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# SCANNED APR 29

Form **990-EZ** 

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

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

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 Inspection

B. Check displaced Names change Names of Names Name	Α	For t	he 2009 ca	lendar y	year, or tax	year beginnin	ig	, 20	009, and er	nding				<u>,</u>		
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Section 501(CK) organizations and 4947(x(X)) nonexempt charitable trusts   Section 501(CK) organizations and 4947(x(X)) nonexempt charitable trusts   Section 501(CK) organizations and 4947(x(X)) nonexempt charitable trusts   MW. PSCPARTNERS. ORG   Taxesemel tablus (deck only one) -   X  501(c) (3) - (neet no.)   1   Website: -   WWW. PSCPARTNERS. ORG   Taxesemel tablus (deck only one) -   X  501(c) (3) - (neet no.)   1   1   1   1   1   1   1   1   1		Name	change								E	Telep	phone	number		
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*Section 501(£X3) organizations and 4947(2)(1) nonexempt charitable trusts  *Section 501(£X3) organizations and 4947(2)(1) nonexempt charitable trusts    Website: *   WWW_PSCPARTNERS_ORG	$\vdash$	Termin	ation	Specific	ENGLEW	OOD, CO 8	0111				<u> </u>					
**Section 501(cX3) organizations and 4947(a)1) nonexempt charitable trusts must affacts a completed Schedule A (Form 990 or 590-E2).    Website: ** WWW. PSCPARTNERS. ORG   This exempt status (clieck only one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt status (clieck only one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt status (clieck only one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt status (clieck only one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt status (clieck only one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt status (clieck only one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt status (clieck only one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt status (clieck only one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt status (clieck only one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt status (clieck only one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt status (clieck only one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt status (clieck only one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt status (clieck only one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt status (clieck only one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt status (clieck only one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt status (clieck one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt status (clieck one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt status (clieck one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt status (clieck one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt status (clieck one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt status (clieck one) = [X] 501(c) (3) ** (most no.)   1941(a)(1) or 591   This exempt st	$\vdash$										F	Gro	up E:	xemption	•	
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New Steek   WWW   PSCPARTNERS   ORG   Tax-summer than stubs (take thing more)   X   SIDIO (3) = (insert no)   149/(3)(1) or   157   990-E2   or Form 990   1590-E2   or Form			• Section	501(c)(3 nust atta	3) organiza ach a comp	tions and 4947 pleted Schedu	(a)(1) nonexem le A (Form 990 d	pt charitable trus or 990-EZ).	ts 		Other (specify)	•				<u></u> -
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\$25,000 A Form 990 return is not required, but if the organization chooses to life a return, be sure to file a complete return in Add Innes Sb. 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990  *** 292, 317.    Total Exercise of Form 990 et al.   Part I					nly one) —	X 501(c) ( 3	3 ) ◀ (insert no	) 4947(a)(1) or			·					
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   1   265, 807.   2   2   2   3   3   3   3   3   3   3		\$25,0	000 A Form	m 990-E	Z or Form	990 return is r	ot required, but	if the organization	n chooses	s to fil	e a return, be	ormal sure	ly <b>n</b> c	ile a comp	an ilete retur	rn
1   Contributions, guils, grants, and similar amounts received   2   Program service revenue including government fees and contracts   3   Membership dues and assessments   4   Investment income	L	Add I	ad of Form	1 990-EZ	Z								_ <u>-</u> _			.7.
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 neverthern income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) a Gross revenue (not including \$ a Gross revenue (not including \$ reported on line 1) b Less, direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 2.92, 317.  10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional lees and other payments to independent confactors 14 Occupancy, rent, lutilities, and maintenance  2 APR  7 2.010 3 APR  7 2.010 4 PR  9 7 2.010 5 Other changes in net assets or fund balances at the ginning of year (from line 27, column (A)) (must agree with end-of-year ingurer eported on prior year's return) 2 Net assets or fund balances at ded of year. Combine lines 18 through 20 2 Cash, savings, and investments 2 Cash, savings, and investments 3 Column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ 3 Cash, savings, and investments 4 17, 969, 25 507, 165.  2 Cash, savings, and investments 3 Column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ 4 Office assets of fund balances at end of year. Combine lines 18 through 20 5 Total labilities (describe > SEE STATEMENT 4) 5 Column (B) must agree with line 21) 7 Cotal liabilities (describe > SEE STATEMENT 4) 7 Cotal liabilities (describe > SEE STATEMENT 4) 8	Pa	ırt I	Reve	enue, I	Expense	s, and Cha	nges in Net .	Assets or Fur	id Balan	ices	(See the in	ıstru	ıctıc	ons for P	'art I.)	
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A investment income   Sa Gross amount from sale of assets other than inventory   Less cost or other basis and sales expenses   Sb   Sb   Sc   Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here   Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here   Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here   Special events and activities (Subtract line B)   Special		2	Program	service	revenue in	cluding govern	ment fees and	contracts								
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8   Other revenue (describe   9   Total revenue   Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8   9   292, 317.     10   Grants and similar amounts paid (attach schedule)   SEE STATEMENT 1   10   136, 000.     11   Benefits paid to or for members   Salaries, other compensation, and employee benefits   12       13   Professional fees and other payments to independent convacions   13   295.     14   Occupancy, rent, utilities, and maintenance   Occupancy, rent, utilities, and maintenance   Other expenses (describe   SEE STATEMENT 2   17   17   17   17   18   18   18   19   19   19   19   19												_	- 1			
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10 Grants and similar amounts paid (attach schedule)   SEE STATEMENT 1   10   136,000 .		8	Other revenu	ie (descrit	be >			_			)		8			
11   Benefits paid to or for members   12   Salaries, other compensation, and employee benefits   12   12   12   13   295.   14   Occupancy, rent, utilities, and maintenance   14   15   15   5,299.   16   04her expenses (describe > SEE STATEMENT 2   16   64,205.   17   Total expenses. Add lines 10 through 16   OGD = N   18   86,518.   19   Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   18   86,518.   19   Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   417,969.   20   Other changes in net assets or fund balances (attach explanation)   SEE STATEMENT 3   20   10,178.   21   514,665.   21   514,665.   22   507,165.   23   24   7,500.   24   7,500.   25   514,665.   27   Total labilities (describe > SEE STATEMENT 4   23   24   7,500.   26   0. 27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   417,969.   27   514,665.   27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   417,969.   27   514,665.   27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   417,969.   27   514,665.   27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   417,969.   27   514,665.   27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   417,969.   27   514,665.   27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   417,969.   27   514,665.   28   27   514,665.   28   27   514,665.   28   27   514,665.   28   27   514,665.   28   27   514,665.   28   27   514,665.   28   27   514,665.   28   27   514,665.   28   38   38   38   38   38   38   38		9	Total reve	enue Ad	dd lines 1,	2, 3, 4, 5c, 6c,	7c, and 8					•	9		292,31	7.
