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## Form 990

### **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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	For the	2009 calend	dar year, c	or tax year beginning	, 2009, and ending	g	•			
В	Check if	applicable		C	· · · · · · · · · · · · · · · · · · ·	D Employ	yer Identification	Number		
	Add	ress change	Please use IRS label	PLAST CONFERENCE, INC		06-	1416006			
	$\vdash$	ne change	or print or type.	8400 OAK KNOLL COURT			one number			
	$\vdash$	al return	See specific	NORTH ROYALTON, OH 44133	-2007	440	-237-259	98		
	$\vdash$		Instruc-			130	201 200	<u> </u>		
	$\vdash$	mination	tions.		222 745					
	$\vdash$	ended return	<u> </u>				Gross receipts \$ 233,745.			
	App	lication pending		and address of principal officer		H(a) Is this a group retu H(b) Are all affiliates inc		Yes X No		
_				As C Above		If 'No,' attach a list		ns) Yes No		
<u>1</u>		exempt statu			47(a)(1) or 527					
<u> 1</u>	Web	site: ► ww		stscouting.org		H(c) Group exemption r	umber -			
ĸ		of organization	X Corpora	ation Trust Association Other ►	L Year of Format	ion 1985 M:	State of legal do	micile NY		
P	art I	Summa								
	1 6	Briefly descri	be the org	ganization's mission or most significant a	ictivities. Plast Co	nference, In	ic assis	ts in the		
Q.	1			<u>Ukrainian scouting in U</u>						
anc	_			ograms to train counselo						
Ë	_			organizational_efforts_We						
Š	2 (	Check this bo	x ►	if the organization discontinued its opera	ations or disposed of mor	e than 25% of its a	ssets	•		
e8	1 8	Number of vo	ting mem	bers of the governing body (Part VI, line	e 1a)		3	15		
so di	4			it voting members of the governing body	(Part VI, line 1b)		4	15		
ž.	5			yees (Part V, line 2a)			5	0		
} Activities & Governance	6			eers (estimate if necessary)			6	30		
<b>@</b>	, "	•		ousiness revenue from Part VIII, column	• • •		7a	0.		
2010	D 1	vet unrelated	Dusiness	s taxable income from Form 990-T, line 3	<u> </u>	1	7b	0.		
R						Prior Year		Current Year		
DEC ()	8 (			its (Part VIII, line 1h)		139,1		178,957.		
ပ္ န	9 F	_		ue (Part VIII, line 2g)		13,9		38,932.		
DEC Reven	10			art VIII, column (A), lines 3, 4, and 7d)		22,0	)82.	15,856.		
	1 ,			III, column (A), lines 5, 6d, 8c, 9c, 10c, a		155				
SCANNED				nes 8 through 11 (must equal Part VIII, o		175,1		233,745.		
2	1			ounts paid (Part IX, column (A), lines 1-3	3)	218,	/32.	64,473.		
2				members (Part IX, column (A), line 4)						
62 a	,   15	alaries, other	er comper							
	16a F			g fees (Par IX, column (A), line 11e)						
	ь 1	(O)   NU V   Death fundrais	y IL Vola Sina exper	ZUIU 1 T∥ nses (Pa <b>U)</b> K, column (D), line 25) ►			1			
ú	17			X, column (A), lines 11a-11d, 11f-24f)		46,9	285	95,030.		
	18		DEAL	nes 13-17 (must equal Part IX, column (	A) line 25)	265,		159,503.		
				s Subtract line 18 from line 12	-y, mie 25)	-90,5		74,242.		
		revenue less	expense	s Subtract life to from life 12						
t Assets or						Beginning of Y		End of Year		
	20	Total assets (	•	•		455,9		530,187.		
<u>\$</u> ]	21 7	Total liabilitie:	s (Part X,	line 26)			0.	0.		
