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### Form **9.90-EZ**

#### **Short Form Return of Organization Exempt From Income Tax**

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

SCANNED DEC 0 7 2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung 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 satisfy state reporting requirements

Open to Public

| Α                | For the 2009 c                        | alendar year, or tax year beginning , 2009, and ending   |                                       |   |  |  |  |  |  |  |  |
|------------------|---------------------------------------|--|---------------------------------------|---|--|--|--|--|--|--|--|
| В                | Check if applicable                   |  | D Employer                            | identification number                         |  |  |  |  |  |  |  |
| X                | Address change                        | 20-16  | 573100                                |   |  |  |  |  |  |  |  |
|                  | Name change                           | Name change label or RESOLUTION PROGRAM, INC.  |                                       |   |  |  |  |  |  |  |  |
|                  | Initial return                        | yes   512 WEST HICKORY, STE. 202   | 9/0-1                                 | 320-1500                                      |  |  |  |  |  |  |  |
|                  | Termination                           | See Specific DENTON, TX 76201  |                                       | 720 1300                                      |  |  |  |  |  |  |  |
| E                | Amended return<br>Application pending | Instruc-<br>tions  | F Group E<br>Number                   | <u> </u>                                      |  |  |  |  |  |  |  |
|                  | • Section :<br>m                      | 601(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts ust attach a completed Schedule A (Form 990 or 990-EZ).  G Accounting to Other (special special spe | fy) ►                                 | Cash Accrual                                  |  |  |  |  |  |  |  |
| ı                | Website: ► W                          |  | attach Sche                           | ganization is <b>not</b><br>dule B (Form 990, |  |  |  |  |  |  |  |
| J                | Tax-exempt status                     | (check only one) — X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527 990-EZ, or 9  | 90-PF)                                |   |  |  |  |  |  |  |  |
| K                | Check ►if<br>\$25,000 A Form          | the organization is not a section 509(a)(3) supporting organization <b>and</b> its gross receipts an 1990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure   | e normally<br>to file a co            | not more than mplete return                   |  |  |  |  |  |  |  |
| L                | Add lines 5b, 6 instead of Form       | o, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 is 990-EZ  | <b>▶</b> \$                           | 177,484.                                      |  |  |  |  |  |  |  |
| Pa               | nt Reve                               | nue, Expenses, and Changes in Net Assets or Fund Balances (See the   | nstruction                            | ns for Part I.)                               |  |  |  |  |  |  |  |
|                  |                                       | ons, gifts, grants, and similar amounts received   | 1                                     | 102,000.                                      |  |  |  |  |  |  |  |
|                  | 2 Program                             | service revenue including government fees and contracts  | 2                                     | 75,484.                                       |  |  |  |  |  |  |  |
|                  | 3 Members                             | nip dues and assessments   | 3                                     |   |  |  |  |  |  |  |  |
|                  | 4 Investme                            | nt income.   | 4                                     |   |  |  |  |  |  |  |  |
|                  | 5a Gross am                           | ount from sale of assets other than inventory 5a   |                                       |   |  |  |  |  |  |  |  |
|                  | <b>b</b> Less cos                     | t or other basis and sales expenses  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |   |  |  |  |  |  |  |  |
| R                | 1                                     | s) from sale of assets other than inventory (Subtract In 5b from In 5a)  | 5c                                    |   |  |  |  |  |  |  |  |
| REVERUE          | 6 Special ever                        | ts and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here  |                                       |   |  |  |  |  |  |  |  |
| Ñ                | a Gross rev                           | enue (not including \$of contributions   | 1, 2, 7                               |   |  |  |  |  |  |  |  |
| Ĕ                | reported                              | · · · · · · · · · · · · · · · · · · ·  |                                       |   |  |  |  |  |  |  |  |
|                  |                                       | ct expenses other than fundraising expenses 6b   |                                       |   |  |  |  |  |  |  |  |
|                  |                                       | or (loss) from special events and activities (Subtract line 6b from line 6a)   | 6c                                    | · · · · · · · · · · · · · · · · · · ·         |  |  |  |  |  |  |  |
|                  |                                       | es of inventory, less returns and allowances   |                                       |   |  |  |  |  |  |  |  |
|                  |                                       | t of goods sold  |                                       |   |  |  |  |  |  |  |  |
|                  |                                       | fit or (loss) from sales of inventory (Subtract line 7b from line 7a)  | 7c                                    |   |  |  |  |  |  |  |  |
|                  | 1                                     | the (describe > NOV 1.5 and 8  | <u>2</u> 8                            |   |  |  |  |  |  |  |  |
|                  | 1                                     | Add lines 1, 2, 3, 4, 30, 00, 70, and 3  | S <b>≯</b> 9                          | 177,484.                                      |  |  |  |  |  |  |  |
|                  |                                       | d similar amounts paid (attach schedule)   | 2 10                                  |   |  |  |  |  |  |  |  |
| Ε                |                                       | paid to or for members   | - ) <u>  </u>                         |   |  |  |  |  |  |  |  |
| X                |                                       | or for members OGDEN, UT   | 12                                    | 58,080.                                       |  |  |  |  |  |  |  |
| E<br>P<br>E<br>N |                                       | nal fees and other payments to independent contractors   | J 13                                  | 13,518.                                       |  |  |  |  |  |  |  |
| S                | t '                                   | y, rent, utilities, and maintenance  | 14                                    | 24,000.                                       |  |  |  |  |  |  |  |
| Š                |                                       | publications, postage, and shipping  | 15                                    | 1,679.  |  |  |  |  |  |  |  |
|                  |                                       | ses (describe > SEE STATEMENT 1  | 16                                    | 60,978.                                       |  |  |  |  |  |  |  |
| _                |                                       | enses. Add lines 10 through 16   | ▶ 17                                  | 158,255.                                      |  |  |  |  |  |  |  |
| ۸                |                                       | (deficit) for the year (Subtract line 17 from line 9)  | 18                                    | 19,229.                                       |  |  |  |  |  |  |  |
| N S E E E        | 19 Net asset figure rep               | s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-<br>orted on prior year's return)   | year 19                               | 22,008.                                       |  |  |  |  |  |  |  |
| Ţ                | 20 Other cha                          | nges in net assets or fund balances (attach explanation)   | 20                                    |   |  |  |  |  |  |  |  |
|                  | 21 Net asset                          | s or fund balances at end of year Combine lines 18 through 20  | ▶ 21                                  | 41,237.                                       |  |  |  |  |  |  |  |
| Pa               | nt引息 Bala                             | nce 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  |                                       | (B) End of year                               |  |  |  |  |  |  |  |
| 22               |                                       |  | 132. 22                               | 40,711.                                       |  |  |  |  |  |  |  |
| 23               |                                       |  | 23                                    |   |  |  |  |  |  |  |  |
| 24               |                                       |  | 526. <b>24</b>                        | 526.  |  |  |  |  |  |  |  |
| 25               |                                       |  | 658. 25                               | 41,237.                                       |  |  |  |  |  |  |  |
| 26               |                                       |  | 650. 26                               | 0.  |  |  |  |  |  |  |  |
| 27               | Net assets or                         | fund balances (line 27 of column (B) must agree with line 21)  | 008.   27                             | 41,237.                                       |  |  |  |  |  |  |  |

