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SCANNED MAY 28 2010

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) Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

OMB No 1545-1150

A	A For the 2009 calendar year, or tax year beginning and ending											
В	Check applica	If Please C Name of organization	-			D Empl	loyer	identification number				
Г	Addr	use IRS										
	Name	e lotter THE EREFOON BANK FOUNDATION INC				13	3-4	330939				
Ē	Initia	Number and street (or P.O. hox, if mail is not delivered to street address)		Room/suite	E Telephone number						
Ē	Tem	pin- Specific 10555 MATN STREET, SUITE 100				70	3-	242-5300				
Ē	ated	ended tions City or town, state or country, and ZIP + 4						emption				
Ē	retu Appli Appli	FAIRFAX, VA 22030					•	► N/A				
		ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attack	асоп	noleted	G Accour			X Cash Accrual				
		Schedule A (Form 990 or 990-EZ).			1	specify)						
ī	Websi	ite: ►N/A		-				the organization is not				
j		xempt status (check only one) $ \times$ 501(c) (3) \rightarrow (insert no) \longrightarrow 4947(a)(1) or	52	1			Jule B (Form 990, 990-EZ, or 990-PF)				
	K Check X 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											
ī	Add In	nes 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 9					▶ \$	10,975.				
	art I											
	1	Contributions, gifts, grants, and similar amounts received					1	10,975.				
	2	Program service revenue including government fees and contracts					2					
	3	Membership dues and assessments				-	3					
	4	Investment income				1	4					
	5a		5a	1			•					
	b		5b			\neg						
	"	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		·			5c					
ē	6	Special events and activities (complete applicable parts of Schedule G). If any amount	s from	naminn d	heck here							
en	1 '	Gross revenue (not including \$ of contributions										
Revenue	-	reported on line 1)	6a									
_	Ь		6b					,				
;	°	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	05			\neg	6c					
!	7a		7a	1		r						
	b		7b									
1		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		·			7c					
	8	Other revenue (describe ▶				١ -	8					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				′	9	10,975.				
	10	Grants and similar amounts paid (attach schedule)					10					
	11	Benefits paid to or for members					11					
Ś	12	Salaries, other compensation-and employee benefits					12					
enses	13	Professionantees and othe paying its to independent contractors	1	13								
Expe	14	Occupancy rent utilities, and maintenance		14								
Ш	15	Printing, publications, postage, and shipping		15	1,490.							
	16	101 1114 111 (1-11) 111 (1-11)						6,250.				
	17	Total expenses. Add lines 10 through 66				_ [17	7,740.				
-	18	Excess or deficit form by ear (Ship ract-lime 17 from line 9)					18	3,235.				
ets	19	Netlassets of fund balances at beginning of year (from line 27, column (A))					-					
Ass		(must agree with end-of-year figure reported on prior year's return)					19	21,734.				
Net Assets	20	Other changes in net assets or fund balances (attach explanation)					20					
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20				▶	21	24,969.				
P	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or mo	ore, file	Form 990	instead of Fo	rm 990	-EZ					
		(See the instructions for Part II)	<u>-</u>	(A)	Beginning of	fyear		(B) End of year				
22	? Cas	sh, savings, and investments			21,	734.	22	24,969.				
23		nd and buildings					23					
24	Oth	ner assets (describe 🚩)			24					
25	5 Tot	tal assets			21,	734.		24,969.				
28	o Tot	tal liabilities (describe)			26					
27	Net	t assets or fund balances (line 27 of column (B) must agree with line 21)			21,	734.	27	24,969.				
932 02-	171 08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate inst	ruction	ıs.				Form 990-EZ (2009)				

For	m 990-EZ (2009) THE FREEDOM BANK FOUNDAT]	ION INC		<u> 13-</u>	<u>-43309</u>	39 Page :
P	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III)		E	rpenses
	at is the organization's primary exempt purpose? SEE STATEMENT					or section 501(c)(3)
					and 501(c)(4	1) organizations and
	scribe what was achieved in carrying out the organization's exempt put			ibe		7(a)(1) trusts, optiona
	services provided, the number of persons benefited, and other relevan				for others)	
28	DONATIONS WERE MADE TO VARIOUS LOCA	L CHARITIES A	MD LOCAL			
	CHAPTERS OF NATIONAL CHARITIES.		 			
						