Z (				ances Subtract line 21 from line 20		455,9	)44.	530,187.		
P	art II	Signati	ure Bloc	<u>ck</u>						
		Under penaltie	s of perjury,	I declare that I have examined this return, including a Declaration of preparer (other than officer) is based	accompanying schedules and sta	tements, and to the bes	t of my knowled;	ge and belief, it is		
		liue, correct, a	and complete	Declaration of preparer (other than officer) is based	on all information of which prep	arer has any knowledge	1 -			
Si	ign	- Ja	ma	in Hanhewyor		11/12	-/10			
H	ere	Signature	of officer			Date	,			
		- IAN	nara	HANKEWYCH		CFO				
		Type or pr	rint name an	d title						
					Date	Check if	Preparer's	s identifying number		
	aid	D	0	$\vee$ 1	/	self employed		actionsy		
	re-	Preparer's signature	> /a	Meia HanheuMc	11/08/10	' '				
	arer's	Firm's name (d	n Hani	kewych & Associates, Inc.	1==, 00, 1	-				
_	se nlv	yours if self		North Western Avenue		=====================================	ı ► 36-3848805			
U	nly	employed), address, and ZIP + 4		cago, IL 60622			(773) 7			
NA.	av the ID				tructions)	Phone no				
IVI	ay une iro	uiscuss IIII	ıs returii Y	with the preparer shown above? (see ins	11 UC(10115)		IAI	Yes No		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	n 990 (2009) PLAST CONFERENCE, INC	06-141600	<u> </u>		<sup>2</sup> age <b>2</b>
Par	rt III Statement of Program Service Accomplishments				_
	Briefly describe the organization's mission				
'					
	See Scuedule O				
2	Did the organization undertake any significant program services during the year which were not listed on the pr	ıor			
-			V	X	No
	Form 990 or 990-EZ?		Yes	$\triangle$	NO
	If 'Yes,' describe these new services on Schedule O				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O				
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex	nancas Saction	501(c)	(3)	
7	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloc	ations to others.	the to	tal	
	expenses, and revenue, if any, for each program service reported.	·			
<b>4</b> a	a (Code: ) (Expenses \$ 83,845. including grants of \$ ) (Rev	enue \$	149	9,52	<u>(7.</u> )
	Assistance in development of Ukrainian scouting in Ukraine and oth	er countr	ies.	Fu	nds
	are directed at programs to train counselors, develop camps and ca				
	support other scouting and organizational efforts.			- <b>-</b>	
				<del>-</del> -	
					······································
41	b (Code:) (Expenses \$ 23,825. including grants of \$ ) (Rev		_		
		renue \$	38	3,96	(2.)
			31	3,96	<u>(2.</u> )
	Publication of periodicals and training materials for scouting men	bers and			
	Publication of periodicals and training materials for scouting memory counselors. Revenues include subscription revenues. Printing exper	bers and ises are i	 ncur		
	Publication of periodicals and training materials for scouting men counselors. Revenues include subscription revenues. Printing exper Ukraine due to editorial expertise there and printing typesetting	bers and ises are i	 ncur		
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Page 3