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. TEEA0803L 01/30/10

41,237. Form 990-EZ (2009)

|             | 1990-EZ (2009) DENTON COUNTT A  |                                |                          |                  | <u> 2 U</u> | -10    | 73100 Fage 2  |
|-------------|---|--------------------------------|--------------------------|------------------|-------------|--------|---|
| Par         | ttilli Statement of Program Se  | rvice Accomplishments          | s (See the instructi     | ons.)            |             |        | Expenses  |
| What i      | s the organization's primary exempt purpose? SE                                   | E STATEMENT 4                  |                          |                  |             | (Rec   | juired for section  |
| Desc        | ribe what was achieved in carrying out tribe the services provided, the number of | he organization's exempt puri  | poses In a clear and co  | oncise manner.   | _           | orga   | puired for section<br>c)(3) and (4)<br>nizations and section<br>(a)(1) trusts, optional |
| desci       | ribe the services provided, the number of   | of persons benefited, or other | relevant information for | r each           |             | 4947   | (a)(1) trusts, optional   |
| <del></del> | am title  | <del></del>                    |                          | <del> </del>     |             | for c  | thers)  |
| 28          | SEE STATEMENT 5   |                                |                          |                  |             |        |   |
|             |   |                                |                          |                  |             |        |   |
|             |   |                                |                          |                  |             |        |   |
|             |   |                                |                          | [                |             | 20.    | 146,036.  |
|             | (Grants \$ ) If the   | his amount includes foreign g  | rants, check here        |                  |             | 28 a   | 140,030.  |
| 29          |   |                                |                          |                  |             |        |   |
|             |   |                                |                          |                  |             |        |   |
|             |   |                                |                          |                  |             |        |   |
|             |   |                                |                          | [                |             | 29 a   |   |
|             | (Grants \$ ) If the   | nis amount includes foreign g  | rants, check here        |                  | _           | 29 a   |   |
| 30          |   |                                |                          |                  |             |        |   |
|             |   |                                |                          |                  |             |        |   |
|             |   |                                |                          |                  |             |        |   |
|             | (Grants \$ ) If the   | nis amount includes foreign gi | rants, check here        |                  | [           | 30 a   |   |
| 21          | Other program services (attach schedul  |                                | anto, eneen nore         |                  |             |        |   |
|             |   |                                |                          | _ [              | $\neg$      | 21 -   |   |
|             | \   | nis amount includes foreign gi | rants, check here        |                  | Ų           | 31 a   |   |
|             | Total program service expenses (add I   |                                |                          |                  | _           | 32     | 146,036.  |
| Par         | List of Officers, Directors   | , Trustees, and Key Em         | ployees. List each or    | ne even if not c | om          | pens   | ated (See the instrs.)  |
|             |   | (b) Title and average hours    | (c) Compensation (If     | (d) Contributi   | ons         | to     | (e) Expense account   |
|             | (a) Name and address  | per week devoted               | not paid, enter -0)      | employee benefit | plar        | is and | (e) Expense account and other allowances  |
|             |   | to position                    |                          | deferred compe   | ensa        | tion   |   |
| DAV         | ID S. BOUSCHOR, II  | PRESIDENT                      | 0.                       |                  |             | 0.     | 0.  |
|             | E. OAK  | 4.00                           |                          |                  |             |        |   |
|             |   | 1                              |                          |                  |             |        |   |
|             | TON, TX 76201   |                                |                          |                  |             |        |   |
|             | FANY HAERTLING  | DIRECTOR                       | 1                        |                  |             | 0.     | 0.  |
| 151         | 7 CENTRE PLACE DRIVE # 30   | þ 2.00                         |                          |                  |             |        |   |
| DEN         | TON, TX 76205   | <u> </u>                       |                          |                  |             |        |   |
|             | NE L. COKER   | DIRECTOR                       | 0.                       |                  |             | 0.     | 0.  |
|             |   | _                              |                          |                  |             | ٠.     | ١.  |
| <u> 141</u> | 3 E. MCKINNEY STREET  | 1.00                           |                          |                  |             |        |   |
| DEN         | TON, TX 76209   |                                |                          |                  |             |        |   |
| DAR         | CY LOVELESS   | DIRECTOR                       | 0.                       | I                |             | 0.     | 0.  |
|             | NORTH ELM STREET  | 1.00                           |                          |                  |             |        |   |
|             |   | 1.00                           |                          |                  |             |        |   |
|             | TON, TX 76201   |                                |                          |                  |             |        | _   |
| DON         | R. WHITE JR.  | TREASURER                      | 0.                       |                  |             | 0.     | 0.  |
| 512         | W. HICKORY #100   | 1.00                           |                          |                  |             |        |   |
|             | TON, TX 76201   | 1                              |                          | ļ                |             |        |   |
| איזע        | 10N, 1X /0201   |                                |                          |                  |             |        |   |
|             |   | 4                              |                          |                  |             |        |   |
|             |   | <u>.</u>                       |                          |                  |             |        |   |
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|             |   |                                |                          |                  |             |        |   |
|             |   | 1                              |                          |                  |             |        |   |
|             |   | 4                              |                          |                  |             |        |   |
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|             |   | 1                              |                          |                  |             |        |   |
|             |   | 1                              |                          |                  |             |        |   |
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|             |   | 4                              |                          |                  |             |        |   |
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|             |   |                                |                          |                  |             | -      | <u> </u>  |
|             |   |                                |                          |                  |             |        |   |
|             |   | j                              |                          |                  |             |        |   |
|             |   | ]                              |                          |                  |             |        |   |

