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*orm 990-57

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 tung benefit trust or private foundation)

> Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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 sabsfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

A	For the	e 2009 calenda	ar year,	or tax year beginning , 2009, and e	nding			, 20		
B Check if applicable.		Please	C Name of organization	D	Emplo	yər identi	fication number			
	Address		nance use IRS has an a restrict to a second and a second as a seco				J .3aU^/0			
	Name d	1865 CF					phone number			
==	Initial ref	return type.						ue; 5 37		
=	Termina									
=	Amende			up Exemption						
Щ	Applicat	ion pending		per ▷						
	် Sec	ction 501(c)(3)	-	, , , ,		_		Cash 🗹 Accrual		
			a cor	npleted Schedule A (Form 990 or 990-EZ).	Other (sp	ecify)	D			
					H Check ▷	r 🗌 ıf	the orga	nızation ıs not		
1	Webs	ite: ▷	2.300	Part 18, 132	required	to atta	ich Sche	dule B (Form 990,		
J	Гах-ех	empt status (d	check or	nly one) — ✓ 501(c) (→) < (insert no.)	990-EZ,	or 990	-PF).			
	Check			zation is not a section 509(a)(3) supporting organization and its gross recei	ots are non	mally n	ot more	than \$25,000. A		
			-	turn is not required, but if the organization chooses to file a return, be su	· - ·	_				
				9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of F			\$	·		
) Inc			conses, and Changes in Net Assets or Fund Balances (S				or Part I)		
L	T				700 1110 111	T	1	190,228		
	1		. •	s, grants, and similar amounts received		· -		.,,,,,,,		
	2	_		evenue including government fees and contracts		· -	2			
	3		•	and assessments		· }	3			
	4	Investment				· -	4	13,978		
	5a			m sale of assets other than inventory 5a			- 1			
	lo			r basis and sales expenses RECENST		-				
_	C	Gain or (los	ss) fron	n sale of assets other than inventiony (Subtract line 5b from line 5a	a)		5c	<u>(73,430)</u>		
2	6	Special events	s and act	ivities (complete applicable parts of \$qbequie G). If any amount is from gast g, ch	neck here ▷					
ě	a	Gross reve	nue (no	ot including \$ MA Yorankutians O			- 1			
Revenue		reported or	n line 1				l			
-	b			oses other than fundraising expenses of the state of the			1			
	C	Net income	e or (los	ss) from special events and estivities (Subtract ine ob from line 6	a)		6c			
	7a			entory, less returns and allowances	_,	·				
	to	_					ì			
	°		•	ss) from sales of inventory (Subtract line 7b from line 7a)		\dashv	7c			
	8	-	-	scribe D 10 73 12 440 C 10 C 10 VAS The continue ray		: ⊦	8	134,636		
	1		•			-/	9	255 (3/		
_	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	· · · ·	-		233 2		
	10			r amounts paid (attach schedule)		· -	10	·		
	11		· -	11	4 1 24 2					
šes	12	Salaries, of	·	12 13	23,613					
Expenses	13	Professional fees and other payments to independent contractors						(2,3/9		
ğ	14	Occupancy	y, rent,	·	14	9,73				
Ш	15			ons, postage, and shipping		·	15	2,2 4		
	16			describe D <u>3:300 I 300</u>		_)	16	23,07?		
	17	Total expe	\triangleright	17	133 136					
S	18			for the year (Subtract line 17 from line 9)			18	63 209		
şe	19	Net assets	or fun	d balances at beginning of year (from line 27, column (A)) (must	st agree w	vith				
Š	1	end-of-yea	ar figure	e reported on prior year's return)			19	700,018		
Net Assets	20	Other char	aes in	net assets or fund balances (attach explanation)		. [20			
Ž	21		•	balances at end of year. Combine lines 18 through 20			21	575		
P	2000£00			ets. If Total assets on line 25, column (B) are \$1,250,000 or more						
				(See the instructions for Part II.)	(A) Beginn			(B) End of year		
2:	, ,	ach caunce	and	vestments			/22 22			
					-	٠	- 2-2-	<u> </u>		
2	.o. L	and and build	ungs.		-		23			
2				eD 100.30 0 000000000000000000000000000000			31 24			
2	-	otal assets .								
20		otal lizbilitie					26			
2				calances (line 27 of column (B) must agree with line 21)	<u> </u>	7.1				
Fo	r Priva	cy Act and Pa	perwor	k Reduction Act Notice, see the separate instructions. C	at No 10642	21	F	orm 990- EZ (2009)		



	€ 000 Statement of Program Service Acc					Expenses
Wha	t is the organization's primary exempt purpose?	?	10 300 1 031 000 FD 01 00 DUESE 100 0 577 0.			
	cribe what was achieved in carrying out the					(3) and 501(c)(4)
	ner, describe the services provided, the numb					zations and section a)(1) trusts, optional
	program title.	•			for oth	
	TOPEN CONTRACTOR SERVICE CONTRACTOR	- 50. 333 miles - 5 - 65. 3	2,2 = 22, 24	(3) = (2) 31	1	
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	1,0-1, 3, 33				 	
				····	1 1	
	(Grants \$) If this amo	unt includes foreign grants, ch	neck here	<u>. D L </u>	28a	70.314
29	***************************************					
	(Grants \$) If this amo	unt includes foreign grants, ch	neck here	. ▷ 🗆	29a	
30						