**Checklist of Required Schedules** 

Part IV

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Х for public office? If 'Yes,' complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete X Schedule C, Part II 4 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 Did the organization maintain any donor advised funds or any similar funds or 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 Х 6 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х 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 X Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or Х X as applicable 11 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII Х 12 No 12A Was the organization included in consolidated, independent audited financial statement for the tax Yes year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* Х 14b 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 Х 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 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х complete Schedule G, Part III 19 Х 20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20

Forn	1990 (2009) PLAST CONFERENCE, INC 06-1410	<u> 5006</u>	P	age 4
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2 <sup>7</sup> If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curre and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	nt <b>23</b>		Х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d ar complete Schedule K. If 'No,'go to line 25	nd <b>24a</b>		х
E	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	ļ
•	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	<b>25</b> a		Х
ŧ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	<b>28</b> a		X
ì	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
Ć	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family memb was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	er) <b>28c</b>		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	ļ	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule $M$	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and line 1	V, <b>34</b>		Х
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_		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	ıs <b>37</b>		Х

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O BAA

Form 990 (2009)

56.7			Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.			
ı	Information Returns Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1a 0 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c		
<b>2</b> a	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			
2t	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
Ŀ	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3Ь		
<b>4</b> a	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)?	<b>4</b> a		Х
t	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			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Х	
	of Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		Х
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
Ŀ	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		
c	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
ç	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from other members or shareholders.			
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
Ŀ	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA

Form **990** (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A.	Governin	g Body	<u>/ and f</u>	Manag	<u>jemen</u>	t														
																		_		Yes	No_
1	a Enter the	number of vo	oting me	mbers o	f the go	overning	body	/						1	_			15			
	<b>b</b> Enter the	number of vo	oting me	mbers th	nat are	ındepen	dent							1:	ь			15			
2	Did any officer, d	officer, directo lirector, truste	r, trustee e or key	employ	, emplo ee?	yee hav	e a fa	amıl	ly rela	tionsh	up or a	a busır	ness i	relation	nship w	ıth ar	ny othe	r [	2		X
3	Did the o	organization de s, directors or	elegate o	ontrol o	ver mar	nageme yees to	nt duti a mar	ties nag	custo emen	marily t com	perfo	rmed or othe	by or er per	under son?	the dir	ect s	upervis	ion	3		Х
4	Did the d	organization m	ake any	significa	ant char	nges to i	ıts org	ganı	ızatıor	nal do	cumer	nts							4		X
