

## 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



Form **990-EZ** Department of the Treasury Internal Revenue Service

## 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) 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

OMB No 1545-1150

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

		e 2009 calendar year, or tax year beginning NOV 23, 2009	_	and e	nding DE	C 31	,	2009
В	Check if opticab	le Please C Name of organization				D Empl	oyer	identification number
	Addres	s use IRS				ł		
	Name Chang	POTS BUILDING FOR THE FUTURE				27	-1	383150
X	Initial	type Number and street (or P.O. boy if mail is not delivered to street address)			Room/suite	E Telep	hone	number
	Term ated				1	71	82	204892
		ded tions City or town state or country and 7IP + 4			<u> </u>	F Grou	o Exe	mption
	Applica					Numi		•
		tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	а соп	pleted	G Accou			
		Schedule A (Form 990 or 990-EZ).				specify)		
T	Nebsit	ie: ▶N/A						the organization is not
		empt status (check only one) — X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(	1) or		_ /			dule B (Form 990 990-EZ or 990-PF)
	Check							
,		Form 990 return is not required, but if the organization chooses to file a return					Ψ.	
Ī A	Add lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 9					\$	0.
	art í	Revenue, Expenses, and Changes in Net Assets or Fund				uctions f		
٠.٠	1	Contributions, gifts, grants, and similar amounts received			(	1	1	
	2	Program service revenue including government fees and contracts					2	
	3	Membership dues and assessments					3	
	4	Investment income				-	4	<del></del>
	l '	Gross amount from sale of assets other than inventory	5a	1		⊢	-	
	i .	Less: cost or other basis and sales expenses	5b		<del></del>			
	l	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	- 00	<u> </u>			5c	
0	6	Special events and activities (complete applicable parts of Schedule G). If any amount i	e from	aamin	n check here	、┌─┐├		
Ĕ	1 -	Gross revenue (not including \$ of contributions	3 11 0111	yamını	y, oneok nere			
Revenue	•	reported on line 1)	6a	ı				
Œ	١,	·	6b					
	I	Less: direct expenses other than fundraising expenses	OD	<u> </u>			e.	
	I	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	ı		⊢	6c_	
		Gross sales of inventory, less returns and allowances Less: cost of goods sold	7b	├──				
	1	- ·	10		<del></del>		7c	
	8	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  Other revenue (describe				, F	8	<u> </u>
	9	` <del></del>				′ ⊦	9	0.
	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and Similar amounts paid (attach schedule)					10	- 0.
		Benefits and to bridge bers V.F.D.				⊢	11	
	111	Salaries, pthe compensation, and employee benefits					12	<u> </u>
Ses	12	Profession and employed delicins Profession and employed delicins				⊢	13	
xpenses	14	Occupant Wife the unitarity and maintenance				<b>⊢</b>	14	
Ä	ł	Printing, publications, postage, and shipping				<b>-</b>	15	
	15 16	Other expenses (1955-109) PA				⊦	16	
	17	Total expenses. Add lines 10 through 16.	⊸'⊦	17	0.			
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	0.
ş	19	Net assets or fund balances at beginning of year (from line 27, column (A))				⊢	10	
SSG	10	(must agree with end-of-year figure reported on prior year's return)				<b>i</b> -	19	0.
Net Assets	20	Other changes in net assets or fund balances (attach explanation)				⊢	20	<del>-</del>
ž	20 21	. , ,				_ }	_	0.
Б	art II	Net assets or fund balances at end of year Combine lines 18 through 20  Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or mo	ro filo	Form 0	On instead of F	orm 000	<b>21</b>	10.
	<u> </u>	(See the instructions for Part II.)	, IIIC		(A) Beginning of		T.	(B) End of year
	0				(A) Deginning (	n year	100	(B) Cita of year
22		h, savings, and investments		-			22	<del></del>
23		d and buildings		$\backslash$			23	<del> </del>
24		er assets (describe		′ <b>-</b> -	<del></del>	0.	-	0.
25		al assets		, }	<del></del>	0.	25	0.
26		al liabilities (describe		' <b>-</b> -		0.	26	0.
27 932	Ne1 171 08-10	assets or fund balances (line 27 of column (B) must agree with line 21)				<u> </u>	12/	Form <b>990-EZ</b> (2009)
02-0	10 -80	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate inst	uclidi	ıŏ.				FUITH 3307E& (2009)