11   Benefits paid to or for members   12   Salaries, other compensation, and employee benefits   12   12   13   295.		10	Grants an	nd simila	ar amounts	paid (attach s	chedule)		SEE ST	TATE	MENT 1	1	10	1	136,00	0.
Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 2 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II) (A) Beginning of year (B) End of year 21 Other assets (describe > SEE STATEMENT 4  22 Other assets (describe > SEE STATEMENT 4  23 Other sasets or fund balances (line 27 of column (B) must agree with line 21)  (A) Beginning of year (B) End of year 24 Other assets (describe > SEE STATEMENT 4  (B) End of year 25 Total liabilities (describe > SEE STATEMENT 4  (C) APR 0 7 2010  (A) PR 0 7 2010  (C)  (A) PR 0 7 2010  (C)  (A) Beginning of year (B) End of year (B) E	_	11					-		12 65 77		1	1	11			
16 Other expenses (describe > SEE STATEMENT 2  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3  21 Net assets or fund balances at end of year. Combine lines 18 through 20  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II )  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe > SEE STATEMENT 4 )  25 Total assets  26 Total liabilities (describe > D. Altonomy (B) must agree with line 21)  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  28 SEE STATEMENT 3  29 10,178.  20 10,178.  21 514,665.  21 514,665.	X	12	Salaries,	other co	ompensatio	n, and employ	ee benefits	KEUL					12			
16 Other expenses (describe > SEE STATEMENT 2  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3  21 Net assets or fund balances at end of year. Combine lines 18 through 20  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II )  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe > SEE STATEMENT 4 )  25 Total assets  26 Total liabilities (describe > D. Altonomy (B) must agree with line 21)  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  28 SEE STATEMENT 3  29 10,178.  20 10,178.  21 514,665.  21 514,665.	P				-			tractors		S	i i	1	13		29	5.
16 Other expenses (describe > SEE STATEMENT 2  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3  21 Net assets or fund balances at end of year. Combine lines 18 through 20  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II )  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe > SEE STATEMENT 4 )  25 Total assets  26 Total liabilities (describe > D. Altonomy (B) must agree with line 21)  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  28 SEE STATEMENT 3  29 10,178.  20 10,178.  21 514,665.  21 514,665.	N							8 II	7 2010	ုံဝ	) N		4			
16 Other expenses (describe SEE STATEMENT 2 ) 16 64,205.  17 Total expenses. Add lines 10 through 16			•						, ,,,,	(7	;	<b>1</b>	15		5,29	9.
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II)  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe SEE STATEMENT 4)  25 Total assets  26 Total liabilities (describe )  30 10,178.  417,969. 21 514,665.  417,969. 22 507,165.  23 24 7,500.  24 7,500.  25 Total assets  417,969. 25 514,665.  26 Total liabilities (describe )  30 0. 26 0.  31 0. 27 514,665.	>									_ k (* '	; ; ; )	<u> </u>	6		64,20	5.
18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   86,518.     19   Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   417,969.     20   10,178.     20   10,178.     21   S14,665.     21   S14,665.     22   Cash, savings, and investments   (See the instructions for Part II)   (A) Beginning of year   (B) End of year     22   Cash, savings, and investments   417,969.   22   507,165.     23   Cash assets (describe   SEE STATEMENT 4   )   24   7,500.     25   Total assets   (Total assets   SEE STATEMENT 4   )   (A) Beginning of year     26   Cash assets (describe   SEE STATEMENT 4   )   (B) End of year     27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   417,969.   27   514,665.     28   Statement   Sta								067	EN UT	à ·		▶ 1	17	2	205,79	9.
Part   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ    Cash, savings, and investments   (A) Beginning of year   (B) End of year		18						9)					8		86,51	<u>8.</u>
Part II   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II)    Cash, savings, and investments   (A) Beginning of year   (B) End of year	NS	19	Net asset	s or fun	d balances	at beginning o	of year (from lin	e 27, column (A))	(must agr	ree w	ith end-of-yeai	「 <b> </b> 」	أوا	,	117 96	9
Part II   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II)    Cash, savings, and investments   (A) Beginning of year   (B) End of year	T E	20					oos (attach ovel	anation)	כבב כיו	тътг	мгит з	<u> </u>				
Part IIBalance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ(See the instructions for Part II )(A) Beginning of year(B) End of year22 Cash, savings, and investments417,969. 22507,165.23 Land and buildings2324 Other assets (describe ► SEE STATEMENT 4 )247,500.25 Total assets417,969. 25514,665.26 Total liabilities (describe ► )0. 260.Net assets or fund balances (line 27 of column (B) must agree with line 21)417,969. 27514,665.	Ś								OLL O	IMIL	PILITY 3	_	-			
(See the instructions for Part II )  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe ► SEE STATEMENT 4 )  25 Total assets  26 Total liabilities (describe ► )  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  (A) Beginning of year   (B) End of year    417, 969. 22 507, 165.  24 7, 500.  417, 969. 25 514, 665.  6 0.  7, 500.  417, 969. 27 514, 665.									100 or mor	ra fila	Form 990 ins					<u> </u>
22 Cash, savings, and investments       417,969. 22       507,165.         23 Land and buildings       23         24 Other assets (describe ► SEE STATEMENT 4 )       24       7,500.         25 Total assets       417,969. 25       514,665.         26 Total liabilities (describe ► )       0. 26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       417,969. 27       514,665.	Pa	11 11	Dala	nce Si				1 (b) are \$1,250,0	100 01 11101							—
23         24       Other assets (describe ► SEE STATEMENT 4 )       24       7,500.         25       Total assets       417,969. 25       514,665.         26       Total liabilities (describe ► )       0. 26       0.         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       417,969. 27       514,665.	20	0	h courses		•		iorraitii)			<del>  (2)</del>						5.
24       7,500.         25       Total assets         26       Total liabilities (describe ►         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)            24       7,500.         417,969. 25       514,665.         0. 26       0.         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       417,969. 27       514,665.			-		ivezuiiciilz						311,50	-	_		, , , 10	<u> </u>
25 Total assets       417, 969. 25       514, 665.         26 Total liabilities (describe ►       0. 26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       417, 969. 27       514, 665.					o ► CFI	י כיים איר ביי	VТ 4	1					_		7 50	0
26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 417, 969. 27 514, 665.				(uescrib	JE - JEI	JINIERE	11 7	/		<del></del>	417 96	59				
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 417, 969. 27 514, 665.				e (doso-	rihe >			1		<u> </u>	311,50					
						e 27 of column	(B) must sore	with line 21)			417.96		_			
									s.	1	==-,,,,,					