	since the	prior Form 99	90 was fi	led?																	
5	Did the c	organization be	ecome a	ware du	ring the	year of	a ma	ateri	ial div	ersion	of the	e orga	nızatı	on's as	ssets?				5		X
6	Does the	organization	have me	mbers o	or stock	holders	? .	Se	e Sc	chedi	ule	0							6	Χ	
7	a Does the governin	organization g body?	have me See	mbers, Sche	stockho dule	olders, o O	r othe	er p	erson	s who	may e	elect o	one or	more	memb	ers o	f the		7a	х	
	<b>b</b> Are any	decisions of th	ne govern	ning boo	ly subje	ct to ap	proval	al by	y mem	nbers,	stockl	holder	s, or	other p	persons	s? S	ee So	ch O	7b	Х	
8	Did the o	organization co ving	ontempoi	aneous	ly docui	ment the	e mee	eting	gs hel	d or w	vritten	action	is und	lertake	n durın	ig the	year b	у			
	a The gove	erning body?																Į	8a	Х	
	<b>b</b> Each cor	nmittee with a	uthority	to act o	n behalf	f of the	gover	rnınç	g body	y <sup>7</sup>									8Ь	Х	
9	Is there a	any officer, dir tion's mailing	ector or	trustee, ? <i>If 'Yes</i>	or key	employe	ee list ames	ted an	ın Paı ıd add	rt VII, resses	Sections in Section	on A, v	who c le O	annot	be read	ched	at the		9		Х
Se			(This					_						ot red	quirea	l by	the In	terna	<u> </u>		
Rei	enue Code	•)																			
																		,		Yes	No
10	a Does the	organization	have loc	al chapt	ers, bra	anches,	or affi	fılıat	tes?									ļ	10a		X
	<b>b</b> If 'Yes,' o and bran	does the organiches to ensur	nization l e their o	nave wri peration	itten pol is are ci	licies an onsisten	nd prod nt with	ced the	dures of	goverr the o	ning th irganiz	ne activation?	vities	of suc	h chap	ters,	affiliate	s,	10Ь		
11	Has the	organization p	rovided	а сору с	of this F	orm 990	) to all	ll me	embei	rs of it	ts gove	erning	body	befor	e filing	the f	orm?		11	X	
11	A Describe	ın Schedule (	O the pro	cess, if	any, us	sed by th	ne org	ganı	ızatıor	n to re	view t	hıs Fo	rm 99	90.	See :	Sch	edule	9 0 [			
12	a Does the	organization	have a v	vritten c	onflict o	of interes	st poli	ıcy?	If 'No	o,' go	to line	13						Į	12a		X
	<b>b</b> Are office to conflic	ers, directors ( cts?	or truste	es, and	key em	ployees	requi	ıred	to dis	sclose	annu	ally int	terest	s that	could g	jive r	ıse		12b		
	<b>c</b> Does the Schedule	organization O how this is	regularly s done	and co	nsistent	tly monit	tor an	nd e	enforce	e com	pliance	e with	the p	olicy?	If 'Yes	,' des	scribe ir	, [	12c		
13	Does the	organization	have a v	vritten w	histlebl	ower po	licy?											Ĺ	13		X
14	Does the	organization	have a v	vritten d	ocumer	nt retent	ion an	nd d	destru	ction p	policy?	,						[	14		X
15	Did the persons,	process for det comparability	terminino data, ar	j compe id conte	nsation mporar	of the f	ollowii ubstan	ing ntiat	perso	ns inc f the d	lude a	revie ation a	w and	d appro	oval by 1?	ındej	penden	t			
	a The orga	ınızatıon's CE0	ວ, Execu	itive Dire	ector, o	r top ma	anagei	emei	nt offi	cıal									15a	Х	
	<b>b</b> Other off	icers of key er	mployee:	s of the	organız	ation													15b	Х	
	If 'Yes' to	o line 15a or 1	5b, desc	ribe the	proces	s in Sch	redule	e O.	. (See	ınstru	uctions	5)						- [			
16	a Did the c entity du	organization in ring the year?	vest in, d	contribut	le asset	ts to, or	partic	сіра	ite in a	a joi <b>nt</b>	ventu	re or s	sımıla	r arrar	ngemer	nt with	n a taxa	able	16a		X
	in joint v	nas the organi enture arrange th respect to s	ements u	ınder ap	plicable	n policy e federal	or pro I tax la	oced law,	dure re and t	equirii taken :	ng the steps	organ to safe	nızatıc eguar	on to e	valuate organiz	its p ation	articipa 's exem	ition ipt	16b		
Se	ction C.	Disclosur	es																		
17	List the s	tates with whi	ch a cop	y of this	Form 9	990 is re	quire	d to	be fi	led ►	N	Y				-	_				
18	inspectio	5104 requires and indicate how website	w you m	nization take thes Another	se avail	able. Ch	neck a	023 all th	hat ap	)24 if a oply. on requ		able), s	990, a	and 99	0-T (50	1(c)(	3)s only	/) avail	able 1	for put	olic
10								_		•		ozo:=:	- ملم		fi	-1 - f	1	مامسا	A!	£	1
		in Schedule ( its available to	•																		ciai
∠∪		name, physic A_HANKEWY															s or the	organ	.zatio 	rı - — — -	