|      | 990-EZ (2009) DENTON COUNTY ALTERNATE DISPUTE 20-167310  |             |              | age 3                                    |
|------|--|-------------|--------------|--|
| :Par | Other Information (Note the statement requirements in the instrs for Part V.)  SEE STA   | ATEMI       |              | 6  |
|      |  |             | 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          |              | X  |
| 34   | Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes   | 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  |             |              |  |
| ā    | 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?  | 35 a        |              | X  |
| t    | olf 'Yes,' has it filed a tax return on Form 990-T for this year?  | 35 b        |              |  |
|      | 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          |              | <u>X</u>                                 |
|      | Enter amount of political expenditures, direct or indirect, as described in the instructions    Oud the organization file Form 1120-POL for this year?   | 37b         |              | <br>X                                    |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  | 38 a        | فنحت         | X  |
| b    | olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A  |             |              |  |
|      | Section 501(c)(7) organizations Enter  |             | 编            | 1  |
|      | Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  N/A   | 1. * Table  |              |  |
|      | Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under   | -[1         | - E          |  |
| 40 a | section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.  | 崇日          |              |  |
| 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 | 40 b        |              | X  |
| 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   | France d    |              |  |
|      | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  | 1-3         | 0            | 4.00                                     |
| 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   | 40 e        |              | X  |
| 41   | List the states with which a copy of this return is filed NONE   |             |              |  |
|      |  |             |              |  |
| 42 a | The organization's books are in care of DAVID S. BOUSCHOR Telephone no 940-32  Located at 217 E. OAK STREET, DENTON, TX ZIP + 4 76201  | <u>23-1</u> | <u>300</u>   | - <b></b>                                |
| ь    | 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)?   | 42 b        | Yes          | No<br>X                                  |
|      | If 'Yes,' enter the name of the foreign country  | 420         | 121.15       |  |
|      |  |             |              | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |
|      | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts   |             | ¥5.<br>j ετ. | -(**)                                    |
| C    | At any time during the calendar year, did the organization maintain an office outside of the U.S.?   | 42 c        |              | <u>X</u>                                 |
|      | 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  | ١           |              | N/A                                      |
|      | and enter the amount of tax-exempt interest received or accrued during the tax year  |             | <u>-</u>     | 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          |              |  |
| BAA  |  | m 990       | -EZ (2       |  |