Form 990-EZ (2009) PSC PARTNERS SE	EKING A CURE		20	-21	12635 Page <b>2</b>
Part III Statement of Program Se	rvice Accomplishment	s (See the instruct	ions.)		Expenses
What is the organization's primary exempt purpose? SE	E STATEMENT 5			(Reg   501 <i>(</i>	juired for section c)(3) and (4)
Describe what was achieved in carrying out the describe the services provided, the number of	e organization's exempt purpo	oses In a clear and cor	ncise manner,	orga	nizations and section (a)(1) trusts, optional
program title	persons benefited, or other r	elevant information for	eacii	for o	thers.)
28 PROMOTE AWARENESS OF PRIM	MARY SCLEROSING CHO	LANGITIS THROU	GH		
EDUCATION AND RESEARCH AN					] 
THOUGHTON AND MEDILICITY	<u>'D_11\0\11DB_1\01\_1111</u>	THIS IND INDIA			
				28 a	62,810.
<u> </u>	is amount includes foreign gr	ants, check here		204	02,010.
29					
(Grants \$ ) If th	is amount includes foreign gr	ants, check here	<b>&gt;</b>	29 a	
30					
(Grants \$) If th	is amount includes foreign gra	ants, check here		30 a	
31 Other program services (attach schedule		<u> </u>			
· ·	, is amount includes foreign gra	ants, check here	▶ 🗍	31 a	
32 Total program service expenses (add line		· · · · · · · · · · · · · · · · · · ·	<b>F</b>	32	62,810.
Part IV List of Officers, Directors		plovees. List each o	ne even if not com	pens	ated. (See the instrs.)
1, 4,7,7	(b) Title and average hours		(d) Contributions		(e) Expense account
(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plan	s and	and other allowances
	to position		deferred compensal		
DR GREGORY EVERSON	DIRECTOR	0.		0.	0.
1635 NORTH URSULA STREET	0				
AURORA, CO 80045					
DR DAVID RHODES	DIRECTOR	0.		0.	0.
3008 SPARTA STREET	0		•		
WEST LAFAYETTE, IN 47906					
DIKE AJIRI	DIRECTOR	0.		0.	0.
3031 OLD GLENVIEW ROAD	DIRECTOR	0.		٠.	<b>.</b>
	٩				
WILMETTE, IL 60091	D.T.D.C.MOD				
LEE BRIA	DIRECTOR	0.		0.	0.
10851 MANGROVE CAY LANE NE	O				
ST PETERSBURG, FL 33716					
RICKY_SAFER	DIRECTOR	0.		0.	0.
5237 SOUTH KENTON WAY	0				
ENGLEWOOD, CO 80111					
JOANNE GRIEME	DIRECTOR	0.		0.	0.
612 SHADY OAK COURT	ol				
MARS, PA 16046	٦				
CHRIS KLUG	DIRECTOR	0.		0.	0.
182 RIVERDOWN DRIVE	DIRECTOR	0.		٠.	<b>.</b>
	٩	!			
ASPEN, CO 81611	D.T.D.T.C.TICO			$\overline{}$	
BECKY LONG	DIRECTOR	0.		0.	0.
2020 LINCOLN PARK WEST	O <sub>I</sub>				
CHICAGO, IL 60614					
SCOTT MALAT	DIRECTOR	0.		0.	0.
60 DONALD DRIVE	ol				
HASTINGS ON HUDSON, NY 10706					
DEB WENTE	DIRECTOR	0.		0.	0.
4530 PHEASANT LANE	0	•			
	ĭ				
SHEBOYGAN, WI 53081					<del>-</del>
					<del></del>
				Ì	
BAA	TEEA0812L 0	1/30/10			Form 990-EZ (2009)

