163 110
BAA				F	orm 990-EZ (2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047

Open to Public Inspection

Name	of the	organization								1 ' '		ion number		
		'S WAY FOUNDA									825 <u>9</u> 73			
Par					s (All organizations				part)	_(see i	<u>ınstruct</u>	ions)		
The o	orga	nization is not a pri	vate foundation	becaus	se it is (Please check o	nly one	organiz	ation)						
1	1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).													
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)													
3	Г	A hospital or coope	erative hospital:	service	organization described	ın secti	on 170(l	b)(1)(A)(iii). (At	tach Scl	hedule H)		
4	H													
	name, city, and state													
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)													
6 7	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 general public described in section 170(b)(1)(A)(vi). (Complete Part II)													
8					70(b)(1)(A)(vi). (Comple	te Part I	l.)							
9		from activities relate investment income June 30, 1975. See	ed to its exempt for and unrelated less section 509(a)	unctións busines (2). (Co	•	eptions, s section	and (2) r 511 tax)	o more to from b	than 33- usiness	1/3 % of es acqui	its suppo ired by th	ort from gros ne organiza	55	after
10	\perp	An organization org	ganized and ope	erated (exclusively to test for pu	ıblıc saf	ety See	section	1 509(a)	(4). (se	e instruc	tions)		
11		more publicly supp	orted organizat	tions de	exclusively for the benet escribed in section 509(a ation and complete lines	a)(1) or	section	509(a)(2	ctions (2) See	of, or ca section	rry out th 509(a)(3)	ne purpose). Check t	s of o	ne or k that
		a Type I	· · · —	ype II	c ☐ Type III				ed		d 🗌	Type III-	Other	
е		By checking this bo	ox. I certify that	the ord	ganization is not controll n one or more publicly si	led direc	tlv or in	directly	bv one	or more ed in se	disqualiction 509	fied perso (a)(1) or s	ns oth ection	ner
f		If the organization check this box	received a writte	en dete	ermination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting o	organizatio 	n,	
g		Since August 17, 2	006, has the or	ganızat	ion accepted any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	7		
													Yes	No
		(i) a person who	directly or indi	rectly c	ontrols, either alone or ipported organization?	togethei	with pe	rsons d	escribe	d in (ii) a	and (III)	11 ~ (i)		
		, -			., -							11g (i)		
		• •	•		ribed in (i) above?	hava?		•				11 g (ii) 11 g (iii)		
L		• •			described in (i) or (ii) al			-1-				119 (111)		
<u>h</u>			T	about tr	ne organizations the org	1		I						
	() Name of Supported Organization	(ii) EIN		(ii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste	Is the tion in cold in your erning ment?	(v) Did y the organ col your su	ızatıon in (i) of	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amour	t of Sup	ροπ
						Yes	No	Yes	No	Yes	No			
												-		
														
			F *							-,-				
Total			3				- 12 - 1	-						

Schedule A (Form 990 or 990-EZ) 2008 MIKEY'S WAY FOUNDATION, INC. 20-3825973

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

<u>C</u>	(Complete only if you check	ed the box on line	5, 7, or 8 of Par	11)		· -	
	tion A. Public Support	 					
begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')		118,713.	32,376.	30,599.		181,688.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						. i 0 .
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-3	0.	118,713.	32,376.	30,599.	<u> </u>	181,688.
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)						0.
6	Public support. Subtract line 5 from line 4	· ,					181,688.
Sec	tion B. Total Support					·	
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	0.	118,713.	32,376.	30,599.	0.	181,688.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources				483.		483
9	Net income form unrelated business activities, whether or not the business is regularly carried on .						0.
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV.)		V0 No N X) povelage and of		0.
11	Total support. Add lines 7 through 10			,		د ع ^ي د	182,171.
12	Gross receipts from related activ	nties, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth,	or fifth tax year as	a section 501(c	(3) ► X
	tion C. Computation of Pul					 _	
	Public support percentage for 20			ne 11, column (f)		. 14	%
15	Public support percentage for 20	007 Schedule A, P	art IV-A, line 26f			15	%_
16 a	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check the bo dicly supported or	x on line 13, and rganization	I the line 14 is 33-	1/3 % or more,	check this box
b	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a pub	not check a box blicly supported or	on line 13, or 16a rganization.	a, and line 15 is 33	3-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	e. Explain in Pai	t IV how
t	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	ınd-cırcumstances	s' test, check this	box and stop her	e. Explain in Par	t IV how the
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a			
BAA					Sch	nedule A (Form 9	990 or 990-EZ) 2008