	(Grants \$) If this amount includes foreign	grants, check here			28a	6,250.
29						
						
	(Out and the control of the control				29a	
	(Grants \$) If this amount includes foreign	grants, check here		ليسا	294	
30						
			· · · · · · · · · · · · · · · · · · ·			
					1 1	
	(Grants \$) If this amount includes foreign	grants, check here			30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign	grants, check here	•		31a	
32	Total program service expenses (add lines 28a through 31a)				32	6,250.
D	art IV List of Officers, Directors, Trustees, and Key E	mployees, List each one el	ven if not compensated			
للشنا	are to a moore, but of the tool and they a	List cach one c	Ven in not compensated	T	ontributions	
		(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)		eferred	other allowances
				com	pensation	
	OHN T. ROHRBACK, 10555 MAIN STREET,	PRESIDENT				
SU	UITE 100, FAIRFAX, VA 22030	1.00	0.		0.	0.
MI	CHAEL A. MIRANDA, 10555 MAIN	VICE PRESIDEN	T AND SEC	REI	ARY	
	REET, SUITE 100, FAIRFAX, VA 22030	1.00	0.		0.	0.
	RISTINE A. GORMAN, 10555 MAIN	TREASURER				
	REET, SUITE 100, FAIRFAX, VA 22030	1.00	0.		0.	0.
	REELY COLLETION LAIRING, VIN 22030	1.00	 	-		
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932	72	·		T.	Form	990-EZ (2009
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Pa	↑ V Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		<u>X</u>
	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
	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			ĺ
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		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	<u>A</u>
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			.,
	complete applicable parts of Sch. N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			v
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			v
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities. 39a N/A			
	dross receipts, included on line 5, for public use of diab facilities	,		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	-		
	section 4911 ▶ O . , section 4912 ▶ O . , section 4955 ▶			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the		;	1
	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	40.		х
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
	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.			
	of disqualified persons during the year and or sections to tall tests and			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	Oliganization ————————————————————————————————————	ļ		
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e	:	Х
	transaction? If "Yes," complete Form 8886-T	406		
41	List the states with which a copy of this return is filed ► NONE The organization's books are in care of ► THE FREEDOM BANK OF VIRGINIA Telephone no ► 703-24.	2-5	300	
428	Located at \triangleright 10555 MAIN STREET, SUITE 100, FAIRFAX, VA ZIP+4 \triangleright 2	203	0	
6	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	ſ	Yes	No
	account)?	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.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
٠	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		\blacktriangleright	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
- •	Form 990-EZ	44		<u>X</u>
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		X
		orm 9 !	90-EZ	(2009)