Page 7

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

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

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

X Check this box if the organization did not compensate any current officer, director, or trustee.

Name and Title	Average hours per week		1 -		k all t	hat app	ly)	Penortable	Danortable	<b>-</b>
		irec	nstitutio	Officer	Key employee	Highest employe	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related
		Individual trustee or director	Institutional trustee		oloyee	Highest compensated employee			,	organizations
TANYA DZULYNSKY										
Chairman	5	X						0.	0.	<u> </u>
GEORGE SAWICKI										
Director	1	X						0.	0.	0.
SOPHIA KACHOR										
Director	1	X				ļ		0.	0.	0.
VOLODYMYR BAZARKO	_									
President	30	<u> </u>	_	X				0.	0.	0.
VIACHESLAV STEBNYCKY								_	_	_
Vice President	22	<u> </u>		Х	<u> </u>			0.	0.	0.
TAMARA HANKEWYCH	4							_	_	
CFO	10	<u> </u>	_	Х			<u> </u>	0.	0.	0.
OLHA SVIDZYNSKA	1			١				1		
Secretary	8	<u> </u>	<u> </u>	Х	<u> </u>		<u> </u>	0.	0.	0.
	1									
	<del> </del>	<del> </del>		$\vdash$				<del></del>		<del></del>
	1									
	<del> </del>	<u> </u>	├					<del></del>		<del></del>
	1	}	}		}	}	}		Ì	
	<del>                                     </del>	<del>                                      </del>	<b>├</b>	-			╁			
	<u> </u>									
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										·
	-				-					
	<del> </del>		$\vdash$	$\vdash$	<del> </del>				<u> </u>	
	-									

Part VIII Section A. Officers, Directors, Trus		Λ <del>ey</del> ∣	EI			<del>:</del> e5	, ai			pioye		<u> </u>
(A) Name and Title	(B) Average	Posi	tion (		c) kallt	hat a	(vlaa	(D)	<b>(E)</b> Reportable		<b>(F)</b> stimated	i
ivanie and ritte	hours per week			Officer	_	Highest compensated employee		Reportable compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	amo cor or a	unt of ot npensation from the ganization nd relate anization	her on on d
<b></b>												
				_								
1 b Total							<b>&gt;</b>	0.	0.			0
2 Total number of individuals (including but not limited from the organization ► 0	l to thos	e lis	ted	abo	ve)	who	rece	eived more than \$	100,000 in reportab	le com	pensat	ion
2 Dalling and the latest free free free free free free free fre					1						Yes	No
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in</li> <li>4 For any individual listed on line 1a, is the sum of rep</li> </ul>	ndıvıduai	'	•	•	-		Ĭ	•	. ,	3		Х
the organization and related organizations greater the	nan \$150	0,000	)? <i>I</i> :	f 'Ye	es' c	omp	olete	Schedule J for su	ich	4		х
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompensa nedule J	ation for s	froi such	m ai pei	ny u rsor	nrel	ated	l organization for	services	5		х
Section B. Independent Contractors  1 Complete this table for your five highest compensate	ed inder	end	ent	cont	ract	ors	that	received more th	an \$100 000 of			
compensation from the organization									· 1			
(A) Name and business addres	s							Description o	of Services		(C) ensatio	'n
			_									
									.,,,,,,,			
2 Total number of independent contractors (including \$100,000 in compensation from the organization		ımıte	ed to	the	se	liste	d ab	ove) who received	d more than			

	it this Statement of Nevenue		····	<del> </del>	T
		<b>(A)</b> Total revenue	( <b>B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a Federated campaigns 1a				
NTS.	· · · · · · · · · · · · · · · · · · ·				
ΨŽ.	b Membership dues 1b 29,430.				
S, G	c Fundraising events 1c				
FR	d Related organizations 1 d				
S, G	e Government grants (contributions)				
NO.	4 40 10 11 11 11				
걸핖	f All other contributions, gifts, grants, and similar amounts not included above 1f 149, 527.				
E 0	g Noncash contributs included in lins 1a-1f \$				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		170 057			
	h Total. Add lines 1a-1f	178,957.			
Ñ.	Business Code				}
ΥE	2a SUBSCRIPTION REVENUE 511120	38,932.	38,932.		
RE	b				
JC.	c				
ER	d				
S					
Ϋ́Α	f All other program service revenue				
PROGRAM SERVICE REVENUE		20 022			
_	g Total. Add lines 24-21	38,932.			
	3 Investment income (including dividends, interest and	15 050			15 056
	other similar amounts)	15,856.			15,856.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents				
	<b>b</b> Less. rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				ĺ
	(i) Converting (ii) Other				<u> </u>
	/a Gross amount from sales of				
	assets other than inventory				
	<b>b</b> Less cost or other basis				
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
UE	8a Gross income from fundraising events (not including \$				
	of contributions reported on line 1c).				
OTHER REVEN	, , , , , , , , , , , , , , , , , , , ,				
ER	See Part IV, line 18 a				
H	b Less direct expenses b				
•	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				[
	· · · · · · · · · · · · · · · · · · ·				
	10a Gross sales of inventory, less returns and allowances a				
	- · · · · · · · · · · · · · · · ·				
					1
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code				
		}			1
	11a				
	b	<del></del>			<u></u>
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	233,745.	38,932.	0.	15,856.

