

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## 10 Th

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Form **990** (2009)

| -,<br>Denad             | ment of t  | he Treasury | [                      |                              |                  |                    | -                | rivate foundation)                      |           |                 |                    |               |                | to Pub    |               |
|-------------------------|------------|-------------|------------------------|------------------------------|------------------|--------------------|------------------|---|-----------|-----------------|--------------------|---------------|----------------|-----------|---------------|
|                         |            | ue Service  | <b></b>                | <ul> <li>The orga</li> </ul> | inization ma     | y have to use a    | a copy of th     | is return to satisfy s                  | state re  | porting re      | quirements         |               | Ins            | pectior   | 1             |
| A F                     | or the     | 2009 caler  | ndar ye                | ar, or tax                   | year begin       | ning               |                  |   | , and e   | ending          |                    |               |                |           |               |
| B) Cr                   | eck if ap  |             | Please                 | C Name                       | of organization  | n NJSG             | A YOUTH          | FOUNDATION II                           | NC.       | _               | D Employer         | dentifi       | cation numb    | per       |               |
| ျှိ Ac                  | ddress     |             | use IRS<br>label or    | Doing                        | Business As      |                    |                  |   |           |                 | 22-3232301         |               |                |           |               |
|                         | ame ch     |             | print or               |                              |                  | or P O box if ma   | ıl ıs not delive | ered to street address)                 | R         |                 | E Telephone        | numbe         | •              |           |               |
| ₹                       | itial retu |             | type<br>See            |                              | •                | HILL ROAD          |                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |           |                 | 973-338-83         |               |                |           |               |
| <del>"</del>            | erminat    | [ .         | Specific :             |                              |                  | r country, and Zif |                  |   |           |                 | 913-330-63         | <del></del> - |                |           |               |
| ≈                       |            |             | Instruc-               | 1                            |                  | Country, and Zir   | - T 4            | NII O                                   | 7022      |                 | G Gross rece       | inte S        |                | ,         | 40.20         |
| ₩.                      |            | i return    | tions                  | KENILV                       |                  |                    |                  | NJ 07                                   | 7033      | <del>.,</del> _ |                    |               | <del></del>    |           | <u> 40,30</u> |
| 클^I                     | pplication | on pending  | F N                    | lame and                     | address of p     | orincipal officer  | •                |   |           | H(a) is the     | his a group retui  | n for af      | filiates?      | Yes       | 질 M           |
| =                       |            | S           | Stepher                | n Foehl 1                    | 1700 Gallor      | oing Hill Road     | d, Kenilwo       | rth, NJ 07033                           |           | H(b) Are        | all affiliates inc | luded?        |                | Yes       | N             |
| Ωīα                     | ix-exe     | mpt status  | X 50                   | 01(c) ( 3                    | ) <b>∢</b> (ır   | nsert no.)         | 4947(a)          | )(1) or 527                             |           | If "I           | No," attach a lis  | (see ii       | nstructions)   |           |               |
| ~~                      |            | : ► N/A     | <u> </u>               |                              |                  |                    |                  | 7(.7 0                                  |           |                 |                    |               |                |           |               |
|                         |            |             |                        |                              |                  |                    |                  |   | т —       | H(C) Gro        | oup exemption n    | umber         | <del></del>    |           |               |
| Fo                      | rm of o    | rganization | X Co                   | orporation                   | Trust            | Association        | Othe             | er <b>&gt;</b>                          | L Ye      | ar of format    | tion 1993          | M S           | state of legal | domicile  | N.            |
| Pa                      | art l      | Sum         | mary                   |                              |                  |                    |                  |   |           |                 |                    |               |                |           |               |
|                         | 1          | Briefly de  | scribe                 | the orga                     | nization's n     | nission or mo      | st signific      | ant activities. To                      | o pron    | note golf       | among the          | ouths         | <br>}          |           |               |
|                         |            |             |                        |                              |                  |                    |                  |   | 13030     |                 |                    |               | `              |           |               |
| 8                       |            |             |                        |                              |                  |                    |                  | •                                       |           |                 |                    |               |                |           |               |
| Activities & Governance |            | •••••       |                        |                              |                  |                    |                  |   |           |                 |                    |               |                |           | · <b></b>     |
| /eri                    | _          |             |                        | ·                            |                  |                    |                  |   |           | <del>-</del>    |                    |               |                |           |               |
| é                       | 2          |             |                        |                              |                  |                    |                  | operations or dis                       |           |                 |                    |               | et assets      |           |               |
| 8                       | 3          |             |                        | _                            | _                | _                  | - 1              | , line 1a) .   .   .                    |           |                 |                    | 3             |                |           |               |
| ties                    | 4          |             |                        |                              |                  |                    |                  | body (Part VI, line                     |           |                 |                    | 4             |                |           |               |
| Į VI                    | 5          | Total num   | nber of                | employe                      | es (Part V       | , lıne 2a) .   .   |                  |   |           |                 |                    | 5             |                |           |               |
| Ac                      | 6          | Total num   | nber of                | voluntee                     | ers (estimat     | te if necessa      | ry)              |   |           |                 |                    | 6             |                |           |               |
|                         | 7a         | Total gros  | ss unre                | elated bu                    | siness reve      | enue from Pa       |                  | umn (C), line 12 .                      |           |                 |                    | 7a            |                |           |               |
|                         | b          |             |                        |                              |                  |                    |                  | line 34                                 |           |                 |                    | 7b            |                |           |               |
| _                       |            |             |                        |                              |                  |                    |                  |   |           |                 | Prior Year         |               | Cur            | rent Year |               |
|                         | 8          | Contributi  | ions an                | nd grants                    | (Part VIII       | line 1h)           |                  |   |           |                 |                    | 0             |                |           |               |
| ne                      | 9          |             |                        |                              |                  |                    |                  |   |           | <u> </u>        |                    | <u></u>       |                |           |               |
| Revenue                 | 10         | -           |                        |                              | -                |                    |                  | d)                                      |           | <u> </u>        |                    |               |                |           |               |
| Re                      |            |             |                        |                              |                  |                    |                  |   |           | <del> </del>    |                    | <u> </u>      |                |           | ~             |
| _ i                     | 11         |             | •                      | •                            |                  | •                  |                  | Oc, and 11e)                            |           | -               |                    | 0,818         |                |           | 6,74          |
|                         | 12         |             |                        |                              |                  |                    |                  | mn (A), line 12)                        |           | <del></del>     | 20                 | 0,818         |                |           | 6,74          |
|                         | 13         |             |                        |                              |                  |                    |                  | s 1–3)                                  |           | ļ               |                    | 0             |                |           |               |
|                         | 14         |             |                        |                              |                  | art IX, column     |                  |   |           |                 |                    | 0             |                |           |               |
| S                       | 15         | Salaries,   | other o                | compens                      | ation, emp       | loyee benefit      | s (Part IX,      | column (A), lines                       | s 5–10    | ))              |                    | 0             |                |           |               |
| ıse                     | 16a        | Professio   | nal fun                | ndraising                    | fees (Part       | IX, column (A      | 4), line 11e     | e) <sub>.</sub> .                       |           |                 |                    | 0             |                |           |               |
| Expenses                | b          | Total fund  | draising               | g expens                     | es (Part IX      | , column (D),      | , line 25)       | <b>&gt;</b>                             |           | o 📑             | ,                  |               | 14 /           |           |               |
| Ē                       | 17         |             |                        |                              |                  |                    |                  |   |           |                 |                    | 0             |                |           | 15,00         |
|                         | 18         | Total exp   | enses                  | Add line                     | s 13–17 (n       | nust equal Pa      | an IX colu       | CEIVED.                                 |           |                 |                    | 0             |                |           | 15,00         |
|                         | 19         |             |                        |                              |                  | ine 18 from li     |                  | (1.1/1 m.10 220)                        | SC        | . —             | 20                 | 0,818         |                |           | -8,25         |
| - s                     | -          | revenue     | 1000 0/                | <u> </u>                     | - Cabi act ii    | 110 10 11011111    |                  | ADD 0 0 2010                            | 18        |                 | ning of Current    | _             | Fn             | d of Year |               |
| Assets or<br>Balances   | 20         | Total ass   | ote (Pa                | art Y line                   | 16)              |                    |                  | APR 2 2 2010                            | RS-O      | <u> Deg</u>     |                    | 4,973         |                |           | 36,71         |
| .sse<br>Bali            |            |             |                        |                              |                  |                    | 1 '              | · · · · · ·                             | <u></u> ≝ | <del> </del> -  |                    | 0.00          |                |           | 30,1          |
| 무무                      | 21         | Total liab  | indes (i               | ran A, III                   | ne 26)           |                    |                  | GDEN, UT                                |           | l <del> </del>  |                    |               |                |           | ~~~           |
| _                       | 22         | Net asset   | is or jui              | no baian                     | ices Subtra      | act line 21 fro    | ine 29           | / <u>ODE: (1 9 :</u>                    |           | 1               | 4                  | 4,973         |                | <u>`</u>  | 36,7          |
| Pai                     | it II      | Sign        | <u>iature</u>          | Block                        |                  |                    |                  |   |           |                 |                    |               |                |           |               |
|                         |            |             |                        |                              |                  |                    |                  | ncluding accompanying                   |           |                 |                    |               |                |           |               |
|                         |            | and be      | eller, it is t         | true, correc                 | it, and complet  | te Declaration of  | preparer (our    | ner than officer) is base               | ed on a   | ii intornatio   | n of which prepare | arer nas      | any knowie     | age       |               |
|                         |            | 1.          | Xa.                    | 11                           | 1 <sub>2</sub> C | elat.              | •                |   |           |                 | ı                  | 11-           | 16-10          |           |               |
| Sig                     | n          |             | ma                     | 040                          | $V \subset Z$    | 3/100              | <u></u>          |   |           |                 |                    | 9-            | /6 / / -       |           |               |
| ler                     |            | 1 1         |                        | of officer                   |                  |                    |                  |   |           |                 | Date               |               |                |           |               |
| 161                     | C          |             | DAVID                  | M EPST                       | EIN, TREA        | SURER              |                  |   |           |                 |                    |               |                |           |               |
| _                       |            | <b>/</b>    | Type or pr             | onnt name a                  | ind title        |                    |                  |   |           |                 |                    |               |                |           |               |
|                         |            | Prepar      |                        |                              | 11 1             |                    |                  | Date                                    |           | Check If        |                    |               | rers identify  | ing numbe | er            |
| aic                     | i          | signatu     | ure                    |                              | ////             | 8                  |                  |   |           | self-           | <b>►</b> X         | (5ee in       | structions)    |           |               |
| >re                     | oarer'     | s           | •                      | _//                          | 41 14            | <u> </u>           |                  | 2/26/201                                | 0         | employed        | <u> </u>           | <u> </u>      |                |           |               |
|                         | Only       | rims        | name (oi               |                              | WALTER           | R F. TRABOL        | .D               |   |           |                 | EIN •              |               |                |           |               |
| ي د ر                   | Unity      |             | employed<br>ss, and Zi | •                            | <del></del>      |                    |                  | MOUNTAIN LAKI                           | FS N      | 107046          | Phone no           | (973          | 335-121        | 3         |               |
|                         |            |             |                        | •                            |                  |                    |                  |   |           |                 |                    | (3/3          |                |           | N             |
| May                     | the II     | RS discuss  | s this re              | eturn with                   | h the prepa      | irer shown at      | ove? (see        | instructions).                          |           |                 |                    |               | X              | Yes       | i             |