<u> </u>			Yes	No
33		22		v
34	•	34	1	X
35 If the organization had mome 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.  a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  b If 'Yes,' has it filed a tax return on Form 990-T for this year?  55 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  37a Enter amount of political expenditures, direct or indirect, as described in the instructions    57a Did the organization file Form 1120-POL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  38a Dif 'Yes,' complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(7) organizations Enter.  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 > 0., section 4915 > 0.  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  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization prior year, and that the transaction has not been reported on any of the organization promature of the			,,	
				X
acch activity  34 Were any changes made to the organization or governing documents? If 'Yes,' attach a conformed copy of the changes  35 If the organization has more from borness activities, such as base regorded on lives 2 6a, and 7a (among others), but not reported on form 990.T, attach a statement explaining why the eigenization do not report the income on form 930.T  a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  55 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete specially of the third in the proxy of the year?  56 Did the organization borrow from, or make any loses to, say afficient directors, the proxy early auch loses mount of political expenditures, direct or indirect, as described in the instructions  57 a Enter amount of political expenditures, direct or indirect, as described in the instructions  58 a Did the organization borrow from, or make any loses to, say afficient director, thisties, or key employee or were any such loses and capital contributions included on line 9  59 Section 501(c)(2) organizations Enter.  50 a Institution fees and capital contributions included on line 9  50 B Gross recepts, included on line 9, for public use of club facilities.  51 and a section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year unders.  52 section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction with a disquilled person in a growing the section 4914 (and 4914).  52 section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization with a disquilled person in a growing the complete Schedule L, Part II as not been reported on any or the organization with a disquilled person in a growing the section of disquilled person in a growing the section of disquilled person in a sp		330		
30	year? If 'Yes,' complete applicable parts of Schedule N		ļ	Х
		<b>⊣</b>	•	x
		3/6		
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Х
		7		
39		]		
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
		<u> </u>		
40				
		1		
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a	1		
	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 ь		Х
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization	_		
•		40 e		Х
41	·			
42.	. The executables of			
42	books are in care of  ORGANIZATION Telephone no (303)	_ 771:	522	7
	Located at ► 5237 S KENTON WAY ENGLEWOOD CO ZIP + 4 ► 80111			<b>-</b>
			Yes	No
•	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		Χ
	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 a Foreign Bank and Financial Accounts.			
•		42 c		<u>X</u>
	If 'Yes,' enter the name of the foreign country			
			_	
43	1 1	•		N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			<u> N/A</u>
			Yes	No
44				17
	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
BAA		rm 990	-EZ (2	

