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Form 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)

OMB No 1545-1150

2009

Open to Public  
Inspection

► 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

**A For the 2009 calendar year, or tax year beginning** \_\_\_\_\_, and ending \_\_\_\_\_

**B Check if applicable**

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

**Please use IRS label or print or type. See Specific Instructions.**

**THE FOUNDATION FOR A CURE FOR  
MITOCHONDRIAL DISEASE INC.**

Number and street (or P O box, if mail is not delivered to street address)

81 WOOD POND ROAD

Room/suite

City or town, state or country, and ZIP + 4

CHESHIRE CT 06410

**D Employer identification number** 06-1602020**E Telephone number** 203-271-2436**F Group Exemption Number** ►

► **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G Accounting method**  Cash  Accrual  
Other (specify) ►

**I Website:** ► N/A**J Tax-exempt status** (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

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

**K Check** ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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**

► \$ 245,980

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

<b>Revenue</b> 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/> a Gross revenue (not including \$ _____ of contributions 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 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► ) 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">5a</td><td></td></tr> <tr><td>5b</td><td></td></tr> <tr><td colspan="2" style="text-align: center;">5c</td></tr> <tr><td style="width: 10%;">6a</td><td style="text-align: right;">122,885</td></tr> <tr><td>6b</td><td style="text-align: right;">39,150</td></tr> <tr><td colspan="2" style="text-align: center;">6c</td></tr> <tr><td style="width: 10%;">7a</td><td></td></tr> <tr><td>7b</td><td></td></tr> <tr><td colspan="2" style="text-align: center;">7c</td></tr> <tr><td style="width: 10%;">8</td><td></td></tr> <tr><td>9</td><td style="text-align: right;">206,830</td></tr> <tr><td colspan="2" style="text-align: center;">10</td></tr> <tr><td>10</td><td style="text-align: right;">151,880</td></tr> <tr><td colspan="2" style="text-align: center;">11</td></tr> <tr><td>11</td><td></td></tr> <tr><td colspan="2" style="text-align: center;">12</td></tr> <tr><td>12</td><td></td></tr> <tr><td colspan="2" style="text-align: center;">13</td></tr> <tr><td>13</td><td style="text-align: right;">3,500</td></tr> <tr><td colspan="2" style="text-align: center;">14</td></tr> <tr><td>14</td><td></td></tr> <tr><td colspan="2" style="text-align: center;">15</td></tr> <tr><td>15</td><td></td></tr> <tr><td colspan="2" style="text-align: center;">16</td></tr> <tr><td>16</td><td style="text-align: right;">5,256</td></tr> <tr><td colspan="2" style="text-align: center;">17</td></tr> <tr><td>17</td><td style="text-align: right;">160,636</td></tr> <tr><td colspan="2" style="text-align: center;">18</td></tr> <tr><td>18</td><td style="text-align: right;">46,194</td></tr> <tr><td colspan="2" style="text-align: center;">19</td></tr> <tr><td>19</td><td style="text-align: right;">1,038,580</td></tr> <tr><td colspan="2" style="text-align: center;">20</td></tr> <tr><td>20</td><td></td></tr> <tr><td colspan="2" style="text-align: center;">21</td></tr> <tr><td>21</td><td style="text-align: right;">1,084,774</td></tr> </table>	5a		5b		5c		6a	122,885	6b	39,150	6c		7a		7b		7c		8		9	206,830	10		10	151,880	11		11		12		12		13		13	3,500	14		14		15		15		16		16	5,256	17		17	160,636	18		18	46,194	19		19	1,038,580	20		20		21		21	1,084,774
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**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,038,580	22 1,084,774
23 Land and buildings		23
24 Other assets (describe ► SEE STATEMENT 3 )		24
25 Total assets	1,038,580	25 1,084,774
26 Total liabilities (describe ► )	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,038,580	27 1,084,774

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

DAA

Form 990-EZ (2009)

G9



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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Yes  No   
33  X

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes Yes  No   
34  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 why the organization did not report the income on Form 990-T Yes  No

a 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? Yes  No   
35a  X

b If "Yes," has it filed a tax return on Form 990-T for this year? Yes  No   
35b

36 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 Yes  No   
36  X

37a Enter amount of political expenditures, direct or indirect, as described in the instr ► Yes  No   
37a  37a |

b Did the organization file Form 1120-POL for this year? Yes  No   
37b  X

38a 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? Yes  No   
38a  X

b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes  No   
38b

39 Section 501(c)(7) organizations Enter: Yes  No

a Initiation fees and capital contributions included on line 9 Yes  No   
39a

b Gross receipts, included on line 9, for public use of club facilities Yes  No   
39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_ Yes  No   
40a  40b  X

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 Yes  No   
40b

c 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 Yes  No   
40c  40d

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization Yes  No   
40d

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 Yes  No   
40e  X

41 List the states with which a copy of this return is filed ► CT Yes  No

42a The organization's books are in care of ► **WILLIAM CUNNINGHAM** Telephone no ► **203-271-2436** Yes  No   
81 WOOD POND ROAD