| •             | 501(c)(3) organizations and se<br>46-49b and complete the table   | ction 494/(a)(1) no<br>s for lines 50 and 5              | nexempt charital<br>1.          | ole trusts must answer q  | uestic                    | ns                         |          |
|---------------|---|--|---------------------------------|---|---------------------------|----------------------------|----------|
| 46 Did        | the organization engage in direct or indire   | ct political campaign ac                                 | tivities on behalf of           | or in opposition to candidates  |                           | Yes                        | No       |
| for           | public office? If 'Yes,' complete Schedule  | C, Part I  |                                 | or in opposition to candidates  | 46                        |                            | X        |
|               | the organization engage in lobbying activities  |  |                                 |   | 47                        |                            | X        |
|               | ne organization a school as described in se   | (-)( )( )( )   |                                 |   | 48                        |                            | X        |
|               | the organization make any transfers to an   |  | related organization            | 7   | 49a                       |                            | X        |
| ץ' זו מ       | 'es,' was the related organization a section  | 1 52/ organization/                                      |                                 |   | 49b                       | <u></u> i                  |          |
|               | nplete this table for the organization's five<br>ployees) who each received more than \$10                      |  |                                 |   |                           |                            |          |
|               | 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 and deferred compensation | (e) E)                    | pense<br>nt and<br>owances | s        |
| NONE          |   |  | <del> </del>                    |   |                           |                            |          |
|               |   |  |                                 |   |                           |                            |          |
|               |   |  |                                 |   |                           |                            |          |
|               |   |  |                                 |   |                           |                            |          |
|               |   |  |                                 |   |                           |                            |          |
|               |   |  |                                 |   |                           |                            |          |
|               |   |  |                                 |   |                           |                            |          |
|               |   |  |                                 | <del>                                     </del>                      |                           |                            |          |
|               |   |  |                                 | 1   |                           |                            |          |
| f Tota        | al number of other employees paid over \$1  | 00,000   |                                 |   |                           |                            |          |
|               |   |  |                                 | •   |                           |                            |          |
| 51 Con        | nplete this table for the organization's five spensation from the organization. If there is                     | highest compensated in                                   | dependent contracto             | ors who each received more th   | an \$10                   | 0,000                      | of       |
|               | perisation from the organization in there is  |  |                                 | ·   |                           |                            |          |
|               | (a) Name and address of each independent contri   | actor paid more than \$100,000                           |                                 | (b) Type of service   | (c) Comp                  | ensation                   | 1        |
| NONE_         |   |  |                                 | ľ   |                           |                            |          |
|               |   | <del> </del>   |                                 |   |                           |                            |          |
|               |   |  |                                 |   |                           |                            |          |
| <del></del>   |   |  |                                 |   |                           |                            |          |
|               |   |  |                                 |   |                           |                            |          |
|               |   |  |                                 |   |                           |                            |          |
|               |   |  |                                 |   |                           |                            |          |
|               |   |  |                                 |   |                           |                            |          |
|               |   |  |                                 |   |                           |                            |          |
| <b>d</b> lota | I number of other independent contractors   | each receiving over \$1                                  | 00,000                          |   |                           |                            | ——       |
|               | Under penalties of perury, deviare that I have examp  | ned this return, including according                     | npanying schedules and sta      | tements, and to the best of my knowledge                              | e and be                  | hef, it is                 |          |
|               | Under penalties of penury, deviare to at I have example true, correct, and complete of classicon of penaltie (c | other than officer) is based on a                        | Il information of which prepare | arer has any knowledge  |                           |                            |          |
| Sign          |   |  |                                 | 1/1/4/10  |                           |                            |          |
| Here          | Signature of officer  |  | <del></del>                     | Date  |                           | -                          |          |
|               | DAVID S. BOUSCHOR II  |  |                                 |   |                           |                            |          |
|               | Type or print name and title  |  |                                 |   |                           |                            |          |
| Paid          | Preparer's  | · coa  | Date )                          |   | r's Identif<br>tructions) | ying Nun                   | nber     |
| re-           | signature Ry I Unite  | www.cra  | - 11/9/1                        |   | 4139                      |                            |          |
| parer's       | Firm's name (or ANDERSON, SPECTO yours if self  |  |                                 |   | 0100                      |                            |          |
| Jse<br>Only   | employed), ZZZ E. MCKINNEY  | STE 100  |                                 |   | 2186                      |                            |          |
| <del></del>   | DENTON, TX 76201  |  | rtions                          | Phone no ► (940) ►  | 566-0                     |                            | ——<br>No |
| BAA           | to discuss this return with the preparer sh   | own abover see mstruc                                    |                                 |   | rm 990                    |                            |          |
|               |   |  |                                 |   |                           |                            |          |

