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Amended

0912

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 04/02/2009, 2009, and ending 12/31, 20 09

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: VAXTRAC INC. D Employer identification number: 26-4570977. E Telephone number. F Group Exemption Number.

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: [X] Cash [ ] Accrual Other (specify)

I Website: VAXTRAC.COM

H Check [X] If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

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 \$

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes handwritten notes: 'INTERNAL REVENUE SERVICE 215 RECEIVED NOV 21 2011 BATCHING UNIT COVINGTON, KY'. Revenue total: 22115, Expenses total: 22115, Net Assets total: 605.

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.)

Table with 7 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Total assets: 805, Total liabilities: 805, Net assets: 605.

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

Cat. No. 108421

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 . . . . .   |     | ✓                        |
| 34  | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .   |     | ✓                        |
| 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? . . . . .   |     | ✓                        |
| 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 . . . . .  |     | ✓                        |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a  | 0   |                          |
| b   | Did the organization file Form 1120-POL for this year? . . . . .   |     | ✓                        |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .   | ✓   |                          |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .   | 38b | 22720                    |
| 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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 . . . . .   |     |                          |
| b   | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . . |     | ✓                        |
| c   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .  |     | 0                        |
| d   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .  |     | 0                        |
| 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. . . . .  |     | ✓                        |
| 41  | List the states with which a copy of this return is filed. ▶ KY  |     |                          |
| 42a | The organization's books are in care of ▶ HEATHCOTT J GROSS Telephone no. ▶ . . . . .  |     |                          |
|     | Located at ▶ 1902 CAMPUS PLACE STE 9A LOUISVILLE, KY ZIP + 4 ▶ 40299-2375 . . . . .  |     |                          |
| 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)? . . . . .   | Yes | No                       |
|     | If "Yes," enter the name of the foreign country: ▶ . . . . .   | 42b | ✓                        |
|     | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |     |                          |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .   |     | ✓                        |
|     | If "Yes," enter the name of the foreign country, ▶ . . . . .   | 42c |                          |
| 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 . . . . . ▶ 43   |     | <input type="checkbox"/> |
| 44  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .   | Yes | No                       |
|     |  | 44  | ✓                        |
| 45  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .  |     | ✓                        |
|     |  | 45  |                          |

**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.

- 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 Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 46 47
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 48a
- 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a 49b
- 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 ▶ 0

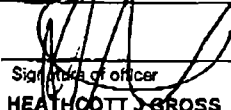
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

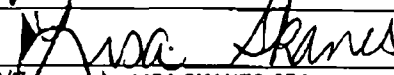
d Total number of other independent contractors each receiving over \$100,000 ▶ 0

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

  
 Sign of officer Date 11-16-11  
**HEATHCOTT J. GROSS**  
 Type of print name and title

Paid Preparer's Use Only

Preparer's signature  Date 11-16-11 Check if self-employed  Preparer's identifying number (See instructions) P00356269  
 Firm's name (do not use if self-employed), address, and ZIP + 4 LISA SKANES CPA  
 3044 BRECKENRIDGE LN STE 104 LOUISVILLE, KY 40220 EIN ▶ Phone no ▶ 502-491-7647

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



SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

Employer identification number

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues?

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 50056A

Schedule L (Form 990 or 990-EZ) 2009

VAXTRAC INC  
FORM 990EZ TAX YEAR 2009

EIN: 26-4570977

PART I LINE 16 OTHER EXPENSES:

|                 |              |
|-----------------|--------------|
| DEPRECIATION    | 347          |
| LICENSE         | 8            |
| BANK CHARGES    | 43           |
| FILM/VIDEO PROD | 4980         |
| MEALS           | 193          |
| MISC            | 9221         |
| SUPPLIES        | 96           |
| TRAVEL          | 7227         |
| TOTAL           | <u>22115</u> |