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

| Part        | t IV Checklist of Required Schedules   | 501      | <del></del>        | age C            |
|-------------|--|----------|--------------------|------------------|
|             |  |          | Yes                | No               |
| 1           | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  |          |                    |                  |
|             | complete Schedule A  | 1        | x                  |                  |
| 2           | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2        |                    | Х                |
| 3           | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | 3        |                    | х                |
| 4           | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  |          |                    |                  |
| 5           | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III                          | 5        |                    | X                |
| 6           | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have   | <b>├</b> |                    | <del></del>      |
| -           | the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6        |                    | x                |
| 7           | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |          |                    | <u> </u>         |
| 8           | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7        |                    | Х                |
| 0           | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  |          |                    |                  |
| 9           | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part  | 8        |                    | Х                |
| 3           | X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"   |          |                    |                  |
| 10          | complete Schedule D, Part IV   | 9        |                    | <u> </u>         |
|             | quasi-endowments? If "Yes," complete Schedule D, Part V  | 10       |                    | Х                |
| 11          | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable   | 11       |                    | Х                |
| •           | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.   |          | ¥.                 |                  |
| •           | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more   |          |                    |                  |
|             | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  |          | \$ 1.00 p.         | [2]              |
| •           | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more  |          | 2164 2004          | jihan nam<br>Bij |
|             | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.   | tr # 2   | in on              | the W            |
| •           | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets   | 7,5      |                    | 1×:              |
|             | reported in Part X, line 16? if "Yes," complete Schedule D, Part IX.   |          | Factors            | ###<br>##        |
|             | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.   | 1        | 31.4.3             | The same         |
| •           | Did the organization's separate or consolidated financial statements for the tax year include a footnote that  |          | τη έφ λ,<br>ε άλλε |                  |
|             | addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.  |          | × 137              | 3° -4;           |
| 12          | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |          | 3                  | 20               |
| 404         | Schedule D, Parts XI, XII, and XIII.   | 12       |                    | X                |
|             | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional   | T. Comp. |                    | ₩e               |
|             | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13       |                    | X                |
|             | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a      |                    | X                |
|             | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> | 14b      |                    | _ X              |
| 15          | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>           | 15       |                    | х                |
|             | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III                      | 16       |                    | Х                |
|             | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services  | ''       | -                  |                  |
|             | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17       |                    | Х                |
| 18          | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on  |          |                    |                  |
|             | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18       |                    | X                |
|             | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III  | 45       |                    |                  |
| 20          | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 19<br>20 |                    | X                |
| <del></del> | 2.0 and organization operate one or more hospitals: ii res, complete scriedule //  | <u> </u> |                    |                  |

# Part IV Checklist of Required Schedules (continued)

|      |  | l I      | res   | NO             |
|------|--|----------|-------|----------------|
| 21   | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21       |       | Х              |
| 22   | Did the organization report more than \$5,000 of grants and other assistance to individuals in the   |          |       |                |
|      | United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22       |       | X              |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the  |          |       |                |
|      | organization's current and former officers, directors, trustees, key employees, and highest compensated  |          |       | .,             |
| 0.4- | employees? If "Yes," complete Schedule J   | 23       |       | _X             |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines    |          |       |                |
|      | 24b through 24d and complete Schedule K. If "No," go to line 25  | 24a      |       | х              |
| ь    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b      |       | ^              |
|      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year  |          |       |                |
| •    | to defease any tax-exempt bonds?   | 24c      |       |                |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d      |       |                |
| 25a  | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction  |          |       |                |
|      | with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a      |       | Х              |
| b    | Is the organization 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  | 25b      |       | X              |
| 26   | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or  |          |       |                |
|      | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II   | 26       |       | X              |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,   |          |       |                |
|      | substantial contributor, or a grant selection committee member, or to a person related to such an individual?  If "Yes," complete Schedule L, Part III   | 27       |       | х              |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L,  | 1        | . 1 * |                |
|      | Part IV instructions for applicable filing thresholds, conditions, and exceptions):  | ,<br>    |       |                |
| а    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  | 28a      |       | Х              |
|      | A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part IV  | 28b      |       | Х              |
| C    | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a   |          |       |                |
|      | family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,  |          |       |                |
|      | Part IV  | 28c      |       | Х              |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29       |       | X              |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>                                  | ا مم ا   |       | v              |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  | 30_      |       | <u> </u>       |
| 31   | Part I   | 31       |       | х              |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  | <u> </u> |       | <u> </u>       |
|      | If "Yes," complete Schedule N, Part II   | 32       |       | Х              |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |          |       |                |
|      | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33       |       | Х              |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,   |          |       |                |
|      | III, IV, and V, line 1   | 34       |       | Х              |
| 35   | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35       |       | x              |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related   |          |       |                |
| 37   | organization? If "Yes," complete Schedule R, Part V, line 2  | 36       | -     | ļ              |
| JI   | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part  |          |       |                |
|      | VI   | 37       |       | x              |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and  | "        |       | <del>  ^</del> |
| -55  | 19? Note. All Form 990 filers are required to complete Schedule O  | 38       |       | X              |
|      |  |          | 990   |                |