#### SCHEDULE'A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047 2009

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

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

DENTON COUNTY ALTERNATE DISPUTE

Employer identification number

| Part<br>The of<br>1<br>2<br>3 | organization is not a pr  | vate foundation beca                              | us (All organizations use it is (For lines 1 thro   |                       |   |                     |  | ) See                | ınstruc                                   | tions                            |                      |  |  |
|-------------------------------|---|---|---|-----------------------|---|---------------------|--|----------------------|---|----------------------------------|----------------------|--|--|
| 1<br>2                        | A church, convent   |   | use it is (For lines 1 thro   | ough 11               |   |                     |  |                      |   |                                  |                      |  |  |
| 2                             | <del></del>   | on of oburobos or as                              |   | Jugii i i,            | спеск с   | only one            | box )  |                      |   |                                  |                      |  |  |
|                               | A sobool dosoribos  | ion of churches of as:                            | sociation of churches des   | cribed ii             | n <mark>sectio</mark>                                 | n 170(b)            | )(A)(i                                       | ).                   |   |                                  |                      |  |  |
| 3                             | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)   |   |   |                       |   |                     |  |                      |   |                                  |                      |  |  |
|                               | A hospital or 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                             |   | erated for the benefit                            | t of a college or university  | y owned               | or oper   | ated by             | a gove                                       | rnmenta              | al unit de                                | scribed in sec                   | tion                 |  |  |
| 6                             |   |   | governmental unit descri  |                       |   |                     |  |                      |   |                                  |                      |  |  |
| 7                             |   | <b>)(A)(vi).</b> (Complete F                      |   |                       | _   | vernme              | ntal un                                      | it or fror           | n the ge                                  | neral public de                  | scribed              |  |  |
| 8                             | _   |   | 170(b)(1)(A)(vi). (Comple   |                       | •   |                     |  |                      |   |                                  |                      |  |  |
| 9                             | from activities relate  | ed to its exempt function                         | more than 33-1/3 % of its<br>ns — subject to certain excess taxable income (less<br>Complete Part III.) | eptions,              | and (2) r   | no more             | than 33.                                     | -1/3 % oi            | fits supp                                 | ort from gross                   | n after              |  |  |
| 10                            | An organization or  | ganized and operated                              | exclusively to test for pu  | ublic saf             | ety See   | section             | n 509(a)                                     | (4).                 |   |                                  |                      |  |  |
| 11                            | more publicly supp  | orted organizations                               | l exclusively for the bene<br>described in section 509(<br>zation and complete line:                    | a)(1) or              | section   | 509(a)(2            | nctions<br>2) See                            | of, or ca<br>section | rry out tl<br><b>509(a)(</b> 3            | he purposes o                    | f one or<br>oox that |  |  |
|                               | a Type I  | <b>b</b> Type II                                  | c 🗌 Type II   | I – Fund              | ctionally   | ıntegra             | ted  |                      | d 🗌                                       | Type III- Ot                     | ner                  |  |  |
| е                             | By checking this be than foundation ma 509(a)(2)  | ox, I certify that the o<br>anagers and other tha | rganization is not control<br>an one or more publicly s   | led dired<br>upported | ctly or in<br>d organi                                | directly<br>zations | by one<br>describ                            | or more<br>ed in se  | disqual<br>ction 509                      | ified persons<br>9(a)(1) or sect | other<br>on          |  |  |
| f                             | If the organization check this box  | received a written de                             | termination from the IRS  | that is a             | a Type I  | , Type I            | or Typ                                       | e III sup            | porting                                   | organization,                    |                      |  |  |
| g                             | Since August 17, 2  | 2006, has the organiza                            | ation accepted any gift o   | r contrib             | oution fro  | om any              | of the f                                     | ollowing             | persons                                   | .7                               |                      |  |  |
|                               |   |   |   |                       |   |                     |  |                      |   | Ye                               | s No                 |  |  |
|                               | (i) a person who  | directly or indirectly                            | controls, either alone or supported organization?   | together              | with pe   | rsons d             | escribe                                      | d in (ii)            | and (III)                                 | 11 g (i)                         |                      |  |  |
|                               |   | ber of a person des                               | •   | •                     |   |                     |  |                      |   | 11 g (ii)                        |                      |  |  |
|                               |   | •   | n described in (i) or (ii) a  | havo2                 |   |                     |  |                      |   |                                  | +                    |  |  |
| h                             |   | · ·   | the supported organization  |                       |   |                     |  |                      |   | 11 g (iii)                       |                      |  |  |
|                               | <del></del>   | 1   | 1   | 1                     | 1- 41-  | 43.5.4              |  |                      |   |                                  |                      |  |  |
|                               | (i) Name of Supported<br>Organization   | (ii) EIN  | (III) Type of organization<br>(described on lines 1-9<br>above or IRC section<br>(see instructions))    | organizal             | Is the<br>tion in col<br>d in your<br>erning<br>ment? | the organ           | ou notify<br>ization in<br>(i) of<br>ipport? | organizat            | Is the<br>lion in col<br>zed in the<br>S? | (vii) Amount of                  | Support              |  |  |
|                               |   |   |   | Yes                   | No  | Yes                 | No   | Yes                  | No  |                                  |                      |  |  |
|                               |   |   |   |                       |   |                     |  |                      | T   |                                  |                      |  |  |
|                               |   |   |   |                       |   |                     |  |                      |   |                                  |                      |  |  |
|                               |   |   |   |                       |   |                     |  |                      |   |                                  |                      |  |  |
|                               |   |   |   |                       |   |                     |  |                      |   |                                  |                      |  |  |
|                               |   |   |   |                       |   |                     |  |                      |   |                                  |                      |  |  |
|                               |   |   |   |                       |   |                     |  |                      |   |                                  |                      |  |  |
|                               |   |   |   |                       | ·<br>   | -                   |  |                      |   |                                  |                      |  |  |
|                               |   |   |   |                       |   | -                   |  |                      |   |                                  |                      |  |  |
|                               |   |   |   |                       |   |                     |  | 3                    |   |                                  |                      |  |  |