Page **10** 

Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> 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	64,473.	64,473.		
4	Benefits paid to or for members		, ,		
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.1	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	Management				
t	Legal				
c	: Accounting				
c	Lobbying				
E	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				
ç	Other	40.		40.	
12	Advertising and promotion				
13	Office expenses	5,511.		5,511.	
14	Information technology				
15	Royalties				
16	Occupancy	_			
17	Travel	19,372.	19,372.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	46,282.		46,282.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance.  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.)				
а	PRINTING AND PUBLICATIONS	23,825.	23,825.		· · · · · · · · · · · · · · · · · · ·
b		20,020.	20/020.		
C	:				
d	' <del>-</del>				
e					<del></del>
	All other expenses	450			
	Total functional expenses. Add lines 1 through 24f	159,503.	107,670.	51,833.	0.
26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

06-1416006 Form 990 (2009) PLAST CONFERENCE, INC Page 11 **Balance Sheet** Part X (B) End of year (A) Beginning of year 116. 1,736. Cash - non-interest-bearing 1 523,831. 449,395. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4,620. 6,433. 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10 c 11 11 Investments - publicly-traded securities 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 Other assets, See Part IV, line 11 15 455,944. 530,187. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 25 0. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ N E T and complete lines

Organizations that do not follow SFAS 117, check here lines 30 through 34.

27 through 29 and lines 33 and 34.

Permanently restricted net assets

Unrestricted net assets

28 Temporarily restricted net assets

X and complete

30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, and equipment fund

32 Retained earnings, endowment, accumulated income, or other funds

33 Total net assets or fund balances.

455,944. 530,187. 33 Total liabilities and net assets/fund balances. 455,944. 34 530,187. Form 990 (2009)

27

28

29

30

31

32

530,187.

455,944.

BAA

P

FUND

27

Form 990 (2009) PLAST CONFERENCE, INC	06-1416006	Pa	ige 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990.   Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b Were the organization's financial statements audited by an independent accountant?	2 b		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	Х	
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	n		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we consolidated basis, separate basis, or both.	re issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single		х

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits
 BAA

Form **990** (2009)

# SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No 1545 0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

PLAS	ST CONFERENCE,	INC						06-14	416006	5		
Part	Reason for Pu	blic Charity Statu	ıs (All organizations	must	compl	ete thi	s part	.) See	instruc	ctions		
The o	rganization is not a priv	ate foundation becau	se it is. (For lines 1 throu	gh 11, c	heck on	ly one b	ox.)			_		
1	A church, convente	on of churches or ass	ociation of churches desc	ribed in	section	170(b)(°	I)(A)(i).					
2	A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	.)								
3	A hospital or coope	erative hospital service	e organization described i	ın sectio	n 170(b	)(1)(A)(ii	i).					
4	A medical research	organization operate	d in conjunction with a ho	ospital d	escribed	l ın secti	ion 170	(b)(1)(A)	(iii). Ente	er the hospi	tal's	
	name, city, and sta				<b>-</b> -							
5	<b>☐</b> 1 <b>70(b)(1)(A)(iv).</b> (C	complete Part II.)	of a college or university		·	-	-	ımental ı	unit desc	cribed in sec	tion	
6 7	X An organization that	at normally receives a	governmental unit describ substantial part of its sup					or from	the gene	eral public de	escrib	ed
	in section 170(b)(1)(A)(vi). (Complete Part II)											
8	= '				•							
9	from activities relat investment income	ed to its exempt funct	more than 33-1/3 % of lons — subject to certain ss taxable income (less somplete Part III.)	exception	ons. and	(2) no i	more th	an 33-1/	3 % of it	s support fr	om ar	oss
10	An organization org	ganized and operated	exclusively to test for pul	blic safe	ty. See	section	509(a)(4	<b>I</b> ).				
11	more publicly supp	orted organizations d	exclusively for the benefi escribed in section 509(a ation and complete lines	(1) or s	ection 5	09(a)(2)	tions of See <b>s</b>	, or carr ection 5	y out the <b>09(a)(3).</b>	purposes of Check the	of one box th	or nat
	<b>a</b> Type I	<b>b</b> Type II	<b>c</b> Type II	I — Fund	ctionally	ıntegrat	ed		d 🗌	Type III-	Other	
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
f	If the organization in check this box	received a written dete	ermination from the IRS t	hat is a	Type I,	Type II o	or Type	III supp	orting or	ganization,		
g	Since August 17, 2	006, has the organiza	tion accepted any gift or	contribu	ution fro	m any o	f the fol	lowing p	ersons?	-		
											Yes	No
	(i) a person who below, the go	directly or indirectly overning body of the si	controls, either alone or to upported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)		
		ber of a person desc								11 g (ii)		
		· · · · · · · · · · · · · · · · · · ·	described in (i) or (ii) ab	ove?						11 g (iii)		
h		• •	he supported organization								L	
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) organiza (i) lister gove	ls the tion in col d in your erning ment?	the organ	ou notify lization in (i) of upport?	organizat	zed in the l	(vii) Amount	of Sup	port
				Yes	No	Yes	No	Yes	No			
								ŀ				
				ļ								
		p. c		<u> </u>	<u> </u>	ļ	ļ	ļ		· <u>-</u>		
Total												

06-1416006 Schedule A (Form 990 or 990-EZ) 2009 PLAST CONFERENCE, INC Page 2 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 (b) 2006 (d) 2008 (e) 2009 (f) Total (a) 2005 (c) 2007 beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') 178,957 727,486. 112,504 139,108 164,741 132,176. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf 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 0. the public without charge 164,741 132,176. 112,504 139,108 178,957. 727,486. Total. Add lines 1-through 3 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 0. shown on line 11, column (f) Public support. Subtract line 5 727,486. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 164,741 178,957 727,486. 7 Amounts from line 4 132,176 112,504 139,108 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form <u>9,</u>359. 17,544. 17,617. 22,082 15,856 82,458. similar sources Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV 25,825 17,444 22,539 13,970 38,932 118,710. Total support. Add lines 7 928,654. through 10 12 Gross receipts from related activities, etc. (see instructions) 12 0. 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 78.3% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 74.4% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► X b 33-1/3 support test - 2008. 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 17a 10%-facts-and-circumstances test - 2009 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

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, 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

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

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Schedule A (Form 990 or 990-EZ) 2009

the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%

Schedule A (Form 990 or 990-EZ) 2009 PLAST CONFERENCE, INC 06-1416006 Page 3 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 yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a 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 amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 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 13 Total support. (add Ins 9, 10c, 11, and 12) 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 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or 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

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

Schedule /	(Form 990 or	990-EZ) 2009	PLAST CO	NFERENCE,	INC		06-1416006	Page <b>4</b>
Part IV	3 Suppleme Part II, line	e <b>ntal Informat</b> e 17a or 17b;	and Part III,	ite this part , line 12. Pr	to provide ovide any d	the explanations other additional i	required by Part II, lin nformation. See instru	ne 10; ctions.
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Schedule A, Part IV - Supplemental Information					rmation	Page 5	
Client 10918 PLAST CONFERENCE, INC						06-1416006	
11/08/10						03 51PM	
Part II, Line 10 - O	ther Income						
Nature and Sou	rce	2009	2008	2007	2006	2005	
Subscriptions	for periodi Total <u>{</u>	38,932.	13,970. \$ 13,970.	22,539. \$ 22,539.	17,444. \$ 17,444. \$	25,825. 25,825.	