| Par      | V Statements Regarding Other IRS Filings and Tax Compliance   |              |          |  |
|----------|---|--------------|----------|--|
|          |   |              | Yes      | No   |
| 1a       | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of                                | j. •         |          | ,  |
|          | U.S. Information Returns. Enter -0- if not applicable   |              |          |  |
| b        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0                              | ]            |          |  |
| С        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable       |              | -        | 1  |
|          | gaming (gambling) winnings to prize winners?  | 1c           | Х        |  |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax                                   |              |          |  |
|          | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0                |              |          |  |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?    | 2b           |          | ·  |
|          | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see          |              |          |  |
|          | instructions)   | 1. 1         | ١,       | •  |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by           | , ,          |          | 1  |
|          | this return?  | 3a           |          | X  |
| b        | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O                  | 3b           |          |  |
| 4a       | 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)?   | 4a           | ļ        | x  |
| b        | If "Yes," enter the name of the foreign country: ▶  | 70           |          | <del>  ^``</del>                                 |
|          | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank         | . '          | }        | ĺ  |
|          | and Financial Accounts  |              | ١,       | 1  |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?             | 5a           | ļ        | X  |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b           | <u> </u> | X  |
| C        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding       | - 55         | -        | <del>  ^</del>                                   |
| ·        | Prohibited Tax Shelter Transaction?   | 5c           |          |  |
| 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the            |              |          | ┢  |
|          | organization solicit any contributions that were not tax deductible?  | 6a           |          | X  |
| ь        | If "Yes," did the organization include with every solicitation an express statement that such contributions or    |              |          | <del>  ^`</del>                                  |
| _        | gifts were not tax deductible?  | 6b           |          |  |
| 7        | Organizations that may receive deductible contributions under section 170(c).                                     | <del>"</del> |          | <del>                                     </del> |
| a        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods       |              | ] :      | <b>'</b>   |
| -        | and services provided to the payor?   | 7a           | 1        | X  |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?                   | 7b           |          | <del>                                     </del> |
| С        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was          |              |          | <del>                                     </del> |
|          | required to file Form 8282?   | 7c           |          | x  |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year   |              | ·i-      | 1  |
| e        | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal   | ٠,           |          |  |
| _        | benefit contract?   | 7e           |          | X  |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?      | 7f           |          | X  |
| g        | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?        | 7g           |          | X  |
| ĥ        | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as       |              |          |  |
|          | required?   | 7h           | X        | İ  |
| 8        | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting                         |              |          |  |
|          | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring                |              |          |  |
|          | organization, have excess business holdings at any time during the year?  | 8            |          | X  |
| 9        | Sponsoring organizations maintaining donor advised funds.   | 1-           |          | -  |
| а        | Did the organization make any taxable distributions under section 4966?   | 9a           |          | X  |
| b        | Did the organization make a distribution to a donor, donor advisor, or related person?                            | 9b           | 1        | X  |
| 10       | Section 501(c)(7) organizations. Enter:   | in           |          |  |
| а        | Initiation fees and capital contributions included on Part VIII, line 12  | 186          | 1        | 1  |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                       | 1.           | 1        | 1  |
| 11       | Section 501(c)(12) organizations. Enter:  |              | ,        | 1.   |
| а        | Gross income from members or shareholders   | ; ;          | 1        | 1  |
| b        | Gross income from other sources (Do not net amounts due or paid to other sources                                  | 1 , '        | 1        |  |
|          | against amounts due or received from them.)   | -            | 1        | 1  |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?        | 12a          |          |  |
| <b>L</b> | If "Vec." enter the amount of tay exampt interest received or approach during the year                            |              |          |  |

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sect              | ion A. Governing Body and Management   |     |                 |          |
|-------------------|--|-----|-----------------|----------|
|                   |  |     | Yes             | No       |
| 1a                | Enter the number of voting members of the governing body   |     |                 | Ī        |
| þ                 | Enter the number of voting members that are independent  |     |                 |          |
| 2                 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with   |     |                 |          |
|                   | any other officer, director, trustee, or key employee?   | 2_  |                 | _X_      |
| 3                 | Did the organization delegate control over management duties customarily performed by or under the direct  | - 1 |                 |          |
|                   | supervision of officers, directors or trustees, or key employees to a management company or other person?  | 3   |                 | X        |
| 4                 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  | 4_  |                 | Х        |
| 5                 | Did the organization become aware during the year of a material diversion of the organization's assets?  | 5_  |                 | Х        |
| 6                 | Does the organization have members or stockholders?  | 6_  |                 | X        |
| 7a                | Does the organization have members, stockholders, or other persons who may elect one or more members   |     |                 |          |
|                   | of the governing body?   | 7a  |                 | _X_      |
| b                 | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  | 7b  |                 | Χ        |
| 8                 | Did the organization contemporaneously document the meetings held or written actions undertaken during   |     |                 |          |
|                   | the year by the following:   |     |                 |          |
| а                 | The governing body?  | 8a  | Х               |          |
| b                 | Each committee with authority to act on behalf of the governing body?  | 8b  | Х               |          |
| 9                 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached  |     |                 |          |
|                   | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9a  |                 | Х        |
| Sect              | tion B. Policies (This Section B requests information about policies not required by the Internal  |     |                 |          |
|                   | enue Code )  |     |                 |          |
|                   |  |     | Yes             | No       |
| 10a               | Does the organization have local chapters, branches, or affiliates?  | 10a |                 | Х        |
|                   | If "Yes," does the organization have written policies and procedures governing the activities of such chapters,  |     |                 |          |
|                   | affiliates, and branches to ensure their operations are consistent with those of the organization?   | 10b |                 |          |
| 11                | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the   |     |                 |          |
|                   | form?  | 11  |                 | Х        |
| 11A               |  |     |                 | <u> </u> |
| 12a               |  | 12a | Х               |          |
| b                 |  |     |                 | -        |
| _                 | rise to conflicts?   | 12b |                 | Х        |
| С                 | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"   |     |                 |          |
| •                 | describe in Schedule O how this is done  | 12c | х               |          |
| 13                | Does the organization have a written whistleblower policy?   | 13  |                 | Х        |
| 14                | Does the organization have a written document retention and destruction policy?  | 14  |                 | X        |
| 15                | Did the process for determining compensation of the following persons include a review and approval by   | 3 . |                 | - ;      |
|                   | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |     | <b>'</b>        |          |
| а                 | The organization's CEO, Executive Director, or top management official.  | 15a | Х               |          |
| b                 | Other officers or key employees of the organization  | 15b | X               |          |
| ~                 | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   | .55 | - <del>``</del> |          |
| 16a               | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement   | -   |                 |          |
|                   | with a taxable entity during the year?   | 16a |                 | X        |
| ь                 | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate  | 104 | -               |          |
| D                 | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard   |     |                 |          |
|                   | the organization's exempt status with respect to such arrangements?  | 16b | <del></del> -   |          |
| Sect              | tion C. Disclosure   | מטו | L               | L        |
| <u>3ec.</u><br>17 |  |     |                 |          |
|                   | List the states with which a copy of this Form 990 is required to be filed   Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 2020, and 2020 T (5014a)(3) a | nh4 |                 |          |
| 18                | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o   | пу) |                 |          |
|                   | available for public inspection. Indicate how you make these available. Check all that apply.  |     |                 |          |
| 40                | Own website Another's website X Upon request   | 4   |                 |          |
| 19                | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting and financial statements qualified to the public                        | :St |                 |          |
|                   | policy, and financial statements available to the public.  |     |                 |          |
| 20                | State the name, physical address, and telephone number of the person who possesses the books and records of the  |     |                 |          |
|                   | organization: ► TREASURER 908-241-465  | 3   | - <b></b>       |          |
|                   | 1700 Galloping Hill Road, Kenilworth, NJ 07033   |     |                 |          |