Page 2

|              | (Complete only if you check  | ed the box on line                     | 5 7 or 8 of Par                      | † I )                                      |  |                                |                    | •                 |  |
|--------------|--|--|--------------------------------------|--|--|--------------------------------|--------------------|-------------------|--|
| Sec          | tion A. Public Support   | CO THE DOX OH THE                      | . 0, 7, 0, 0 01 1 ar                 | ··/  | Г  | ·····                          | · · · ·            |                   |  |
| begi         | ndar year (or fiscal year<br>nning in) ►   | (a) 2005                               | (b) 2006                             | (c) 2007                                   | (d) 2008                                     | (e) 200                        | 9                  | (f) Total         |  |
| 1            | Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')  |  |                                      |  |  |                                |                    |                   |  |
| 2            | Tax revenues levied for the<br>organization's benefit and<br>either paid to it or expended<br>on its behalf  |  |                                      |  |  |                                |                    |                   |  |
| 3            | 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 the public without charge.            |  |                                      |  |  |                                |                    |                   |  |
| 4            | Total. 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            | Public support. Subtract line 5 from line 4  |  |                                      | F STIME                                    |  |                                | <u>.</u> =         |                   |  |
| Sec          | tion B. Total Support  |  |                                      |  |  |                                |                    |                   |  |
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►   | (a) 2005                               | (b) 2006                             | (c) 2007                                   | (d) 2008                                     | (e) 200                        | 9                  | (f) Total         |  |
| 7            | Amounts from line 4  |  |                                      |  | - "  |                                |                    |                   |  |
| 8            | Gross income from interest,<br>dividends, payments received<br>on securities loans, rents,<br>royalties and income form<br>similar sources   |  |                                      |  |  |                                |                    |                   |  |
| 9            | Net income from unrelated<br>business activities, whether or<br>not the business is regularly<br>carried on  |  |                                      |  |  |                                |                    |                   |  |
| 10           | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  |  |                                      |  | · · · · · · · · · · · · · · · · · · ·        | 127                            |                    |                   |  |
| 11           | Total support. Add lines 7 through 10  | ,                                      |                                      | -<br>. l                                   |  | )                              |                    |                   |  |
| 12           | Gross receipts from related activ  | rities, etc. (see ins                  | structions)                          |  |  |                                | 12                 |                   |  |
|              | First five years. If the Form 990 organization, check this box and   | stop here                              |                                      | nd, third, fourth, o                       | or fifth tax year as                         | s a section 5                  | 01(c)(3            | 3) ▶ □            |  |
|              | tion C. Computation of Pu  |  |                                      |  |  |                                | <u> </u>           |                   |  |
| 14           | Public support percentage for 20   | 009 (line 6, columi                    | n (f) divided by lir                 | ne 11, column (f)                          |  |                                | 14                 | %_                |  |
| 15           | Public support percentage from   | 2008 Schedule A,                       | Part II, line 14                     |  |  | L                              | 15                 | <u>%</u>          |  |
| 16 a         | 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 |  |                                      |  |  |                                |                    |                   |  |
| ŀ            | 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. |  |                                      |  |  |                                |                    |                   |  |
| 17 a         | a 10%-facts-and-circumstances te<br>or more, and if the organization<br>the organization meets the 'facts  | meets the 'facts-a                     | and-circumstance:                    | s' test, check this                        | box and stop her                             | e. Explain ir                  | ı Part I           | IV how            |  |
| ł            | o 10%-facts-and-circumstances te<br>or more, and if the organization<br>organization meets the 'facts-and  | meets the 'facts-a<br>d-circumstances' | and-circumstances<br>test The organi | s' test, check this<br>zation qualifies as | box and <b>stop her</b><br>a publicly suppor | e. Explain ir<br>rted organiza | i Part I<br>ation. | IV how the ▶      |  |
| 18           | Private foundation, if the organi  | zation did not che                     | ck a box on line,                    | 13, 16a, 16b, 17a                          |  |                                |                    |                   |  |
| BAA          |  |  |                                      |  | Sch  | nedule A (Fo                   | rm 990             | 0 or 990-EZ) 2009 |  |