Page 3

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

(Complete only if you checked the box on line 9 of Part 1)

	(Complete only if you crie	cked the box on i	me 5 of Fait 1)				
Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Caler	idar year (or fiscal yr 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 'unusual grants ')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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						
	Total. Add lines 1-5 Amounts included on lines 1, 2, 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						
С	Add lines 7a and 7b.		,				
8	Public support (Subtract line						
-	7c from line 6)	.	. T. W. T.		2.5		
Sec	tion B. Total Support		1 15 5 23 3	· · · · · ·	<u> </u>	<u> </u>	
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(e) 2006	(d) 2007	(c) 2009	(f) Total
		(4) 2007	(8) 2000	(0) 2000	(4) 2507	(0) 2000	(1) 1512
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources				-		
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990	is for the organiz	ration's first, secon	nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3)
S00	organization, check this box and tion C. Computation of Pu		Percentage			_ 	
				no 12 notions (5)	<u> </u>	15	%
	Public support percentage for 20	-			<i>y</i>	16	% %
	Public support percentage from					16	76
	tion D. Computation of Inv				(6)		- %
	Investment income percentage t	•		•	umn (T))	17	% %
	Investment income percentage to 33-1/3 support tests — 2008. If the more than 33-1/3%, check this b	organization did not	t check the box on I	line 14, and line 15	5 is more than 33-1/3	3%, and line 17 is no	
b	33-1/3 support tests – 2007. If t is not more than 33-1/3%, check	he organization d	lid not check a box	k on line 14 or 19	9a, and line 16 is i	more than 33-1/3%	o, and line 18
~~	Private foundation. If the organ						. ▶□

Schedule A	(Form 990	or 990-E2	Z) 2008	MIKEY'S	WAY	FOUNDA	TION,	INC.	20-3	8825973	Page 4
. Part IV	Suppler Part II. I	nental In	formati or 17b:	on. Comp	lete th	ns part t 12. Provi	o provi de any	de the	explanation required by additional information.	y Part II, line 10; (see instructions	 5)
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2008

Federal Statements

Page 1

MIKEY'S WAY FOUNDATION, INC.

20-3825973

3,906.

5,364.

3,381.

\$

Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Donee's Name: Donee's Address:

NYU MEDICAL CENTER 550 1ST AVENUE NEW YORK, NY 10016

Description of Property:

VIDEO GAMES, NINTENDO, IPOD 3/14/2009

COST

COST

COST

Date of Gift:

Method Used to Determine BV:

Fair Market Value:

Method Used to Determine FMV:

RETAIL VALUE

YALE NEW HAVEN CHILDRENS HOSPITAL Donee's Name: Donee's Address: 1 PARK STREET NEW HAVEN , CT 06510 DVDS, IPODS, NINTENDOS 12/08/2008

Description of Property:

Date of Gift:

Method Used to Determine BV: Fair Market Value:

Method Used to Determine FMV:

RETAIL VALUE

Donee's Name: Donee's Address:

MAIMONIDES HOSPITAL 4802 10TH AVENUE BROOKLYN, NY 11219 VIDEO GAMES, NINTENDO, IPOD

Description of Property: Date of Gift:

Method Used to Determine BV: Fair Market Value: Method Used to Determine FMV:

RETAIL VALUE

3/23/2009

Donee's Name: Donee's Address:

BARLOW HIGH SCHOOL 100 BLACK ROCK TPKE REDDING, CT 06896

Cash Amount Given:

250.

Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses

BANK CHARGE REGISTRATION FEE

32. 2<u>5.</u>

Total \$

Statement 3 Form 990-EZ, Part III Organization's Primary Exempt Purpose

THE PURCHASE OF ELECTRONIC GAMES, TOYS AND ACTIVITIES TO HOSPITALIZED PEDIATRIC CANCER AND CHRONICALLY ILL CHILDREN AND THE IMPROVEMENT OF HOSPITAL ENTERTAINMENT FACILITIES FOR THE HOSPITALS THAT TREAT SUCH CHILDREN NATIONWIDE.

2008

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MIKEY'S WAY FOUNDATION, INC.

20-3825973

Statement 4
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

THE PURCHASE OF ELECTRONIC GAMES, TOYS AND ACTIVITIES TO HOSPITALIZED PEDIATRIC CANCER AND CHRONICALLY ILL CHILDREN AND THE IMPROVEMENT OF HOSPITAL ENTERTAINMENT FACILITIES FOR THE HOSPITALS THAT TREAT SUCH CHILDREN NATIONWIDE.

Statement 5 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No