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

|                              | (B)                          |             |            | ,      | (C) |                              |        | (D)  | (E)  | (F)  |
|------------------------------|------------------------------|-------------|------------|--------|-----|------------------------------|--------|--|--|--|
| Name and Title               | Average<br>hours per<br>week | or director |            |        |     | Highest compensated employee | Former | Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| ichael F McFadden<br>hairman |                              | 2. X        |            | X      |     |                              |        | 0  | 0  | - ,  |
| avid M Epstein<br>easurer    |                              | 2 X         |            | x      |     |                              |        | 0  | 0  |  |
| nomasMcGovern<br>ecretary    |                              | 2 X         |            | x      |     |                              |        | 0  | 0  |  |
| ohn Murray<br>ustee          |                              | 2. X        |            |        |     |                              |        | 0  |  | -  |
|                              |                              |             |            |        |     |                              |        |  |  |  |
|                              |                              |             |            |        |     |                              |        |  |  |  |
|                              |                              |             |            |        |     |                              |        |  |  |  |
|                              |                              |             |            |        |     |                              |        |  |  |  |
|                              |                              |             |            |        |     |                              |        |  |  |  |
|                              |                              |             |            |        |     |                              |        |  |  |  |
|                              |                              |             |            | T      | T   |                              |        |  |  |  |
|                              |                              |             | 1          |        |     |                              | T      |  |  |  |
|                              |                              |             | 1          | 1      | T   |                              |        |  |  |  |
|                              |                              |             | 1          | T      | 1   |                              | Γ      |  |  |  |
|                              |                              |             | $\uparrow$ | $\top$ |     |                              | $I^-$  |  |  |  |

| 22-3232301 | P |  |
|------------|---|--|
|            |   |  |

|     | (A)  | (B)                          | Po          | sition   |              | C)<br>k all ti | hat ap   | nh/\     | (D)   | (E)  |            | (F)  |   |  |
|-----|--|------------------------------|-------------|----------|--------------|----------------|----------|----------|---|--|------------|--|---|--|
|     | Name and title   | Average<br>hours per<br>week | or director |          | Officer      |                | employee |          | Reportable compensation from the organization (W-2/1099-MISC) | Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MIS | C) (       | Estima amoun othe compens from to organiza and relaced | nt of<br>er<br>sation<br>the<br>ation<br>ated |  |
|     |  |                              |             |          |              |                |          |          |   |  |            |  |   |  |
|     |  |                              |             |          |              |                |          |          |   |  |            |  |   |  |
|     |  |                              |             |          |              |                |          |          |   |  |            |  |   |  |
|     |  |                              |             |          |              |                |          |          |   |  |            |  |   |  |
|     |  |                              |             |          |              |                |          |          |   |  |            |  |   |  |
|     |  |                              |             |          |              |                |          |          |   |  |            | ,  |   |  |
|     |  |                              |             |          |              |                |          |          |   |  |            |  |   |  |
|     |  |                              |             |          |              |                |          |          |   |  |            |  |   |  |
|     |  | -                            |             |          |              |                | -        |          |   |  |            |  |   |  |
|     |  |                              |             |          |              |                |          |          |   |  |            |  |   |  |
|     |  |                              |             |          |              |                |          |          |   |  |            |  |   |  |
|     |  |                              |             |          |              |                |          |          |   |  |            |  |   |  |
|     |  |                              |             |          |              |                |          |          |   |  |            |  |   |  |
| 1b  | Total  |                              |             | <u> </u> | <del></del>  | ` <del>.</del> | •        | <b></b>  | 0   |  | 0          |  | 0   |  |
| 2   | Total number of individuals (including but no reportable compensation from the organization)     |                              | se list     |          |              | e) wl          | ho re    | ceiv     | ed more than \$1  | 00,000 in  |            |  |   |  |
|     |  |                              |             |          |              |                |          |          |   | -  |            | Yes  | No  |  |
| 3   | Did the organization list any former officer,  | director or trust            | ee, k       | ey e     | mplo         | yee,           | , or h   | ighe     | st compensated  | [  |            |  |   |  |
|     | employee on line 1a? If "Yes," complete Sc   |                              |             |          |              |                |          |          |   | - F  | 3          |  | X   |  |
| 4   | For any individual listed on line 1a, is the su<br>the organization and related organizations of |                              |             |          |              |                |          |          |   |  |            |  |   |  |
|     | individual   | •                            |             |          |              | •              | •        |          |   | . , ,  | 4          |  | X   |  |
| 5   | Did any person listed on line 1a receive or a services rendered to the organization? If "Y       | accrue compens               | ation       | n fror   | m an         | y un           | relat    | ed o     | rganization for   |  | <i>i</i> . |  | X   |  |
| Sec | etion B. Independent Contractors   | es, complete s               | cried       | uie .    | <i>J 101</i> | Suci           | i per    | SULL     | <u>· · · · · · · · · · · · · · · · · · · </u>                 | <u>-</u> -:l   | 5          | <u> </u>   |   |  |
| 1   | Complete this table for your five highest cor compensation from the organization.                | mpensated inde               | pend        | ent e    | contr        | acto           | rs th    | at re    | ceived more tha   | n \$100,000 c  | f          |  |   |  |
|     | (A) Name and business a  | address                      |             |          | ·            |                | •        |          | (B) Description of ser  | vices  | Compe      | (C)  |   |  |
|     |  | <del></del>                  |             |          |              |                |          | 1        |   |  |            |  |   |  |
|     |  |                              |             |          |              |                |          |          |   |  |            |  | 0   |  |
|     |  |                              |             |          |              |                | ·        | ــ       | · · · · · · · · · · · · · · · · · · ·                         |  |            |  | 0   |  |
|     |  |                              |             |          |              |                |          | $\vdash$ |   |  |            |  | 0   |  |
|     | Total number of independent contractors (ir  | ncluding but not             | limite      | ed to    | thos         | se lis         | sted     | abov     | re) who received  |  | 1 _        |  |   |  |
|     | more than \$100,000 in compensation from   |                              |             |          |              |                | 0        | )        |   |  | <u>.</u>   |  |   |  |