Form 990-EZ (2009) PSC PARTNERS SEEKIN Part VI   Section 501(c)(3) organization		7/a)/1) nanay	compt charita	20-2112		Page 4
501(c)(3) organizations and se 46-49b and complete the table	ection 4947(a)(1) nes for lines 50 and	onexempt ch 51.	aritable trusts	must answe	r question TATEMEN	ons
46 Did the organization engage in direct or indirect	*			CLL CI	777 1171111	Yes No
for public office? If 'Yes,' complete Schedule (	c, Part I	livilles on benaii	of of in oppositio	II to candidates	46	X
47 Did the organization engage in lobbying activiti	•	•			47	X
<ul><li>48 Is the organization a school as described in se</li><li>49a Did the organization make any transfers to an</li></ul>		-			48 49 a	X
-	•	related organiza	tion.		49b	- 1
50 Complete this table for the organization's five t	nighest compensated ei					
b If 'Yes,' was the related organization a section 527 organization?  50 Complete this table for the organization's five highest compensated employees (other than officers, directors, 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  (b) Title and average hours per week  (c) Compensation  (d) Contributions to employee benefit plans and eccol accounts and expense of each employee paid  (e) Expense of each employee paid					(e) Exp accoun other allo	nt and
NONE						
				Ì		
					<del> </del>	
				j		
f Total number of other employees paid over \$10	00,000		<del></del>			
51 Complete this table for the organization's five recompensation from the organization. If there is	nighest compensated in none, enter 'None '	dependent contr	actors who each i	received more th	nan \$100,0	)00 of
(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of s	ervice	(c) Compe	nsation
NONE						
						<del>_</del>
d Total number of other independent contractors	each receiving over \$1	00,000	<b>-</b>			
Under penalties of perjury, I declare that I have exam	ned this return including acco	mpanying schedules	and statements, and to	the best of my know	vledge and he	elief. it is
true, correct, and complete Declaration of preparer (	ther than officer) is based on	all information of whi	ch preparer has any kn	owledge		