Marrie and address of each analogue part of the organization of the organization as section 257 organization? Marrie and address of each independent contractors such received more than \$100,000 of compensation from the organization of their employees paid over \$100,000	Part	rt VI Section 501(c)(3) organizations and section 4947(a)(1) n organizations and section 4947(a)(1) nonexempt charitable trusts must ai and 51.						
47 Mark St. the organization a school as described in section 170(h)(1/k)(4)/(4)? If "Yes," complete Schedule E 47 X 48 St. the organization a school as described in section 170(h)(1/k)(4)? If "Yes," complete Schedule E 48 X 49 Mark	46 Di	Did the organization engage in direct or indirect political campaign activities on behalf of or ii	n opposition to d	candidates for public	:		Yes	No
48 Is the organization askinotolast described in section 1700/(1/4/kg)? if "Yes," complete the organization make any transfers to an exempt non-charitable related organization? 1 If "Yes," was the related organization section 527 organization? 50 Complete this table for the organization from the organization if there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 or compensation from the organization if there is none, enter "None." (b) Table and average hours (c) Compensation from the organization if there is none, enter "None." (c) Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 (d) Name and address of each independent contractor paid 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 of compensation from the organization if there is none, enter "None." (a) Name and address of each independent contractor paid 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 of compensation from the organization if there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization if the enganization is the independent contractor paid more than \$100,000 of compensation from the organization in the organization is the independent contractor paid more than \$100,000 of compensation from the organization in the organ	of	office? If "Yes," complete Schedule C, Part I				46	<u> </u>	
49 bit the organization make any transfers to an exempt non-chartable related organization? 10 if Yes, was the related organization a section S27 organization? 11 Compiler this table for the organization is the 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 11 Total number of other employees paid over \$100,000 12 Total number of other employees paid over \$100,000 13 Name and address of each independent contractor paid more position in these is none, enter None 14 Total number of other employees paid over \$100,000 15 Compilete this table for the organization is the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter Youn's NoNE 16 Total number of other independent contractors each independent contractor paid more than \$100,000 17 Total number of other independent contractors each independent contractor paid more than \$100,000 18 Total number of other independent contractors each independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter Youn's NoNE 18 Total number of other independent contractors each independent contractors are not in the paid of the independent contractors each independent contractors each interprine in	47 DI	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part	II			47	ļ	
b If Yes," was the related organization a section 527 organization? 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 2 Total number of other employees paid over \$100,000 3 Name and address of each employees paid over \$100,000 4 Total number of other employees paid over \$100,000 4 Total number of other employees paid over \$100,000 5 Complete this table for the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter *100e* (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization if there is none, enter *100e* (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization if there is none, enter *100e* (d) Total number of other employees paid over \$100,000 (e) Expense and expense paid over \$100,000 of compensation from the organization if there is none, enter *100e* (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation from the organization in the paid of the p	48 Is	is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete S	ichedule E		ļ	48	ļ	
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 NONE (b) Title and average hours per week devioted to position (c) Compensation to employee benefit plans to employee benefit plans to employee benefit plans deferred compensation from the organization if there is none, enter None? (a) Name and address of each employees paid over \$100,000 (b) Title and average hours per week devioted to position (c) Compensation to employee benefit plans to employee benefit plans to employee benefit plans to employee benefit plans account and other allowances of the organization if there is none, enter None? (a) Name and address of each midependent contractor paid more than \$100,000 (b) Type of service (c) Compensation (d) Contributions (e) Expense account and service in the organization from the organization if there is none, enter None? NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (c) Type of service (c) Compensation (d) Contributions (e) Expense account and the property independent contractor who each received more than \$100,000 of compensation from the organization if there is none, enter None? (c) Compensation (d) Total number of other independent contractors seach receiving over \$100,000 (e) Type of service (e) Compensation (f) Contributions (f) Contributions (f) Compensation of the middle of the property is contributed to the property in the property is contributed to the property in the property is contributed to the property is contributed to the property in the property is contributed to the property in the property is contributed to the property is contributed to the property in the property is contributed to the property in the property is contributed to the property	49a Di	Did the organization make any transfers to an exempt non-charitable related organization?				49a	<u> </u>	X
(a) Name and address of each employee paid more than \$100,000 of compensation from the organization of the remployees paid over \$100,000 I Total number of other employees paid over \$100,000 Total number of other employees pa		·					<u> </u>	
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Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of o								
Sign Here Under penalties of perguy, I deciste 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 Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Correct, and correct, and correct of the than officer is based on all information of which preparer has any knowledge Correct, and correct of the than officer is based on all information of which preparer has any knowledge Correct, and correct of the than officer is based on all information of which preparer has any knowledge Correct, and correct of the than officer is based on all information of which preparer has any knowledge Correct officer Correct of	51 Co	Complete this table for the organization's five highest compensated independent contractors organization. If there is none, enter "None"	who each recer	,				
Sign Here Under penalties of perguy, I deciate 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 Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Correct, and correct, and correct that is have examined this based on all information of which preparer has any knowledge Correct, and correct that is true, correct								
Sign Here Signature of officer Date	d To	Total number of other independent contractors each receiving over \$100,000		>				
Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP+4 FAIRFAX, VIRGINIA 22030 THOMPSON, GREENSPON & CO. P. C. CPA'S EIN		John T. Rohrback John T. Rohrback	dules and statemen h preparer has any	its, and to the best of m knowledge	by knowledge and be) .7	true,	 >
if self-employed), address, and ZIP+4 FAIRFAX, VIRGINIA 22030 Phone ► 10 (703)385-8888	Prepare	inter's Culture County	2010 emp	oloyed >		ımber (See Insti	·)
		firm's name (or yours it self-employed). 1 THOMPSON, GREENSPON & CO. P. 1 THOMPSON & CO. P.	C. CPA'	Phor	ne 🕨	385	-88	88
	May the	· · · · · · · · · · · · · · · · · · ·			> [ΧΥe	es [No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No 1545-0047