Forr	M 990-EZ (2009) POTS BUILDING FOR THE FUT			<u> </u>	T 202T	50 rage 2
B	ត្តិស្នាស្ត្រ Statement of Program Service Accomplishmer	nts (See the instructions for	Part III.)		E	penses
Wha	at is the organization's primary exempt purpose? SEE STATEMENT	3				r section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt pur		ise manner, descri	he.		) organizations and 7(a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevan				for others)	r(a), i) trusts, optional
28	SEE STATEMENT 2				<del>                                     </del>	
20	SEE STATEMENT 2					
					1 1	
		<del></del>				
	(Grants \$ ) If this amount includes foreign g	rants, check here		<u> </u>	28a	
29					1 1	
					1 1	
	(Grants \$ ) If this amount includes foreign g	rants, check here			29a	
30						
				<del></del>	1 1	
	/Cranto ©	ranta chook hara		7	30a	
0.4	(Grants \$ ) If this amount includes foreign g	grants, crieck nere			1000	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount includes foreign g	rants, check here		<u> </u>	31a	
32	Total program service expenses (add lines 28a through 31a)				32	0.
P	List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated			
		(b) Title and average hours	(a) Componention	1 - ,	ontributions	
	(a) Name and address	per week devoted to	(c) Compensation (If not paid, enter		employee fit plans &	(e) Expense account and
	(a) Haine and addices	position	-0)		eferred	other allowances
		poor.iio	•••		pensation	
ĴΤC	OHN LANE	DIRECTOR		<del> </del>	<u> </u>	
	COLBY AVE., RYE, NY 10580	1.00	) o.	•	0.	l o.
	ON MOLLOY	DIRECTOR				<del></del>
_		1	o.	ł	0.	0.
$\frac{17}{2}$			0.	<u> </u>	0.	0.
		DIRECTOR	1	•		1
	2 JULIAN AVE, RYE, NY 10580	1.00	0.		0.	0.
		PRESIDENT				
27	63 WEBSTER AVENUE, BRONX, NY 10458	10.00	0.		0.	L 0.
CI	RISTOPHER BEAN	TREASURER	]		<u>=</u>	
27	63 WEBSTER AVENUE, BRONX, NY 10458	10.00	0.		0.	0.
MZ	AUREEN SHEEHAN	SECRETARY				
	63 WEBSTER AVENUE, BRONX, NY 10458	10.00	0.	•	0.	0.
=	<u> </u>			<b>†</b> –		
_			1	l		ľ
_		<del> </del> -		├		
_				l		
		<del></del>	<del></del>	<del> </del>		
_		1		l		
		<u> </u>		<u> </u>		
		]	1	1		1
						1
				[		[
		1	1	1		1
_		1		1		1
-	<del></del>	<del> </del>	<del> </del>	<del>                                     </del>		<del> </del>
_		4				
_		<del> </del>	<del> </del>	├		<del> </del>
_		-	1	1		}
_		<del> </del>	<del> </del>	<del> </del>		<del> </del>
_	<del> </del>	4		l		1
_		<u> </u>		1		
		<del></del> _	1	1		
			<u> </u>	}		1
_		1		[		1
932	172 08-10	<del> </del>	<del></del>		Form	990-EZ (2009)

Pa	THE VIOLET INTORMATION (Note the statement requirements in the instructions for Part V.)			
			Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	ļ	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	l l		}
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	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?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X
h	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b   N/A			
39	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9			
	<del>  </del>			
		1		1 1
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911   0 • ; section 4955   0 •			
D	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	i '		7.
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			1
	or disqualified persons during the year under sections 4912, 4955, and 4958	· '		
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	i '		1 1
	organization   0.		ļ	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	]		
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed.   NONE			
42 a	The organization's books are in care of ► SR. MARY ALICE HANNAN Telephone no. ► 718220	489	2_	
	Located at ► 2763 WEBSTER AVENUE, BRONX, NY ZIP+4 ► 1	045	8	
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		Yes	No
	account)?	42b		X
	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.	1	1	1
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
•	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
		N/A		
	The state and amount of the executive interest received of accorded during the tax year	/ -1		
			Vec	No
44	Did the erganization maintain any denor educed funds? If "Vee " Form 000 must be completed instead of		1 63	140
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	-	<b> </b> -	X
45	Form 990-EZ	44	<del> </del>	<del>  ^</del> _
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		<b> </b> -	_ <del></del> _
	completed instead of Form 990-EZ	45		X
		Form 9	190-EZ	(2009)