Sign Here RICKY SAFER

Type or print name and title DIRECTOR Preparer's Identifying Number (See instructions) Check if self employed Preparer's signature Paid EUGENE PRICE P00170933 Pre-Firm's name (or yours if self employed), address, and ZIP + 4 RRC PRICE CPAS P.C. parer's Use 133 ROUTE 304 **▶** 26-3748765 EIN Only BARDONIA, NY 10954 845-627-1040 Phone no ►X Yes No May the IRS discuss this return with the preparer shown above? See instructions Form 990-EZ (2009) BAA

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

**Public Charity Status and Public Support** 

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

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PSC PARTNERS SEEKING A CURE

Employer identification number 20-2112635

			KICKI SWEK							11200.			
Part				us (All organizations					.) See	ınstru	ctions		
The o				use it is. (For lines 1 throu									
1	A chu	rch, convent	tion of churches or as:	sociation of churches desc	cribed in	section	170(b)(	1)(A)(i).					
2	A sch	ool describe	d in section 170(b)(1)(	A)(ii). (Attach Schedule E	Ξ.)								
3	A hos	pital or coop	erative hospital servic	e organization described	ın sectio	n 170(b	)(1)(A)(ii	ii).					
4				ed in conjunction with a h					(b)(1)(A)	(iii). Ente	er the hosp	ıtal's	
	name	, city, and st	ate										
5	An or 170(b)	ganization op <b>(1)(A)(iv).</b> ((	perated for the benefit Complete Part II.)	of a college or university	owned	or opera	ted by a	govern	mental	unit desc	cribed in <b>se</b>	ction	
6				governmental unit describ									
7	An org	ganization th tion 170(b)(1	aat normally receives a I <b>XAXvi).</b> (Complete P	a substantial part of its su art II)	pport fro	m a gov	ernmen	tal unit	or from	the gene	eral public o	describ	ed
8													
9	9 X An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)												
10													
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
	a 📄	Туре І	<b>b</b> ∏Type Ⅱ	c 🔙 Type II	II – Fund	tionally	ıntegrat	ed		d 📗	Type III-	Other	
е													
f		organization this box	received a written de	termination from the IRS	that is a	Туре І,	Type II (	or Type	III supp	orting or	ganization,		
g	Since	August 17, 2	2006, has the organiza	ation accepted any gift or	contribi	ition from	n any o	f the fol	lowing p	ersons?			
												Yes	No
	(i)	a person who below, the go	o directly or indirectly overning body of the s	controls, either alone or t supported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)		
	• •	-	nber of a person des	• •							11 g (ii)		
	(iii)	a 35% contro	olled entity of a persor	n described in (i) or (ii) ab	ove?						11 g (iii)		
<u>h</u>	Provid	le the follow	ing information about	the supported organizatio	ns								
		f Supported nization	(II) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) lister	Is the non in col i in your erning ment?	the organ	ou notify ization in (i) of upport?	organizat	zed in the	(vii) Amour	t of Sup	port
					Yes	No	Yes	No	Yes	No			
								ļ					
					<u> </u>						<del></del>		
			;										
					-								
_													
				<u> </u>	ļ			ļ.,					
Total				<b>!</b>									