Located at ► **CHESHIRE, CT** ZIP + 4 ► **06410** Yes  No

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes  No   
42b  X

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. Yes  No   
42c  X

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► \_\_\_\_\_ Yes  No   
43  43 |

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes  No   
44  X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes  No   
45  X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		

	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE					

f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

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

	(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE			

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	Signature of officer	18/4/10	Date
William B Cunningham			

Paid Preparer's Use Only	Preparer's signature	DAVID A. PELLETIER CPA	Date	Check if self-employed	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed).	BUDWITZ & MEYERJACK, P.C.	07/12/10	<input type="checkbox"/>	P00069654
	address, and ZIP + 4	1122 HIGHLAND AVE CHESHIRE, CT 06410-1654		<input type="checkbox"/>	EIN ► 06-1218594
				<input type="checkbox"/>	Phone no ► 203-272-1621

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

Form 990-EZ (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

# Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

**Name of the organization** THE FOUNDATION FOR A CURE FOR  
MITOCHONDRIAL DISEASE INC. **Employer identification number**  
06-1602020

**Part I** **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 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  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
7  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  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  
9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III )  
10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  
11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other  
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 received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box  
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
    (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
    (ii) A family member of a person described in (i) above?  
    (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule A (Form 990 or 990-EZ) 2009**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b <b>33 1/3 % support test—2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	126,107	131,027	93,467	60,641	118,857	530,099
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	91,369	187,565	191,312	135,451	122,885	728,582
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5	217,476	318,592	284,779	196,092	241,742	1,258,681
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	2,600	100		4,525	15,000	22,225
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	2,600	100		4,525	15,000	22,225
8 <b>Public support</b> (Subtract line 7c from line 6.)						1,236,456

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	217,476	318,592	284,779	196,092	241,742	1,258,681
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,834	26,398	37,991	23,555	4,237	105,015
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	12,834	26,398	37,991	23,555	4,237	105,015
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	230,310	344,990	322,770	219,647	245,979	1,363,696
14 <b>First five years.</b> 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 <b>stop here</b>						► <input checked="" type="checkbox"/>

**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**

17 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 <b>33 1/3 % support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b <b>33 1/3 % support tests—2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009 **THE FOUNDATION FOR A CURE FOR** **06-1602020** **Page 4**

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2009

**Open To Public  
Inspection**

**Department of the Treasury  
Internal Revenue Service**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization **THE FOUNDATION FOR A CURE FOR  
MITOCHONDRIAL DISEASE INC.**

**Employer identification number**  
**06-1602020**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No			
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

	(a) Event #1 <b>GOLF TOURNAMENT</b> (event type)	(b) Event #2  (event type)	(c) Other events <b>NONE</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts <b>122,885</b>			<b>122,885</b>
	2 Less: Charitable contributions			
	3 Gross revenue (line 1 minus line 2) <b>122,885</b>			<b>122,885</b>
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses <b>39,150</b>			<b>39,150</b>
	10 Direct expense summary. Add lines 4 through 9 in column (d)			<b>39,150</b>
	11 Net income summary. Combine line 3, column (d), and line 10			<b>83,735</b>

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

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

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

9a	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10a	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
11	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

13 Indicate the percentage of gaming activity operated in

- a The organization's facility
- b An outside facility

	Yes	No
13a	%	
13b	%	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► WILLIAM CUNNINGHAM  
81 WOOD POND ROAD  
Address ► CHESHIRE

CT 06410

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party:

15a X

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer       Employee       Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

17a X

061602020 THE FOUNDATION FOR A CURE FOR  
06-1602020  
FYE: 12/31/2009

## **Federal Statements**

7/12/2010 5:58 PM

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

Name and Address	Date of Gift	Description of Property	Class of Activity	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
PHENO MATRIX, INC.						151,880		
9 HAWTHORNE PLACE, SUITE 4R BOSTON, MA 02114-3220								
TOTAL						151,880		

061602020 THE FOUNDATION FOR A CURE FOR  
06-1602020  
FYE: 12/31/2009

7/12/2010 5:58 PM

## Federal Statements

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

Description	Amount
EXPENSES	\$
TELEPHONE	1,332
POSTAGE	183
BANK CHARGES	1,176
EQUIPMENT RENTAL	384
INSURANCE	500
MERCHANT FEES	1,603
LICENSES AND PERMITS	50
OFFICE SUPPLIES	28
TOTAL	\$ <u>5,256</u>

### Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
COMPUTER EQUIPMENT	\$ 2,744	\$ 2,744
LESS ACCUMULATED DEPRECIATION	<u>2,744</u>	<u>2,744</u>

061602020 THE FOUNDATION FOR A CURE FOR

06-1602020

FYE: 12/31/2009

## Federal Statements

7/12/2010 5:58 PM

### Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

#### Description

THE EXEMPT PURPOSE OF THE ORGANIZATION IS RAISING MONEY FOR  
AND MAKING GRANTS TO INDIVIDUALS AND ORGANIZATIONS  
CONDUCTING RESEARCH TO FIND A CURE FOR MITOCHONDRIAL  
DISEASE.