| .Part  | VIII       | Statement of Revenue  |   |  |  |   |   |
|--|------------|---|---|--|--|---|---|
|  |            | Shipe and a shipe of the shipe | े जारीका<br>र होता है।<br>पूर्व संकल्पार      | (A)<br>Total revenue                   | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| its<br>ts  | 1a         | Federated campaigns 1a  | 0   | おき : **                                |  |   |   |
| ra n   | b          | Membership dues   | 0   | 4-4                                    | -                                      |   |   |
| Contributions, gifts, grants and other similar amounts | С          | Fundraising events 1c   | 0   | ' ' ' '                                |  |   |   |
| ar a   | d          | Related organizations   | 0   |  |  |   |   |
| s, g<br>mil  | е          | Government grants (contributions) 1e  | 0   | • -7                                   |  |   |   |
| ion  | f          | All other contributions, gifts, grants, and   |   | # 5 ,3                                 |  | • ]                                     |   |
| ber<br>her   | 1          | similar amounts not included above 1f   | 0   |  |  |   |   |
| i i  |            | Noncash contributions included in lines 1a-1f: \$   |   | 1 - 1                                  | •                                      | ,                                       |   |
| and So   | h          | Total. Add lines 1a–1f  | ······  | 0                                      |  | ,                                       | ,   |
|  |            | 1 4 4 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | Business Code                                 | · , , , ,                              | <del></del>                            |   |   |
| ž  | 2a         |   |   | 0                                      |  |   | <del></del>   |
| ě  | b          |   | <del></del>                                   | 0                                      |  | <del></del>                             |   |
| e<br>E   | C          |   |   | 0                                      |  |   |   |
| ž  | q          | •   |   | <u>_</u>                               |  |   | · · · · · · · · · · · · · · · · · · ·                         |
| Š  | u          |   |   | . 0                                    |  |   |   |
| ᇤ  | e e        | All all an area are are are area.   | <del> </del>                                  | 0                                      |  |   |   |
| Program Service Revenue                                | T          | All other program service revenue   | L   | 0                                      | ,                                      |   |   |
| <u> </u>   | <u>g</u>   | Total. Add lines 2a–2f  |   | 0                                      |  | 1                                       |   |
|  | 3          | Investment income (including dividends, interest, an  |   |  |  |   |   |
|  |            | other similar amounts)  |   | 0                                      |  |   |   |
|  | 4          | Income from investment of tax-exempt bond proceed   | ds ▶  | 0                                      |  |   |   |
|  | 5          | Royalties   |   | 0                                      |  |   |   |
|  | ļ          | (i) Real  | (II) Personal                                 | 45 2 21 2                              | 1, 4                                   | `.                                      |   |
|  | 6a         | Gross Rents   |   | 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |   |   |
|  | ь          | Less: rental expenses   |   |  | 1                                      | 4                                       |   |
|  | c          | Rental income or (loss) 0   | 0   |  | , k &                                  | او ساست                                 | •   |
|  | d          | Net rental income or (loss)   |   | <u> </u>                               |  | <u> </u>                                |   |
|  | -          | Gross amount from sales of (i) Secunties  | (II) Other                                    | न्दरस्य ५० ह                           |  |   |   |
|  | , u        | assets other than inventory   |   |  |  |   |   |
|  | <b>.</b>   | Less: cost or other basis   |   |  | · 4.3 4 . 4 .                          | 4 7 2                                   | 7 *   |
|  | В          | 4   |   | · "大道"。                                | 4 8x 2/ 1 34                           | ·                                       | ٠, ٠,   |
|  |            | and sales expenses 0 Gain or (loss) 0   |   | 12.1                                   | ا شائمة المع                           | 71 Pr 1/4                               | •   |
|  | C          |   |   |  |  |   |   |
|  | a          | Net gain or (loss)  | <u>, , , , , , , , , , , , , , , , , , , </u> | 0                                      |  | · · · · · · · · · · · · · · · · · · ·   |   |
| <u>o</u>   | 8a         | Gross income from fundraising   |   |  | ,                                      | - 4                                     |   |
| Ju.  |            | events (not including \$0   |   |  | , , , , , , , , , , , , , , , , , , ,  | -,                                      | _   |
| )<br>SVE   |            | of contributions reported on line 1c).  |   |  |  | 11                                      |   |
| Ř  |            | See Part IV, line 18  | 40,300  |  | i,                                     | ,                                       |   |
| Other Revenue  | b          | Less: direct expenses b   | 33,558  |  |  |   |   |
| Ö  | С          | Net income or (loss) from fundraising events  | <u></u>                                       | 6,742                                  |  |   |   |
| ·  | 9a         | Gross income from gaming activities.  |   | ,                                      | :                                      |   |   |
|  |            | See Part IV, line 19  | o   | - THE P IS A SE                        | · · · · · · · · · · · · · · · · · · ·  |   | <u>, , , , , , , , , , , , , , , , , , , </u>                 |
|  | b          | Less: direct expenses b   | 0   |  | . '                                    | ,                                       |   |
|  | С          | Net income or (loss) from gaming activities   |   | 0                                      |  |   |   |
|  | 10a        | Gross sales of inventory, less  |   | agentin in                             |  |   |   |
|  |            | returns and allowances  | n   | 最高。                                    | ,                                      |   | · * · · · ·   |
|  | h          | Less: cost of goods sold b  | 0   | 4.                                     | \$ 124                                 |   |   |
|  |            | Net income or (loss) from sales of inventory  |   | 0                                      |  |   |   |
|  | <u>-</u> - | Miscellaneous Revenue   | Business Code                                 | 25:32                                  |  |   |   |
|  | 44-        | <del></del>   | Dusiness Code                                 | <del></del>                            |  |   |   |
|  | 11a        |   | <u> </u>                                      | 0                                      |  |   |   |
|  | b          |   |   | 0                                      |  |   |   |
|  | С          |   | ļ   | 0                                      |  |   |   |
|  | d          | All other revenue   | L   | 0                                      |  |   |   |
|  | е          | Total. Add lines 11a-11d  | ▶   | 0                                      |  | * .                                     |   |
|  | 12         | Total revenue. See instructions   | _   | 6 742                                  | O                                      |   |   |

Form **990** (2009)

Part IX Statement of Functional Expenses

|        | All other organizations must complete column                               | (A) but are not req   | uired to complete  | columns (B), (C), a                     | and (D).   |  |  |
|--------|--|-----------------------|--|---|--|--|--|
|        | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII. | (A)<br>Total expenses | (B) Program service expenses   | (C) Management and general expenses     | (D)<br>Fundraising<br>expenses   |  |  |
| 1      | Grants and other assistance to governments and                             |                       |  |   |  |  |  |
|        | organizations in the U.S. See Part IV, line 21                             | ol                    |  |   | •  |  |  |
| 2      | Grants and other assistance to individuals in                              |                       |  | •                                       |  |  |  |
|        | the U.S. See Part IV, line 22  | ol                    |  |   |  |  |  |
| 3      | Grants and other assistance to governments,                                |                       |  | *, *                                    | . 14. 7  |  |  |
|        | organizations, and individuals outside the                                 |                       |  | entrans of a survival of                | Completed to the second |  |  |
|        | U.S. See Part IV, lines 15 and 16  | ol                    |  |   |  |  |  |
| 4      | Benefits paid to or for members  | 0                     |  | 1                                       |  |  |  |
| 5      | Compensation of current officers, directors,                               | ·                     |  | <u> </u>                                |  |  |  |
| •      | trustees, and key employees  | o                     |  |   |  |  |  |
| 6      | Compensation not included above, to disqualified                           |                       |  |   |  |  |  |
|        | persons (as defined under section 4958(f)(1)) and                          |                       |  |   |  |  |  |
|        | persons described in section 4958(c)(3)(B)                                 | o                     |  |   |  |  |  |
| 7      | Other salaries and wages   | 0                     |  |   |  |  |  |
| 8      | Pension plan contributions (include section 401(k)                         |                       |  |   |  |  |  |
| -      | and section 403(b) employer contributions)                                 | o                     |  |   |  |  |  |
| 9      | Other employee benefits  | 0                     |  |   |  |  |  |
| 10     | Payroll taxes  | .0                    | ,  | <del></del>                             |  |  |  |
| 11     | Fees for services (non-employees):   |                       |  |   |  |  |  |
| а      | Management   | o                     |  |   |  |  |  |
| b      | Legal  | . 0                   |  |   |  |  |  |
| c      | Accounting   | 0                     |  |   |  |  |  |
| ď      | Lobbying   | 0                     |  |   |  |  |  |
| e      | Professional fundraising services. See Part IV, line 17                    | 0                     | A CONTRACTOR OF THE PARTY OF TH | - · · · · · · · · · · · · · · · · · · · |  |  |  |
| f      | Investment management fees   | 0                     | ·  |   |  |  |  |
| g      | Other  | 0                     | <del></del>  |   |  |  |  |
| 12     | Advertising and promotion  | 0                     |  |   |  |  |  |
| 13     | Office expenses  | ol ol                 |  |   |  |  |  |
| 14     | Information technology   | 0                     | · · · · · · · · · · · · · · · · · · ·  |   |  |  |  |
| 15     | Royalties  | 0                     |  |   | <del></del>  |  |  |
| 16     | Occupancy  | 0                     |  |   |  |  |  |
| 17     | Travel   | 0                     |  |   |  |  |  |
| 18     | Payments of travel or entertainment expenses                               |                       |  |   | <u> </u>   |  |  |
| ,,,    | for any federal, state, or local public officials                          | o                     |  |   |  |  |  |
| 19     | Conferences, conventions, and meetings                                     | 0                     | <del>_</del>   |   | <u> </u>   |  |  |
| 20     | Interest   | 0                     |  |   | <u> </u>   |  |  |
| 21     | Payments to affiliates   | ol ol                 |  |   |  |  |  |
| 22     | Depreciation, depletion, and amortization                                  | 0                     | 0  | 0                                       | 0  |  |  |
| 23     | Insurance  | 0                     |  |   |  |  |  |
| 24     | Other expenses Itemize expenses not  | T.                    | 7-1-   |   |  |  |  |
|        | covered above. (Expenses grouped together                                  | <u>k</u> 1            | Samuel or the  | ,                                       | ]  |  |  |
|        | · and labeled miscellaneous may not exceed                                 |                       |  | · .                                     | Page of a  |  |  |
|        | 5% of total expenses shown on line 25 below.)                              | - 46                  |  | ,. ·.                                   |  |  |  |
| а      | contribution to First Tee of New Jersey                                    | 15,000                |  |   |  |  |  |
| b      |  | 0                     |  |   |  |  |  |
| Č      |  | 0                     |  |   |  |  |  |
| Ч      |  | o                     |  |   |  |  |  |
| u<br>o |  | 0                     |  |   | <del> </del>   |  |  |
| f      | All other expenses   | 0                     |  |   | <del> </del>   |  |  |
| 25     | Total functional expenses. Add lines 1 through 24f                         | 15,000                | 0  | 0                                       | <del>                                     </del>   |  |  |
|        |  | 15,000                | 0  |   | <del>                                     </del>   |  |  |
| 26     | Joint costs. Check here ► if following                                     |                       |  |   |  |  |  |
|        | SOP 98-2. Complete this line only if the organization                      | ļ                     |  |   |  |  |  |
|        | reported in column (B) joint costs from a combined                         |                       |  |   |  |  |  |
|        | educational campaign and fundraising                                       |                       |  |   | 1  |  |  |
|        | solicitation   | . '                   |  | 1                                       | I  |  |  |