#### Schedule F (Form 990)

Totals

#### Statement of Activities Outside the United States

OMB No 1545 0047

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

06-1416006 PLAST CONFERENCE, Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the X Yes No grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States 3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (f) Total region (by type) (i.e., fundraising, program services, grants to recipients offices in the employees or (d) is a program expenditures in region agents in service, describe region region specific type of located in the region) service(s) in region 0 MANUALS/CAMPS RUSSIA/NEWLY INDEP 3 PROGRAM SVCS 64,473

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

Schedule F (Form 990) (2009)

64,473.

Par	Form 990, Part IV, line 15 Use Schedule F-1 (Form	5, for any recipient	who received	more than \$5	United States. ,000. Check thi	Complete if the sbox if no one	e organization e recipient rece	answered 'Yes' ived more than	to \$5,000 ►
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			RUSSIA/NEWLY	CAMPS	64,473.	CHK/WIRE			FMV
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2	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								
	Enter total number of other organizat								0
BAA	Schedule <b>F</b> (Form 990) 2009								

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other
			<del></del>				

		PLAST CONFEREN	NCE, INC		06-1416006	Page 4
Part IV	Supplementa		Language and a Double	1 O d d d d		
	Complete this par	t to provide the informat	ion required in Part 1,	line 2, and any additional	miormation.	
Part	I, Line 2 - Grar	<u>ıtmakers Explanati</u>	on For Grants O	ıtside US		
In_c	order to sen	d a grant for s	couting camps	in non-US countr	ries, we require the	
fol	lowing infor	mation: 1) Inte	nded use of f	unds 2) Camp budo	get 3) Names of peopl	Le 
resp	onsible for	budget and spe	nding authori	ty 4) full financ	cial report after can	np has
tra	nspired. we	also support c	ounselors and	camps by printing	ng training manuals,	
per	iodicals and	holding semina	rs.			
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# SCHEDULE O

#### **Supplemental Information to Form 990**

OMB No 1545 0047

Open to Public

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization Employer identification number 06-1416006 PLAST CONFERENCE, INC <u> Form 990, Part III, Line 1 - Organization Mission</u> <u>Plast Conference</u>, <u>Inc assists in the development of Ukrainian scouting in Ukraine</u> <u>\_and\_other\_countries. Funds\_are\_directed\_at\_programs\_to\_train\_counselors,\_develop\_\_\_</u> \_camps, and support other scouting and organizational efforts. We also publish \_\_\_ <u>periodicals</u> and training materials for scouting members and counselors. Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder Plast Conference, Inc has members consisting of other Plast entities by country. Our members include the members of Plast-USA, Plast-Canada, Plast-UK, Plast-Germany, Plast-Argentina, Plast-Australia, Plast-Poland, and Plast-Ukraine. Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body These members elect one or more members of the governing body every three years. Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders In extraordinary circumstances such as changing the statute or rules for counselors, the governing body's decisions may be subject to approval by all the members. Form 990, Part VI, Line 11 - Form 990 Review Process CFO reviewed tax return before filing. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available Plast Conference, Inc. makes its governing documents and policies available online at www.plastscouting.org, as well as upon request. The financial statements are reported to the members quarterly, annually, and tri-annually at the worldwide meeting of Ukrainian scouts.

Schedule <b>O</b> (Form 990) 2009	Page <b>2</b>
Name of the organization	Employer identification number
PLAST CONFERENCE, INC	06-1416006
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