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

|   | (Complete only if you che  | cked the box on i  | ine 3 or rait 1)   |  |  |   |  |
|---|--|--|--|--|--|---|--|
|   | tion A. Public Support   | · · · · · · · · · · · · · · · · · · ·  | T  |  |  | r   |  |
|   | ndar year (or fiscal yr beginning in)  | (a) 2005   | <b>(b)</b> 2006  | (c) 2007   | (d) 2008   | <b>(e)</b> 2009   | (f) Total  |
| 1   | Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')   | · 77,250.  | · 85,350.  | · 84,000.  | · 88,500.  | ·102,000.   | 437,100.   |
| 2   | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt   | 56,970.  | . 83,580.  | 99,405.  | 91,696.  | . 75, 484.  | 407,135.   |
| 3   | purpose Gross receipts from activities that are not an unrelated trade or business   | 36,970.  | . 63,360.  | 99,403.  | 91,090.  | . 73,464.   | 0.   |
| 4   | under section 513  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |  |  |  |  |   | 0.   |
| 5   | The value of services or facilities furnished by a governmental unit to the organization without charge  |  |  |  |  |   | 0.   |
| 6   | Total. Add lines 1 through 5   | 134,220.   | .168,930.  | · 183,405.   | ·180,196.  | 177,484.  | 844,235.   |
| 7 a   | Amounts included on lines 1, 2, 3 received from disqualified persons   | 0.   | 0.   | 0.   | 0.   | 0.  | 0.   |
| 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   | 0  | 0.   | 0.   | 0.   | 0.  | 0.   |
|   | year   | 0.   | 0.   | 0.   | 0.   | 0.  | 0.   |
|   | Add lines 7a and 7b  |  |  |  |  | 7 3 1   | <u> </u>   |
| 8   | Public support (Subtract line  |  |  |  |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                       | 044 005  |
|   | 7c from line 6.)   | "是是我们不是是   | <b>海里特别外</b> 中国的   | 的主義的影響的  | 第二次4次要300000000000000000000000000000000000   | Carried All Languages   | 844,235.   |
| _   |  |  |  |  |  |   |  |
|   | tion B. Total Support  | r  | <del></del>  |  |  |   |  |
|   | tion B. Total Support ndar year (or fiscal yr beginning in)  | (a) 2005   | <b>(b)</b> 2006  | <b>(c)</b> 2007  | (d) 2008   | <b>(e)</b> 2009   | (f) Total  |
| Cale  |  | (a) 2005<br>134, 220.  | <b>(b)</b> 2006<br>168, 930.   | (c) 2007<br>· 183, 405.  | (d) 2008<br>· 180, 196.  | (e) 2009<br>- 177, 484.   | (f) Total<br>844, 235.                                     |
| Cale:   | ndar year (or fiscal yr beginning in)  |  |  |  |  |   |  |
| Caler<br>9<br>10 a                                    | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   | 134,220.   | 168,930.   | · 183,405.   | . 180,196.   | - 177,484.  | 0.<br>0.   |
| Caler<br>9<br>10 a                                    | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses  |  |  |  |  |   | 844,235.   |
| Caler 9 10 a b c 11                                   | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  | 0.   | 0.   | 0.   | 0.   | 0.  | 0.<br>0.   |
| Caler 9 10 a b c 11                                   | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  | 0.   | 0.   | 0.   | 0.   | 0.  | 0.<br>0.<br>0.   |
| Caler 9 10 a b c 11 12 13 14                          | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and   | 0.   | 0.   | · 183,405.   | 0.   | 0.  | 0.<br>0.<br>0.<br>0.<br>844,235.                           |
| Calei 9 10 a b c 11 12 13 14 Sec                      | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put   | 0.   | 0.   | 0.   | 0.   | 0.  | 0.<br>0.<br>0.<br>0.<br>0.<br>844,235.<br>844,235.         |
| Calei 9 10 a b c c 11 12 13 14 Sec 15                 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul  | 0.  134, 220.  0.  stop the organiz stop here blic Support P   | 0.  0.  ercentage n (f) divided by lir   | 0.   | 0.   | 0.  | 0.<br>0.<br>0.<br>0.<br>0.<br>844,235.<br>3) ► □           |
| Calei 9 10 a b c 11 12 13 14 Sec 15 16                | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pullic support percentage from   | 0.  134, 220.  0.  stop the organiz stop here blic Support Pool (line 8, column 2008 Schedule A,   | 0.  0.  otion's first, seconercentage  (f) divided by line Part III, line 15   | 0.   | 0.   | 0.  | 0.<br>0.<br>0.<br>0.<br>0.<br>844,235.<br>844,235.         |
| Caler 9 10 a b c c 11 12 13 14 Sec 15 16 Sec          | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Putlic support percentage from tion D. Computation of Invition D. Computation of Invition D. Computation of Invition 1.   | 0.  134, 220.  0.  Stor the organizator here  blic Support Pool (line 8, columnate 2008 Schedule A, restment Incor   | 0.  O.  Percentage  (f) divided by line  Part III, line 15  The Percentage   | 0.   | 0.   | 0. 0.   | 0.<br>0.<br>0.<br>0.<br>0.<br>844,235.<br>3) ► □<br>100.0% |
| Calei 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17         | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from the support in processing from the support percentage from the support per | 134, 220.  0.  is for the organizatop here blic Support Programmed Schedule A, restment Incorror 2009 (line 10c,   | o.  168, 930.  0.  o.  ation's first, secon  ercentage  n (f) divided by lir  Part III, line 15  ne Percentage  column (f) divide  | 0.  0.  0.  d, third, fourth, one 13, column (f).  | 0.   | 0. 0. 15 16   | 0. 0. 0. 0. 844,235.  0. 0. 100.0% 0.0%                    |
| Caler 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18      | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Putlines support percentage for 20 Public support percentage from Investment income percentage finvestment income percentage fines fines fines from the fine fines from the fin | 134, 220.  0.  1s for the organiz stop here  blic Support P  09 (line 8, column 2008 Schedule A, estment Incor   | o.  168, 930.  0.  0.  Percentage  n (f) divided by line  Part III, line 15  ne Percentage  column (f) divided by line  check the box on the check the box on the column of the column of the check the box on the check the box on the check the box on the check the column of the check the c | 0.  0.  183, 405.  | 0.   | 0. 0. 15 16 17 18 %, and line 17 is not                                     | 0. 0. 0. 0. 0. 844,235. 3) 0. 100.0% 100.0% 0.0%           |
| Calei 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pullic support percentage for 20 Public support percentage from threstment income percentage finvestment income percentage fines in the properties of  | 134, 220.  0.  0.  Is for the organization did not proganization d | o.  0.  0.  0.  Percentage  n (f) divided by line  Part III, line 15  ne Percentage  column (f) divided by line  check the box on incheck the box on incheck a  | 0.  0.  0.  183, 405.  0.  0.  d, third, fourth, one 13, column (f))  d by line 13, column (f)  ine 14, and line 15  in qualifies as a pure to make the control of the cont | or fifth tax year as the min (f))  is more than 33-1/3 iblicly supported contains and line 16 is not as and line 16 is not as a second contains a second con | 0.  0.  15 16  17 18  %, and line 17 is not organization more than 33-1/3%. | 0. 0. 0. 0. 844,235.  0. 0. 844,235. 3) 100.0% 100.0% 0.0% |