Part X **Balance Sheet** (A) 1 (B) Beginning of year End of year 44,973 1 36,715 2 2 0 3 0 3 0 4 0 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 0 6 7 0 7 0 Notes and loans receivable, net . . . . 8 8 9 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or 10a 10a other basis. Complete Part VI of Schedule D **b** Less: accumulated depreciation . . . . 10b 0 10c 0 0 11 0 11 0 ol 12 Investments—other securities. See Part IV, line 11 . . . . . . . . . 12 Investments—program-related. See Part IV, line 11 . . . . . . 0 13 13 0 0 14 0 14 ol 15 15 44,973 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 17 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . . . . ol 23 0 0 Unsecured notes and loans payable to unrelated third parties . . . . ol 24 24 ol 25 0 25 Other liabilities. Complete Part X of Schedule D. . . . . . . . . Total liabilities. Add lines 17 through 25 . . . . . . 26 0 26 Organizations that follow SFAS 117, check here ▶ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . 27 28 28 Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34. 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . 31 31 44,973 32 36,715 Retained earnings, endowment, accumulated income, or other funds. 32 36,715 44,973 33 33 Total liabilities and net assets/fund balances 44,973 34 36,715

Form **990** (2009)

| Part |  | 232301       |               | age 12   |
|------|--|--------------|---------------|----------|
|      |  |              | Yes           | No       |
| 1    | Accounting method used to prepare the Form 990: X Cash Accrual Other   | ne           | 1             |          |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O   |              |               |          |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?  | 2a           | _X            |          |
| b    | Were the organization's financial statements audited by an independent accountant?   | 2b           |               | Х        |
| C    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of   |              |               |          |
|      | the audit, review, or compilation of its financial statements and selection of an independent accountant?  | 2c           |               |          |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |              |               |          |
| d    | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: | 1            |               |          |
|      | X Separate basis Consolidated basis Both consolidated and separate basis   | <del>-</del> | - <del></del> |          |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in  |              |               |          |
|      | the Single Audit Act and OMB Circular A-133?   | _3a          |               | X        |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the   |              |               |          |
|      | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  | 3b           |               | <u> </u> |

Form **990** (2009)

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

**Public Charity Status and Public Support** 

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

2000

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

► See separate instruction

| section           | <u> </u>       |
|-------------------|----------------|
|                   | Open to Public |
| ons.              | Inspection     |
| Employer identifi | cation number  |

| NJS               | GA Y     | OUTH FOUN  | DATION INC.   |  |  |   |   |  |   | 22-3                   | 232301   |                                 |    |
|-------------------|----------|--|---|--|--|---|---|--|---|------------------------|--|---------------------------------|----|
| Pai               |          |  |   | narity Status (All or  |  |   |   |  |   | nstructio              | ns   |                                 |    |
| The               | orgar    |  |   | ation because it is: (Fo   |  | _   |   | •  |   |                        |  |                                 |    |
| 1                 | 님        |  |   | rches, or association of   |  |   | ed in sec   | tion 170   | (b)(1)(A)(i                                     | i).                    |  |                                 |    |
| 2                 | 닏        |  |   | on 170(b)(1)(A)(ii). (At   |  | •   |   |  |   |                        |  |                                 |    |
| 3                 | 닏        |  |   | nospital service organi  |  |   |   |  |   |                        |  |                                 |    |
| 4                 | Ш        |  | esearch organiza<br>ime, city, and st   | ation operated in conju<br>ate:  | unction wi   | th a hosp   | ıtal descri   | bed in se  | ection 170                                      | )(b)(1)(A)             | )(iii). Ent  | ter the                         |    |
| 5                 |          |  |   | r the benefit of a collect<br>(Complete Part II.)  | ge or univ   | ersity ow   | ned or ope  | erated by  | a govern  | mental u               | nit desci  | ribed                           |    |
| 6                 |          | A federal, st  | ate, or local gov   | ernment or governme  | ntal unit o  | described   | in section  | n 170(b)(  | 1)(A)(v).                                       |                        |  |                                 |    |
| 7                 | X        | An organiza  | tion that normal  | y receives a substanti<br>(1)(A)(vi). (Complete l  | al part of   |   |   |  |   | or from th             | e gener  | al publ                         | IC |
| 8                 |          | A community  | y trust described   | I in section 170(b)(1)   | (A)(vi). (C  | Complete  | Part II.)   |  |   |                        |  |                                 |    |
| 9                 |          | An organization receipts from support from   | tion that normall<br>n activities relate<br>n gross investme  | y receives (1) more the to its exempt function of the transfer | nan 33 1/<br>ons—sub<br>ted busin  | 3 % of its<br>ject to cei<br>ess taxab  | support fr<br>rtain exce <sub>l</sub><br>le income          | ptions, ar<br>(less sec  | nd (2) no r<br>ction 511                        | more thai              | n 33 1/3   | % of it                         |    |
| 10                | Ц        | An organiza  | tion organized a  | nd operated exclusive  | ly to test   | for public  | safety. So  | ee <b>sectic</b>   | on 509(a)(                                      | (4).                   | • •-   | •                               | ٠: |
| 11<br>e<br>f<br>g |          | purposes of 509(a)(3). C a Type By checking persons othe 509(a)(1) or If the organization Since Augus following per (i) A pers | one or more purheck the box that it is box, I certifier than foundation section 509(a)(a) cation received a check this box is 17, 2006, has resons? | a written determinatior  | izations of support Type is not contribute on from the pted any  | described ing organ e III-Fund ontrolled dee or more IRS that gift or corne or toge | in section ization an octionally in irrectly or it is a Typ | 509(a)(1<br>d comple<br>ntegrated<br>indirectly<br>supported<br>be I, Type<br>from any | by one or<br>d organiza<br>II, or Typ<br>of the | on 509(a)  1e throug d | p(2). See<br>gh 11h.<br>Type III-<br>squalifie<br>scribed i<br>corting | e <b>secti</b> e<br>-Other<br>d |    |
|                   |          | (ii) A fami  | i) below, the go  | person described in (i   | рропеа с   | organizatio   | on?   |  |   |                        | 11g(i)   | ļ                               |    |
|                   |          |  |   | y of a person describe   |  |   | <br>2   | • • • •  |   |                        | 11g(ii)  |                                 |    |
| h                 |          |  |   | ation about the suppor   |  |   |   |  |   |                        | 11g(iii)   | <u> </u>                        |    |
| (i) Name          |          | of supported anization   |   |  | (iv) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support? |   | (vi) Is the organization in col (i) organized in the US?    |  | (vii) Amount of support                         |                        |  |                                 |    |
|                   |          |  |   |  | Yes  | No  | Yes   | No   | Yes   | No                     | ļ  |                                 |    |
|                   |          |  |   |  |  |   | 1   |  |   |                        |  |                                 | •  |
|                   |          |  |   |  |  | <del> </del>  | <b> </b>  |  | <u> </u>  |                        | <del> </del>   |                                 | 0  |
|                   |          |  |   | •  |  | •   | 3 - 3 21  |  | - '   | -                      | *  |                                 | 0  |
|                   |          |  |   |  |  |   | ·   |  |   |                        |  |                                 | 0  |
|                   |          |  |   |  |  |   |   |  | <del> </del>                                    |                        |  |                                 | 0  |
|                   |          |  |   |  |  |   |   |  |   | ļ                      | ļ  |                                 | 0  |
| Tota              | <u> </u> |  | 1 -   | ्र भे (हरे हिंदी के  | . :  | 17 17   |   | i girti  |   |                        |  |                                 | 0  |

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (d) 2008 (e) 2009 (b) 2006 (c) 2007 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . . 23,995 36,750 53,370 42,515 40,300 196,930 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . 0 36,750 Total, Add lines 1 through 3 . . 23,995 53,370 42,515 40,300 196,930 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). Public support. Subtract line 5 from line 4. 196,930 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 23,995 36,750 53,370 42,515 40,300 7 196,930 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources . . . . . . 0 0 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. 196,930 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 100.00% 15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . 15 100.00% 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . b 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

| Sched   | lule A (Form 990 or 990-EZ) 2009 NJSGA YOUTH   | <b>FOUNDATION</b>  | INC.   |  |                    | 22-323230               | 1 Page <b>3</b>   |
|---|--|--|--|--|--------------------|-------------------------|---|
| Par   | t III Support Schedule for Organiz   |  |  | on 509(a)(2)                           |                    |                         |   |
|   | (Complete only if you checked the  | ne box on line   | 9 of Part I.)  |  |                    |                         |   |
|   | tion A. Public Support   |  |  | <del></del>                            |                    |                         |   |
| Cal   | endar year (or fiscal year beginning in) 🕒   | (a) 2005   | (b) 2006   | (c) 2007                               | (d) 2008           | (e) 2009                | (f) Total   |
| 1   | Gifts, grants, contributions, and  |  |  | 1                                      |                    |                         |   |
|   | membership fees received. (Do not  | }  |  |  |                    |                         |   |
|   | ınclude any "unusual grants.")   | ol   | ol   |  |                    |                         | 0   |
| 2   | • • •  |  |  |  |                    |                         | <u>_</u>  |
| 2   | Gross receipts from admissions, merchandise  |  |  | İ                                      |                    |                         |   |
|   | sold or services performed, or facilities furnished in any activity that is related to the   |  |  |  |                    |                         |   |
|   | · 1  | o  | اه   |  |                    |                         | •   |
| 3   | organization's tax-exempt purpose  |  |  |  |                    |                         | 0   |
| •   | unrelated trade or business under section 513  |  |  |  |                    | 1                       | 0   |
| 4   | Tax revenues levied for the organization's   |  |  |  | <del></del>        |                         |   |
| •   | benefit and either paid to or expended on  | ł  | i  |  |                    |                         |   |
|   | its behalf   | o  | o  |  |                    |                         | 0   |
| 5   | The value of services or facilities  |  | <del>`</del>   |  |                    | -                       | <u>y</u>  |
| _   | furnished by a governmental unit to the  |  |  |  |                    |                         |   |
|   | organization without charge  | ol   | ol   |  |                    |                         | 0   |
| 6   | Total. Add lines 1 through 5   | 0  | 0  | 0                                      | 0                  | 0                       | 0   |
|   | Amounts included on lines 1, 2, and 3  |  |  | <u>_</u>                               |                    |                         |   |
|   | received from disqualified persons   | İ  |  |  |                    |                         | 0   |
|   | , ,  |  |  |  |                    |                         |   |
| b   | Amounts included on lines 2 and 3 received   |  |  |  |                    |                         |   |
|   | from other than disqualified persons that  |  |  |  |                    |                         |   |
|   | exceed the greater of \$5,000 or 1% of the   | i  |  |  |                    |                         |   |
|   | amount on line 13 for the year   |  |  |  |                    |                         | 0   |
| C   | Add lines 7a and 7b  | 0  | 0  | 0                                      | 0                  | 0                       | 0   |
| 8   | Public support (Subtract line 7c from  | 24   | ~ ^ · ·  |  |                    | , ° °                   |   |
| <u> </u>  | line 6)  |  |  | ······································ | · ', i, i, 5       |                         | 0   |
|   | tion B. Total Support  |  | —т   | <del></del>                            |                    |                         |   |
| Cal   | endar year (or fiscal year beginning in) 🕨   | (a) 2005   | <b>(b)</b> 2006  | (c) 2007                               | (d) 2008           | (e) 2009                | (f) Total   |
| 9   | Amounts from line 6  | o  | ol   | ol                                     | 0                  | ol                      | 0   |
| 40-   | One a line and from lateral attitudes do   |  |  |  | -                  |                         |   |
| iva   | Gross income from interest, dividends,   |  |  |  |                    |                         |   |
| iva   | payments received on securities loans,   |  |  |  |                    |                         |   |
| IVa   |  |  |  |  |                    |                         |   |
| IVa   | payments received on securities loans, rents, royalties and income from similar sources  |  |  |  |                    |                         | 0   |
| b   | payments received on securities loans, rents, royalties and income from similar sources  |  |  |  |                    |                         | 0   |
|   | payments received on securities loans, rents, royalties and income from similar sources  |  |  |  |                    |                         | 0   |
|   | payments received on securities loans, rents, royalties and income from similar sources  |  |  |  |                    |                         |   |
| b   | payments received on securities loans, rents, royalties and income from similar sources  | 0  | 0  | 0                                      | 0                  | 0                       | 0   |
| b   | payments received on securities loans, rents, royalties and income from similar sources  | 0  | 0  | 0                                      | 0                  | 0                       | 0   |
| b   | payments received on securities loans, rents, royalties and income from similar sources  | 0  | 0  | 0                                      | 0                  | 0                       | 0   |
| b   | payments received on securities loans, rents, royalties and income from similar sources  | 0  | 0  | 0                                      | 0                  | 0                       | 0   |
| b<br>c<br>11  | payments received on securities loans, rents, royalties and income from similar sources  | 0  | 0  | 0                                      | 0                  | 0                       | 0   |
| b   | payments received on securities loans, rents, royalties and income from 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 in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or   | 0  | 0  | 0                                      | 0                  | 0                       | 0   |
| b<br>c<br>11  | payments received on securities loans, rents, royalties and income from 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 in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets  |  |  | 0                                      | 0                  | 0                       | 0   |
| b<br>c<br>11  | payments received on securities loans, rents, royalties and income from 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 in line 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   |
| b<br>c<br>11  | payments received on securities loans, rents, royalties and income from 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 in line 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 lines 9, 10c, 11,  | 0  | 0  |  |                    |                         | 0<br>0  |
| b c 11  | payments received on securities loans, rents, royalties and income from 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 in line 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 lines 9, 10c, 11, and 12.).  | 0  | 0  | 0                                      | 0                  | 0                       | 0<br>0<br>0   |
| b<br>c<br>11  | payments received on securities loans, rents, royalties and income from 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 in line 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 lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for the org  | 0<br>0<br>ganızation's firs  | 0<br>0<br>t, second, third   | 0<br>, fourth, or fifth                | 0<br>tax year as a | 0<br>section 501(c)     | 0<br>0<br>0   |
| b<br>c<br>11<br>12<br>13<br>14  | payments received on securities loans, rents, royalties and income from similar sources  | 0<br>0<br>ganızation's firs  | 0<br>0<br>t, second, third   | 0<br>, fourth, or fifth                | 0<br>tax year as a | 0<br>section 501(c)     | 0<br>0<br>0   |
| b  c 11  12  13  14  Sec  | payments received on securities loans, rents, royalties and income from 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 in line 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 lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for the orgorganization, check this box and stop here.  tion C. Computation of Public Support  | 0<br>ganization's firs   | 0<br>0<br>t, second, third   | 0<br>, fourth, or fifth                | 0<br>tax year as a | 0<br>section 501(c)     | 0<br>0<br>0   |
| b c 11 12 13 14 <u>Sec 15</u>   | payments received on securities loans, rents, royalties and income from 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 in line 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 lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for the orgonoganization, check this box and stop here tion C. Computation of Public Support   | 0<br>ganization's firs   | 0<br>t, second, third  | O<br>, fourth, or fifth                | 0<br>tax year as a | 0<br>section 501(c)     | 0<br>0<br>0<br>0<br>(3)                                   |