•	• • •					20 21126	
Sch	edule A (Form 990 or 990-EZ) 200 rt II Support Schedule for	9 PSC PART	NERS SEEKI	NG A CURE 2 Sections 17	0(b)(1)(A)(iv) a	20-21126 and <b>170(b)(1)(</b>	
<u> </u>	(Complete only if you checke						
Sec	tion A. Public Support	T	1	1			T
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended 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					1	
Sec	from line 4	<u> </u>		<u> </u>		Ŧ	
Cale	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						_
11	Total support. Add lines 7 through 10				,	<u> </u>	
12	Gross receipts from related activi	ities, etc. (see ins	tructions)	<i></i>		12	
13	First five years. If the Form 990 morganization, check this box and	s for the organiza stop here.	tion's first, second	d, third, fourth, o	r fifth tax year as	a section 501(c)(	3) ▶ □
	tion C. Computation of Pu	blic Support I					
	Public support percentage for 200 Public support percentage from 2			e 11, column (f)		14 15	% %
16 a	33-1/3 support test – 2009. If the and stop here. The organization	organization did qualifies as a pub	not check the box	on line 13, and	the line 14 is 33-1.	/3 % or more, ch	eck this box
ŧ	33-1/3 support test — 2008. If the and stop here. The organization of	organization did	not check a box o	n line 13, or 16a,	and line 15 is 33-	1/3% or more, ch	neck this box
17 a	10%-facts-and-circumstances test or more, and if the organization r the organization meets the 'facts	neets the 'facts-a	nd-circumstances	' test, check this l	box and <b>stop here</b>	. Explain in Part	IV how
	o 10%-facts-and-circumstances test or more, and if the organization re organization meets the 'facts-and	neets the 'facts-a I-circumstances'	nd-circumstances test.   The organiz	' test, check this i ation qualifies as	box and <b>stop here</b> a publicly support	e. Explain in Part led organization	IV how the
	Private foundation. If the organiz	ation did not ched	ck a box on line, 1	13, 16a, 16b, 17a,			990 or 990-EZ) 2009
BAA					31	STICULIE A (LOITH	220 OL 230-EZJ 2003

## Schedule A (Form 990 or 990-EZ) 2009 PSC PARTNERS SEEKING A CURE Part III Support Schedule for Organizations Described in Section 509(a)(2)

_	(Complete only if you chec	cked the box on lin	e 9 of Part 1)				
Sec	tion A. Public Support	<del> </del>		·	<del></del>		<del> </del>
	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
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	55,558.	92,768.		150,852.	259,417.	558,595.
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						
3	purpose Gross receipts from activities that are not an unrelated trade or business						0.
4	under section 513  Tax revenues levied for the						0.
	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	55,558.	92,768.	0.	150,852.	259,417.	558,595 <i>.</i>
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						
	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						FF0 <b>F</b> 05
	7c from line 6.)			L			558,595.
	tion B. Total Support		·				<del></del>
	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
	Amounts from line 6	55,558.	92,768.	0.	150,852.	259,417.	558,595.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources				6,744.	6,510.	13,254.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
С	Add lines 10a and 10b	0.	0.	0.	6,744.	6,510.	13,254.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	12,557.	13,939.		20,619.	26,390.	73,505.
12	Total support. (add ins 9, 10c, 11, and 12)	12/00/	13,333.				645,354.
	First five years. If the Form 990 is organization, check this box and	s for the organizati stop here	on's first, second,	third, fourth, or t	fifth tax year as a	section 501(c)(3)	<u>► X</u>
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 200			13, column (f))		15	%
	Public support percentage from 2 tion D. Computation of Inv					16	%
					(f))	17	0/.
	Investment income percentage for			-	(1))	18	<u>%</u>
	Investment income percentage for 33-1/3 support tests – 2009. If the more than 33-1/3%, check this he	e organization did	not check the box	on line 14, and li	ne 15 is more tha	n 33-1/3%, and line	% e 17 is not ►
b	more than 33-1/3%, check this bo 33-1/3 support tests — 2008. If the is not more than 33-1/3%, check	e organization did	not check a box or	n line 14 or 19a, a	ind line 16 is more	e than 33-1/3%, and	d line 18 ▶ □
20	Private foundation. If the organiz	•	-	·		-	<b>▶</b>