Open to Public

Name of the organization

THE FREEDOM BANK FOUNDATION INC

Employer identification number

Part I	Reason		ity Status (All organiz				:.) See inst	tructions		5-4330333			
			because it is: (For lines										
1			s, or association of church										
2 🗔			0(b)(1)(A)(ii). (Attach Sc										
3 🗔			tal service organization		n section	170(b)(1)	(A)(iii).						
4 =			operated in conjunction					(b)(1)(A)(iii). Enter t	he hospital's name,			
-	city, and stat		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						•	,			
5			benefit of a college or ur	niversity ov	wned or op	erated by	a govern	mental unit	describe	ed in			
•	section 170(b)(1)(A)(iv). (Complete Part II.)												
6				t described	d in sectio	n 170(b)(1)(A)(v).						
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described.													
An organization that normally receives a substantial part of its support from a governmental unit or from the general public of section 170(b)(1)(A)(vi). (Complete Part II)													
8			ection 170(b)(1)(A)(vi).	(Complete	Part II.)								
9 X			eives: (1) more than 33			om contri	butions, m	nembershir	o fees, an	d gross receipts from			
ليتا ت			nctions - subject to certa										
			exable income (less sect										
		509(a)(2). (Complete			,			, 3		,			
10 🔲			perated exclusively to te	st for publ	c safety. S	see sectio	n 509(a)(4	4).					
11			perated exclusively for the						out the	purposes of one or			
			itions described in secti										
			organization and compl				•						
	a Type] Type II	$\overline{}$	e III - Func		egrated		d 🗔	Type III - Other			
e X			t the organization is not	controlled	directly of	r indirectly	by one o	r more disc	qualified p	persons other than			
- —			han one or more publicly										
f			ten determination from										
-	_	rganization, check th			•	, . , ,							
9		-	rganization accepted ar	ny gift or c	ontribution	from any	of the foll-	owing pers	ons?				
	-		rectly controls, either a							Yes No			
			upported organization?	_						11g(i)			
	•	• •	described in (i) above?	1						11g(ii)			
	•	•	person described in (i)		e?					11g(iii)			
h		-	about the supported or										
		•	• •	_									
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col (I) li	organization sted in your document?	organizat		(vi) is organizatio (i) organiz	on in colled in the	(vii) Amount of support			
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No				
			(300 mandanons))	103	140	- 103	- 110						
				<u> </u>									
		i											
					1								
				1									
				1		<u> </u>	<u> </u>						
Total				<u></u>	<u> </u>		<u></u>	<u> </u>	<u> </u>				
	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for			Schedul	e A (Forr	n 990 or 990-EZ) 2009			

Form 990 or 990-EZ.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 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 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 shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2008 (f) Total **(b)** 2006 (c) 2007 (e) 2009 Calendar year (or fiscal year beginning in)▶ (a) 2005 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 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 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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 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% 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. 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

	ction A. Public Support	Ji garii Zations	Described iii	Dection 303(a	V-7 (Complete only I	T YOU CHECKED THE DOX	Con line 9 of Part I
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(a) 2003	(0) 2000	(0) 2007	(4) 2000	(6) 2003	
•	membership fees received. (Do not	ĺ			1		
	Include any "unusual grants.")	!			44,574.	10,975.	55,549.
•	,		 		11/3/11	10,5,5.	33,347.
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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	Total. Add lines 1 through 5				44,574.	10,975.	55,549.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)	··· ·· · · · · · · · · · · · · · · · ·	***************************************				55,549.
	ction B. Total Support	h					
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6				44,574.	10,975.	55,549.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
c	acquired after June 30, 1975 Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)		<u> </u>		44,574.	10,975.	55,549.
14	First five years. If the Form 990 is for	the organization	s first, second, thi	d. fourth, or fifth t			
	check this box and stop here	.,,o o, ga	,,	2,100,111,01,111111	,		▶ X
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2009-(column (fl)		15	%
	Public support percentage from 2008			30.0 (.,,		16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	9/
18	Investment income percentage from	•		10 10, 00.01 (,,,		18	%
	33 1/3% support tests - 2009. If the			on line 14, and line	,		
	more than 33 1/3%, check this box a						▶□
b	33 1/3% support tests - 2008. If the	organization did	not check a box or	line 14 or line 19	a, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			<u> </u>
					Sch	edule A (Form 990	or 990-EZ) 200

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS					STATEMENT				
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[]	YES [X]	NO			
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	• []	YES [ХJ	по			

STATEMENT 2 990-EZ PG 2

RAISE FUNDS TO DONATE TO VARIOUS LOCAL CHARITIES AND LOCAL CHAPTERS OF NATIONAL CHARITIES.