| b<br>c<br>11<br>12<br>13<br>14<br>Sec<br>15<br>16                           | payments received on securities loans, rents, royalties and income from 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 in line 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 lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for the orgonization, check this box and stop here.  tion C. Computation of Public Support Public support percentage for 2009 (line 8, consultation).  | 0<br>ganization's firs<br><br>Percentage<br>olumn (f) divide<br>ile A, Part III, lii   | 0<br>t, second, third  | O<br>, fourth, or fifth                | 0<br>tax year as a | 0<br>section 501(c)     | 0<br>0<br>0<br>(3)<br>• [                                 |
| b<br>c<br>11<br>12<br>13<br>14<br>Sec<br>15<br>16                           | payments received on securities loans, rents, royalties and income from 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 in line 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 lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for the orgorganization, check this box and stop here.  tion C. Computation of Public Support  Public support percentage for 2009 (line 8, cc.)  Public support percentage from 2008 Schedution D. Computation of Investment Incomposition in the propert in the computation of Investment Incomposition in the computation of Investment Incomposition in the computation of Investment Incomposition in the computation of Investment Incomposition in the computation of Investment Incomposition in the computation of Investment Incomposition in the computation of Investment Incomposition in the computation of Investment Incomposition in the computation of Investment Incomposition in the computation in the  | 0<br>ganization's firs<br><br>Percentage<br>blumn (f) divide<br>ile A, Part III, licome Percent  | 0<br>t, second, third  | O<br>, fourth, or fifth                | 0<br>tax year as a | 0<br>section 501(c)     | 0<br>0<br>0<br>(3)<br>• [                                 |
| b<br>c<br>11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec<br>17              | payments received on securities loans, rents, royalties and income from 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 in line 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 lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for the orgorganization, check this box and stop here.  tion C. Computation of Public Support  Public support percentage for 2009 (line 8, con public support percentage from 2008 Schedution D. Computation of Investment Income percentage for 2009 (line 8).  | 0<br>ganization's firs<br><br>Percentage<br>olumn (f) divide<br>ile A, Part III, lii<br>ome Percenta   | 0 t, second, third d by line 13, cone 15   | olumn (f))                             | 0<br>tax year as a | 0<br>section 501(c)     | 0<br>0<br>0<br>(3)<br>• [                                 |
| b<br>c<br>11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec<br>17<br>18        | payments received on securities loans, rents, royalties and income from 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 in line 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 lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for the orgorganization, check this box and stop here.  tion C. Computation of Public Support  Public support percentage for 2009 (line 8, concept public support percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation percentage from 2008 Schedution of Investment income percentage from 2008 Schedution of 2009 (line Investment income percentage from 2008 Schedution of 2009 (line Investment income percentage from 2008 Schedution of 2009 (line Investment income percentage from 2008 Schedution of 2009 (line Investment income percentage from 2008 Schedution of 2009 (line Investment income percentage from 2008 Schedution of 2009 (line Investment income percentage from 2008 Schedution of 2009 (line 2008 Schedution 2008 | o<br>ganization's firs<br>Percentage<br>olumn (f) divide<br>ale A, Part III, lin<br>ome Percenta<br>10c, column (f)  | 0 t, second, third to the second of the seco | olumn (f)) .                           | tax year as a      | 0<br>section 501(c)<br> | 0<br>0<br>0<br>0<br>(3)<br>▶ [<br>0.00%<br>0.00%          |
| b<br>c<br>11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec<br>17              | payments received on securities loans, rents, royalties and income from 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 in line 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 lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for the orgorganization, check this box and stop here.  tion C. Computation of Public Support  Public support percentage for 2009 (line 8, consultation 10). Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution 1/3% support tests—2009. If the organization   | ganization's firs Percentage Dlumn (f) divide ale A, Part III, lin ome Percenta 10c, column (f) hedule A, Part tion did not che                                  | d by line 13, cone 15  | olumn (f))                             | tax year as a      | 0<br>section 501(c)<br> | 0.00%<br>0.00%<br>0.00%<br>0.00%<br>nd line 17 is         |
| 5 c 11 12 13 14 Sec 15 16 Sec 17 18 19a                                     | payments received on securities loans, rents, royalties and income from 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 in line 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 lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for the orgonization, check this box and stop here.  tion C. Computation of Public Support  Public support percentage for 2009 (line 8, consultation).  Investment income percentage for 2009 (line 8, consultation).  Investment income percentage for 2009 (line 8, consultation).  Investment income percentage for 2009 (line 8, consultation).  Investment income percentage for 2009 (line 8, consultation).  Total support percentage from 2008 Schedution D. Computation of Investment Income percentage for 2009 (line 1).  Investment income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation Of Investment Income percentage from 2008 Schedution Marchael Public Support tests—2009. If the organization more than 33 1/3%, check this box and schedution of Investment Income percentage for 2009 (line 8, construction D. Computation Of Investment Income percentage from 2008 Schedution D. Computation Of Investment Income Public Support Lests—2009. If the Organization Marchael Public Support Public Support Lests—2009. If the Organization Marchael Public Support Public Support Public Support Public Support Public Support Public Support Public Support Public Support Public Support Public  | panization's firs Percentage Dlumn (f) divide alle A, Part III, lii ome Percent 10c, column (f) hedule A, Part tion did not che top here. The                    | d by line 13, cone 15  | olumn (f))                             | tax year as a      | 0<br>section 501(c)<br> | 0<br>0<br>0<br>0<br>(3)<br>• [<br>0.00%<br>0.00%<br>0.00% |
| b<br>c<br>11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec<br>17<br>18<br>19a | payments received on securities loans, rents, royalties and income from 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 in line 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 lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for the orgonization, check this box and stop here.  tion C. Computation of Public Support  Public support percentage for 2009 (line 8, cc. Public support percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Sc. 33 1/3% support tests—2009. If the organization of more than 33 1/3%, check this box and st. 33 1/3% support tests—2008. If the organization of difference in the organization of the organization of 1/1/2 the organization of 1/1/ | ganization's firs Percentage Dlumn (f) divide ule A, Part III, lii ome Percent 10c, column (f) thedule A, Part tion did not che top here. The cid not check a bo | d by line 13, cone 15  | olumn (f))                             | 0 tax year as a    | 0<br>section 501(c)<br> | 0<br>0<br>0<br>0<br>(3)<br>• [<br>0.00%<br>0.00%<br>0.00% |
| 5 c 11 12 13 14 Sec 15 16 Sec 17 18 19a                                     | payments received on securities loans, rents, royalties and income from 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 in line 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 lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for the orgonization, check this box and stop here.  tion C. Computation of Public Support  Public support percentage for 2009 (line 8, consultation).  Investment income percentage for 2009 (line 8, consultation).  Investment income percentage for 2009 (line 8, consultation).  Investment income percentage for 2009 (line 8, consultation).  Investment income percentage for 2009 (line 8, consultation).  Total support percentage from 2008 Schedution D. Computation of Investment Income percentage for 2009 (line 1).  Investment income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation of Investment Income percentage from 2008 Schedution D. Computation Of Investment Income percentage from 2008 Schedution Marchael Public Support tests—2009. If the organization more than 33 1/3%, check this box and schedution of Investment Income percentage for 2009 (line 8, construction D. Computation Of Investment Income percentage from 2008 Schedution D. Computation Of Investment Income Public Support Lests—2009. If the Organization Marchael Public Support Public Support Lests—2009. If the Organization Marchael Public Support Public Support Public Support Public Support Public Support Public Support Public Support Public Support Public Support Public  | ganization's firs Percentage Dlumn (f) divide ule A, Part III, lii ome Percent 10c, column (f) thedule A, Part tion did not che top here. The cid not check a bo | d by line 13, cone 15  | olumn (f))                             | 0 tax year as a    | 0<br>section 501(c)<br> | 0<br>0<br>0<br>0<br>(3)<br>• [<br>0.00%<br>0.00%<br>0.00% |