| Schednie A    | . (Form 95         | 10 or 990      | J-EZ) 20    | 09 DE              | INTON            | COONT:    | I ALIE               | KNAIL        | DIPLOI      | င                       | 20         | -10/310                 | U            | Page 4          |
|---------------|--------------------|----------------|-------------|--------------------|------------------|-----------|----------------------|--------------|-------------|-------------------------|------------|-------------------------|--------------|-----------------|
| Partily       | Supple<br>Part II, | mental         | Information | nation.<br>7b; and | . Comp<br>Part I | lete this | s part to<br>12. Pro | o provide    | e the ex    | planatior<br>additional | is require | d by Part<br>ion. See i | II, line 10  | ),<br>IS.       |
|               | <u>·</u>           |                |             |                    |                  |           |                      |              |             |                         | ·          |                         |              |                 |
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| 2009<br>Di   | FEDERAL STATEMENTS ENTON COUNTY ALTERNATE DISPUTE RESOLUTION PROGRAM, INC. |                                     | PACE 1<br>20-16/51(1)  |
|--|--|-------------------------------------|--|
| STATEMENT 1<br>FORM 990-EZ, PART I, LINE 16<br>OTHER EXPENSES  |  |                                     |  |
| ADVERTISING AND PROMOTION. AWARDS / RECOGNITION BAR ASSOCIATION SUPERVISION BOARD LUNCHES DUES & SUBSCRIPTIONS EQUIPMENT RENT HEALTH INSURANCE MEALS OTHER MEDIATION LUNCHES MISCELLANEOUS OFFICE EXPENSES PROMOTIONAL GIFTS TELEPHONE |  | total <u>\$</u>                     | 689.<br>31,500.<br>191.<br>242.<br>2,400.<br>3,300.<br>286.<br>14,918.<br>100.<br>1,219.<br>2,443. |
| STATEMENT 2<br>FORM 990-EZ, PART II, LINE 24<br>OTHER ASSETS   |  |                                     |  |
| INTANGIBLE ASSETS  | TOTAL  | BEGINNING<br>\$ 526:<br>\$ 526.     | ENDING<br>\$ 526.<br>\$ 526.   |
| STATEMENT 3<br>FORM 990-EZ, PART II, LINE 26<br>TOTAL LIABILITIES  |  |                                     |  |
| REFUNDABLE DEPOSITS  | TOTAL  | BEGINNING<br>\$ 2,650.<br>\$ 2,650. | <u>ENDING</u> \$ 0.  \$ 0.   |
| STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEM  | PT PURPOSE   |                                     |  |

## ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE AFFORDABLE MEDIATION SERVICES TO DISPUTING INDIVIDUALS OR ORGANIZATIONS IN DENTON COUNTY, TEXAS AS AN ALTERNATIVE TO COSTLY LITIGATION. ELIGIBLE CASES ARE REFERRED BY LOCAL JUDGES AT THE OUTSET OF FORMAL LITIGATION.

2009

# FEDERAL STATEMENTS DENTON COUNTY ALTERNATE DISPUTE RESOLUTION PROGRAM, INC.

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STATEMENT 5 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DENTON COUNTY ALTERNATE DISPUTE RESOLUTION PROGRAM, INC. CONDUCTED A NUMBER OF MEDIATIONS TO SETTLE LITIGATION FOR CITIZENS AND ORGANIZATIONS OF DENTON COUNTY, TEXAS. THIS WAS ACHIEVED BY PROVIDING FACILITIES AND TRAINED MEDIATORS, WHO VOLUNTEER THEIR TIME AT EITHER NO COST OR GREATLY REDUCED COST BASED ON THE WHEREWITHAL OF THE CONTESTANTS.

## STATEMENT 6 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO