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## 990-EZ Department of the Treasury Internal Revenue Service

## **Short Form 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)

2009

OMB No 1545-1150

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 \$500,000 and total assets less than \$1,250,000 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

20 For the 2009 calendar year, or tax year beginning 2009, and ending D Employer identification number B Check if applicable Please use IRS 03-6008553 Address change label or E Telephone number Name change Room/suite print or Initial return type. Terminated Specific F Group Exemption Amended return Instruc Number ▶ Application pending tions • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach Other (specify) > Hybrid a completed Schedule A (Form 990 or 990-EZ). H Check ► 🖾 if the organization is not required to attach Schedule B (Form 990, Website: ▶ J Tax-exempt status (check only one) — 

501(c) ( ↓ ) 

(insert no ) □ 4947(a)(1) or □ 527 990-EZ, or 990-PF) If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ \$ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Part I Contributions, gifts, grants, and similar amounts received 4500 Program service revenue including government fees and contracts 2 2 Membership dues and assessments . . . *8*510 3 3 4 4 Investment income Gross amount from sale of assets other than inventory 5a 5a Less: cost or other basis and sales expenses . . . 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions Less, direct expenses other than fundraising expenses 6с Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . Gross sales of inventory, less returns and allowances 7a 7a Less: cost of goods sold . . . b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с С 8 8 Other revenue (describe ► 357 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 9 Grants and similar amounts paid (attach schedule) 10 10 Benefits paid to or for members Convention 11400 11 11 12 Salaries, other compensation, and employee benefits 12 (in Professional fees and other payments to independent contracto 13 13 Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping Other expenses (describe ► 5ee Ex 15 15 16 16 Total expenses. Add lines 10 through 16 17 6755 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 33016 19 20 Other changes in net assets or fund balances (attach explanation) . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ Part II (See the instructions for Part II) (A) Beginning of year (B) End of year 25326 29143 Cash, savings, and investments 22 22 23 පිරට 800 23 Land and buildings. oan Rec-Informer 24 300C 300B 24 Other assets (describe ▶ 25 30942 34126 25 Total assets 26 26 Total liabilities (describe ▶ 110 Net assets or fund balances (line 27 of column (B) must agree with line 21) **२**9838 53016

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Par	tIII	Statem	ent of Pro	gram Ser	vice Accom	plishme	nts (See the insti	ructions for Par	t III.)		Expenses
What is the organization's primary exempt purpose?										uired for section	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise										c)(3) and 501(c)(4)	
manner, describe the services provided, the number of persons benefited, and other relevant information for										_   orgai	nizations and section
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Par	t IV	List of O	fficers, Dire	ctors, Irus	tees, and Key		es. List each one e				<del>,</del>
		(5)	Name and ad	Idroce		(b) T	Title and average ours per week	(c) Compensatio (if not paid,	n (d) Contribi employee ben		(e) Expense account and
,		(a	, Name and ad	idiess			oted to position	enter -0)	deferred com		other allowances
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3	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		Yes	No
4	description of each activity	33		V
4	the changes	34		<b>V</b>
5	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 why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		V
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
i	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\dots$	36		V
'a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	1	_	
b	Did the organization file Form 1120-POL for this year?	37b		ر ا
3a	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 outstanding at the end of the period covered by this return?	38a		:
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b	Joa		<u>'</u>
)	Section 501(c)(7) organizations. Enter	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	]		
а	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V
С		40b		\ \
c d	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40b		V
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40b 40e		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
d e	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  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  List the states with which a copy of this return is filed.	40e		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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d e ! ?a b	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  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  List the states with which a copy of this return is filed.   Telephone no.   ZIP + 4   OSE  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:   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.  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:   See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  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:   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	40e	Yes	No V
d e a b	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  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  List the states with which a copy of this return is filled.   Telephone no.  Telephone no.  ZIP + 4  SE  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.  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:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  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:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	40e	Yes	

Part VI

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	section 4947(a)(1) none 047(a)(1) nonexempt chaind 51.	exempt charitab ritable trusts mus	le trusts only. A t answer question	II sec ns 46	tion 3–49k	<b>ɔ</b>
46	Did the organization engage in direct or indirect			in opposition to		Yes	No
	candidates for public office? If "Yes," complete	·			46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						
	Did the organization make any transfers to an exempt non-charitable related organization?						
	If "Yes," was the related organization a section			 #:	49b		<del>-</del>
50	Complete this table for the organization's five hemployees) who each received more than \$100						
		(b) Title and average	(c) Compensation	(d) Contributions to		Expens	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	acc	count a	ınd
	αιαι φτου,σου	devoted to position			Other	allowa	11003
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f	Total number of other employees paid over \$10	00.000					
	(a) Name and address of each independent contracto	or paid more than \$100,000	<b>(b)</b> Typ	ne of service	(c) Cor	npensa	tion
d	Total number of other independent contractors	each receiving over \$100,0					
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including accompa n of preparer (other than officer) is	nying schedules and sta based on all information	tements, and to the bes of which preparer has	t of my any kno	knowle wledge	edge
Sign Here	Neongel WL	try		<del></del>	201	0	
	Signature of officer  Space R Whit well  Type or print name and title	Sec/he	<i>1</i> 0	Oate			
Paid	Preparer's signature Denne Nu	us CPA 29	Check if self-employed ▶ □	Preparer's identifying nun	nber (See	— ∍instruct •}	tions)
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Winooski, VT 05404