Schedule A	(Form 990 or	990-EZ) 20	009 PS0	C PARTNER	S SEEKI	NG A	CURE		20-2112635	Page 4
Part IV	Suppleme Part II, line	<b>ntal Info</b> i 17a or	r <mark>mation.</mark> 17b; and	Complete f Part III, Iin	his part e 12. Pro	to provi ovide ar	de the only other	explanations red additional infor	quired by Part II mation. See ins	line 10; tructions.
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2009

# SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5 PSC PARTNERS SEEKING A CURE C/O RICKY SAFER 20-2112635

PART III.	LINE 1	2 - OTHER	RINCOME
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NATURE AND SOURCE		2009	2008	2007	2006	2005
CONFERENCE	TOTAL \$	26,390. 26,390. \$	20,619. 20,619.	\$ 0.	13,939. \$ 13,939.	12,557. \$ 12,557.

	FEDERAL STATEMENTS PSC PARTNERS SEEKING A CURE C/O RICKY SAFER	 PAGE 1 20-2112635
STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS I	PAID	
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	AASLD-AMERICAN ASSOC STUDY LIVER DISEAS 1001 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314	\$ 3,000.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	THE REGENTS OF UCLA/DR INVERNIZZI 2020 LINCOLN PARK WEST UNIT 011H CHICAGO, IL	\$ 20,000.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	DR KONSTANTINOS LAZARIDIS 633 NORTH ST CLAIR CHICAGO, IL	\$ 20,000.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	AMC MEDICAL RESEARCH BV FOR DR PONSIOEN MAYO CLINIC, 200 FIRST ST SW ROCHESTER, MN	\$ 20,000.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	UNIVERSITY OF COLORADO DENVER F-428, P.O. BOX 238 DENVER, CO	\$ 20,000.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	MAYO CLINIC P.O. BOX 40082 ROCHESTER, MN	\$ 13,000.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	NORTHWESTERN UNIVERSITY 750 N LAKE SHORE DR, RUBLOFF BLDG 7T CHICAGO, IL	\$ 20,000.
DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	THE REGENTS OF UCLA P.O. BOX 989062 WEST SACRAMENTO, CA	\$ 20,000.
STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES  ADMINISTRATION FEE ADVERTISING AND PROMOTION	\$	 1,849. 200.
CONFERENCES, CONVENTIONS, AND CREDIT CARD EXPENSES HONORARIUMS INSURANCE OUTSIDE SERVICES PROJECT EXPENSES	TOTAL \$\overline{\subset}\$	 52,044. 362. 3,000. 1,150. 1,905. 3,695. 64,205.

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2009

#### FEDERAL STATEMENTS

PSC PARTNERS SEEKING A CURE C/O RICKY SAFER PAGE 2

20-2112635

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAINS ON INVESTMENTS

TOTAL  $\frac{$}{$}$   $\frac{10,178}{10,178}$ .

STATEMENT 4 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES

BEGINNING ENDING

\$ 0. \$ 7,500.

TOTAL \$ 0. \$ 7,500.

STATEMENT 5 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

RAISE FUNDS FOR EDUCATION AND RESEARCH FOR PATIENTS WITH "PSC"

# STATEMENT 6 FORM 990-EZ, PART VI 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