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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning _____, and ending _____

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization EMBRACE YOUR DREAMS</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite 424 CENTER STREET, ROOM 300</p> <p>City or town, state or country, and ZIP + 4 BETHLEHEM PA 18018</p>	<p>D Employer identification number 23-3079346</p> <p>E Telephone number 610-868-5290</p> <p>F Group Exemption Number ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

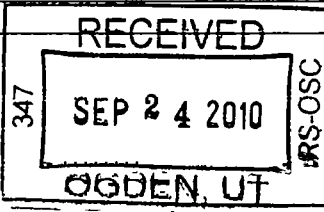
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **203,833**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received		118,732	
	2 Program service revenue including government fees and contracts		1,220	
	3 Membership dues and assessments			
	4 Investment income		402	
	5a Gross amount from sale of assets other than inventory	5a		
	b Less cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
Revenue	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ <u>8,849</u> of contributions reported on line 1)	6a 83,479		
	b Less direct expenses other than fundraising expenses	6b 45,268		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	38,211	
	7a Gross sales of inventory, less returns and allowances	7a		
	b Less cost of goods sold	7b		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8 Other revenue (describe ▶ _____)		8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	158,565
	10 Grants and similar amounts paid (attach schedule)		10	
11 Benefits paid to or for members		11		
12 Salaries, other compensation, and employee benefits		12	51,773	
13 Professional fees and other payments to independent contractors		13	7,507	
14 Occupancy, rent, utilities, and maintenance		14	1,616	
15 Printing, publications, postage, and shipping		15		
16 Other expenses (describe ▶ <u>SEE STATEMENT 1</u>)		16	92,101	
17 Total expenses. Add lines 10 through 16		17	152,997	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	5,568	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	33,248	
20 Other changes in net assets or fund balances (attach explanation)		20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	38,816	



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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year	
22 Cash, savings, and investments	26,199	22	34,149	
23 Land and buildings		23		
24 Other assets (describe ▶ <u>SEE STATEMENT 2</u>)	7,509	24	5,127	
25 Total assets	33,708	25	39,276	
26 Total liabilities (describe ▶ <u>SEE STATEMENT 3</u>)	460	26	460	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	33,248	27	38,816	

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

Form **990-EZ** (2009)

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ PA		
42a	The organization's books are in care of ▶ SHEILA YOUST Telephone no ▶ 610-657-3019 30 S MUHLENBERG ST Located at ▶ ALLENTOWN, PA ZIP + 4 ▶ 18104		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <input type="checkbox"/> 43 _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Date **9/26/10**

Signature of officer: *[Handwritten Signature]*
 Type or print name and title: **JULIE THOMAS, EXECUTIVE DIRECTOR**

Paid Preparer's Use Only

Preparer's signature: *[Handwritten Signature]* Date: **08/19/10** Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **BUCKNO LISICKY & COMPANY, P.C.
 444 MAIN STREET
 BETHLEHEM, PA 18018**

Preparer's Identifying Number (See instr): **204-52-8956**
 EIN: **23-2426656**
 Phone no: **610-691-0113**

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (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	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	256,621	161,786	169,571	79,124	118,732	785,834
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	256,621	161,786	169,571	79,124	118,732	785,834
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						286,500
6 Public support. Subtract line 5 from line 4						499,334

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	256,621	161,786	169,571	79,124	118,732	785,834
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			787	1,083	402	2,272
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	11,606	17,949	80,993	44,734	38,211	193,493
11 Total support. Add lines 7 through 10						981,599
12 Gross receipts from related activities, etc (see instructions)					12	5,160
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	50.87%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	50.93%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ►

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 10 - OTHER INCOME DETAIL

FUNDRAISING REVENUE	\$	193,193
MISCELLANEOUS INCOME	\$	300

Depreciation and Amortization
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **EMBRACE YOUR DREAMS** Identifying number **23-3079346**

Business or activity to which this form relates
INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	1,616
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,616
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

The First Tee Lehigh Valley/Embrace Your Dreams Board of Directors - 2009

Joe Bartenbach, Jr - C (30 – 40)

Howell Benefit Services, Inc
5050 W. Tilghman St. - Ste 130
Allentown, PA 18104
Business: 484-661-4601
Cell: 610-209-2553
jbartenbach@howellusa.com

Bob Bryan, D.D.S. C – 40-50

Lehigh Valley Orthodontics
1605 N. Cedar Crest Blvd.
Allentown, PA 18104
610-435-2788
•Kids Coach, LYMA
•Volunteer Board Sacred Heart
Hospital Dental Clinic
DrBobandMo@aol.com

Gail Clewell C (50-60)