	(Cropto #	30a				
04		unt includes foreign grants, ch			302	
31	Other program services (attach schedule)				١ . ١	
		unt includes foreign grants, ch			31a	
	Total program service expenses (add lines 2				32	
POF	€ [W] List of Officers, Directors, Trustees, and	··-·				
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contribution employee benefit		(e) Expense account and
	(a) Name and address	devoted to position	enter -0}	deferred comper	sation	
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17004	Other Information (Note the statement requirements in the instructions for Part V.)		,	
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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			
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		1
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35%		1
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	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▷ 37a			
Ь	Did the organization file Form 1120-POL for this year?	37b		1
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
.b	Gross receipts, included on line 9, for public use of club facilities	{		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▷			
Ó	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	405		4
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			
ď	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▷ ≕.		L	<u></u>
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	Located at ▷ 107.01 If the DISTME, PARMATINE CHTY BERGY IFL ZIP + 4 ▷		113	
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	, -	Yes	No
	account)?	420		4
	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.		 	
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▷	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		1	> 🗆
70	and enter the amount of tax-exempt interest received or accrued during the tax year			AV:
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1	1
	Form 990-EZ	84	[1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		./
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Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. A 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer question and complete the tables for lines 50 and 51. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 46 candidates for public office? If "Yes," complete Schedule C, Part I 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization 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? . b If "Yes," was the related organization a section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, employees) who each received more than \$100,000 of compensation from the organization. If there is none, er (b) Title and average (c) Compensation (d) Contributions to (a) Name and address of each employee paid more hours per week employee benefit plans of deferred compensation than \$100,000 devoted to position Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each rec \$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 MOUE d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer ROBERTA Type or print name and title Check if self-employed ▷ □ Preparer's identifying number (See instructions) Preparer's Date Paid signature 13 7/3 5/14/1d Preparer's Firm's name (or 23 0078303 EIN Use Only UC 206,2623 address, and ZIP + 4 Phone no ▷ ∀es □ No May the IRS discuss this return with the preparer shown above? See instructions Form **990-**EZ (2009)

Form 990-EZ (2009) Part VI

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2009

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Emoloyer identification number

Department of the Treasury Internal Revenue Service Namo of the organization

⇒ Attach to Form \$90 or Form \$90-EZ.
⇒ See separate instructions.

		`									<u>/</u>
Pa	ri II	Reason	for Public Ch	narity Status (All or	ganızatio	ons mus	t compl	ete this	part.) Se	e instruc	ctions.
The	orga	anization is n	ot a private four	idation because it is:	(For lines	1 throug	h 11, ch	eck only	one box.)	
Í				irches, or association		_		-			
2		A school de	scribed in se c tio	on 170(b)(1)(A)(ii). (At	tach Sch	edule E)					
3		A hospital of	r a cooperative	hospital service organ	iization d	escribed	ın sectio	n 1?C(b)	(1)(A)(E).		
4			esearch organiza	ation operated in conjuste.)(A)(iii). Enter the
5			tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle							l unit described in
6				vernment or governme	ental unit	describe	d in secî	ien 1700	MA)(A)(1)(d		
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				d in section 170(b)(1)		`omploto	Part II.)				
9				y receives: (1) more th				m contrib	utions m	omborch	in foos and gross
J		receipts from	n activities relate	ed to its exempt function in the income and unre	tions—su	bject to d	certain ex	ceptions	s, and (2)	no more	tinan 331/3 % of its
		acquired by	the organization	n after June 30, 1975.	See sec	tion 509(a)(2). (Co	mplete I	Part III.)		
10		An organizat	tion organized a	nd operated exclusive	ely to test	t for publ	ic safety	See sec	dier 509	(a)(4).	
11		An organizat	tion organized a	and operated exclusiv	ely for th	ne benefi	t of, to p	erform t	he functi	ons of, o	r to carry out the
				blicly supported orgai							
				at describes the type						s 11e thr	ough 11h
		a 🗹 Type		• .		e III-Fun	-	-			Type III-Other
0				tify that the organizat							
				or managers and othe	r than on	e or more	publicly	supporte	ed organiz	ations de	escribed in section
		509(a)(1) or	section 509(a)(2)								
۴				a written determinati	on from	the IRS 1	that it is	a Type	I, Type II,	or Type	!!! supporting
		•	, check this box								🗆
g				the organization acce	epted any	gift or c	ontributio	on from a	iny of the		
		following pe	rsons?								
				r indirectly controls, e				h persor	ns descrit	ped in (ii)	
				ning body of the sup		ganizatio	n? .				11g(i) ·
				erson described in (i) a							11g(ii)
			-	of a person described							11g(r)
<u></u>				ation about the suppo				· · · · · · · · · · · · · · · · · · ·		-	
(i)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify lization in	(vi) (vi)	strie	(vii) Amount of support
		,		above or IRC section		document?	col (i)	of your	(i) organi	zed in the	опрог
				(see instructions))	<u> </u>	١	<u>_</u>	ort?	 	5 ?	
					Yes	Мо	Yes	No	Yes	No	
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FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMO	UNT
MEDICAL PROGRAM		5	58,071
SCHOLARSHIP PROGRAM			8,258
EQUIPMENT PROGRAM			66
COMMUNITY SERVICE PROGRAM			1,755
CHAPLAIN PROGRAM			2,464
MISCELLANEOUS			2,514
TRAVEL			6,818
INSURANCE			3,121
TELEPHONE			697
ANNUAL MEETING EXPENSE			481
OFFICE SUPPLIES			2,532
DISPLAYS & EXHIBITS			200
TOTAL TO FORM 990-EZ, LINE 16		8	36,977_