8821 Clearwater Circle
Fogelsville, PA 18051
610-285-2111
gail_clewell@gmail.com

Ron Earle C (50-60)

1786 Arden Lane
Bethlehem PA 18015
610-838-0567
rbearle47@yahoo.com

Chris Ferguson, Treasurer C (30-40)

President, ClearPoint Resources, Inc.
1600 Manor Drive, Suite 110
Chalfont, PA 18914
215-997-7710 x 103
cferguson@clear-point.com

Mark Fine C (40-50)

President, Fine Golf Design, Inc.
1104 Hillview Drive
Allentown, PA 18103
Phone 610-366-7310
mkfine@finegolfdesign.com
•Soccer, baseball coach, Lower
Macungie Youth Association

Peter Fuller C (50-60)

Willow Brook Land Dev Corp
Willow Brook Farms
PO Box 32
Catasauqua, PA 18032
(610) 264-5606
willowbrook@rcn.com
•Board of Directors, The Second
Mile

Katie Cassese, Sec. C (20 – 30)

1530 Willowbrook Drive
Bethlehem, PA 18015
610-791-4400
Katie@GransonCassese.com

Robert Hetten, Jr., VP - C (40-50)

Account Executive Keystone Insurers
Group Locally Owned & Operated by
Seltzer Insurance Agency, Inc.
4424 West Park Avenue
Slatington, PA 18080
888-366-1000 ext 230
Bhetten@seltzerinsurance.com

Dick Kile C (40-50)

4971 Ancinetta Drive
Schnecksville PA 18078
610-799-0943
dickile@aol.com

Sandy Kile C (40-50)

4971 Ancinetta Drive
Schnecksville PA 18078
610-799-0943
dickile@aol.com

Edward J. Lentz, Esquire (50-60)

Fitzpatrick Lentz & Bubba, PC
Stabler Corporate Center
4001 Schoolhouse Lane
PO Box 219
Center Valley, PA 18034-0219
610-797-9000
elentz@flblaw.com

Fernando Matos Hisp. (40-50)

IBM Global Services
3416 Stone Gate Drive
Center Valley, PA 18034
610-751-8964
matos@us.ibm.com

Ned Muir, Attorney C (30-40)

866 Honeybrook Circle
Stewartville, NJ
610-782-3100
edward.a.muir@gmail.com

Jim O'Hara C (50-60)

President, USI Insurance Co
5100 Tilghman St. Suite 340 Allentown,
PA 18104
610-366-1500
Jim.O'Hara@usi.biz
•Board of
Directors, The Second Mile

Saleem S. Saab MidEstrn (40-50)

Director, Associate Counsel
Olympus America, Inc
3500 Corporate Parkway
Center Valley, PA 18034-0610
(484)489-3377
Saleem.Saab@olympus.com

Frank Shuman C – 60-70

414 Lincoln Avenue
Doylestown, PA 18901
215-340-5421
ftshuman@verizon.net
•Board of Directors, Greater
Philadelphia Scholastic Golf
Association

John Soler, President C (50-60)

Managing Director
Micro Matic USA
4601 Saucon Creek Road
Center Valley, PA 18034
610-625-4464
jhs@micro-matic.com

Andrew F. S. Warner C (40-50)

President, Warner Benefits, Inc.
5828 Old Bethlehem Pike
Center Valley, PA 18034
610-282-5560
•Board of Directors
St Luke's Hospital
afsw@warnerbenefits.net

Ex-Officio

Charles Dent, Congressman
U.S House of Representatives
701 W. Broad Street, Suite 200
Bethlehem, PA 18018
610-861-9734

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
ADVERTISING	1,070
OFFICE EXPENSES	15,257
TRANSPORTATION	14,375
INSURANCE	5,842
EQUIPMENT RENTAL	1,386
GOLF AND TENNIS SUPPLIES	4,726
INSTRUCTORS	45,735
MEMBERSHIP FEES	556
MISCELLANEOUS	605
PROGRAM EXPENSES	1,458
TEACHING MATERIALS	92
TELEPHONE	999
TOTAL	<u>\$ 92,101</u>

Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 2,914	\$ 2,149
	9,906	9,906
LESS ACCUMULATED DEPRECIATION	<u>5,311</u>	<u>6,928</u>
	<u>7,509</u>	<u>5,127</u>

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PAYROLL TAXES WITHHELD	\$ 460	\$ 460
	<u>460</u>	<u>460</u>

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO PROVIDE YOUNG PEOPLE OF DIVERSE BACKGROUNDS WITH LIFE SKILLS EDUCATION AS PART OF GOLF AND TENNIS INSTRUCTION THAT PROMOTES POSITIVE VALUES, PHYSICAL SKILLS AND SPORTSMANSHIP.