Form 990-EZ (2009)

Ran	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt chantable and 51.			-				
<b>46</b> D	old the organization engage in direct or indirect political campaign activities	s on behalf of or in opposition to	candidates for pub	lic		Yes	No	
01	office? If "Yes," complete Schedule C, Part I				46		X	
<b>47</b> D	old the organization engage in lobbying activities? If "Yes," complete So	chedule C, Part II			47		X	
<b>48</b> Is	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yo	es," complete Schedule E			48		X	
<b>49</b> a D	old the organization make any transfers to an exempt non-charitable relate	ed organization?			49a		X	
b If	f "Yes," was the related organization a section 527 organization?				49b			
	Complete this table for the organization's five highest compensated employ han \$100,000 of compensation from the organization. If there is none, end	= -	rs, trustees and key	employees) who e		eived r	more	
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	to employee benefit plans & deferred compensation	(e ac othe	e) Expe ccount er allow	and	
	Total number of other employees paid over \$100,000							
	Complete this table for the organization's five highest compensated independence organization. If there is none, enter "None."  NONE	endent contractors who each reco	eived more than \$10	00,000 of compens	ation fi	om the	)	
	(a) Name and address of each independent contractor paid mo	re than \$100,000	(b) Type of	service (	c) Com	pensat	ion	
						_	·=,-	
d T	Total number of other independent contractors each receiving over \$100,0		<b>&gt;</b>					
Sign Here	Under penalties of perfury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on a Signature of officer  Sp. Mary Auck Hanna I Type or print name and title	accompanying schedules and statem all information of which preparer has an	ny knowledge	011	20 (			
Paid Prepar Use Or			nployed	reparer's identifying r	umber (	umber (See instr.)		
01	Firm s name (or yours if self-employed), address, and ZIP + 4		<u> </u>	one >			·— <u> </u>	
May th	ne IRS discuss this return with the preparer shown above? See instruction	18			XY	25	No	

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

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

4947(a)(1) nonexempt charitable trust.

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

2009

Open to Public Inspection

Name of the organization

POTS BUILDING FOR THE FUTURE

Employer identification number

			ILDING FOR T						27	7-1383150			
Part	Reason	for Public Chari	ty Status (All organiz	ations mu	st complet	e this part	) See inst	ructions.					
The organ	ization is not a	private foundation (	because it is: (For lines 1	through	11, check	only one b	ox.)						
1 🖳	A church, cor	nvention of churches	s, or association of churc	ches desc	rıbed ın <b>se</b>	ction 170	(b)(1)(A)(i)						
2 🖳	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E.)									
з 🖳	A hospital or	a cooperative hospit	tal service organization o	described	ın section	170(b)(1)(	A)(iii).						
4 🔲	A medical res	search organization o	perated in conjunction	with a hos	pital descr	nbed in <b>se</b>	ction 170	(b)(1)(A)(iii	i). Enter tl	he hospital's name,			
	city, and stat	e:											
5	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	erated by	a governi	mental uni	t describe	ed in			
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6 🗀	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7 🗔	An organizati	on that normally rece	r from the	general p	oublic described in								
	section 170(b)(1)(A)(vi). (Complete Part II.)												
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi). (	(Complete	Part II.)								
9 🗀	An organizati	on that normally reco	eives: (1) more than 33 1	1/3% of its	support fr	rom contri	butions, m	nembershij	p fees, an	nd gross receipts from			
	activities rela	ted to its exempt fur	nctions - subject to certa	un excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross investment			
	income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon a	after June 30, 1975.			
	See section	<b>509(a)(2).</b> (Complete	Part III.)										
10	An organizati	on organized and op	erated exclusively to te	st for publ	ıc safety. S	See <b>sectio</b>	n 509(a)(4	I).					
11 X	An organizati	on organized and op	perated exclusively for th	ne benefit (	of, to perfo	rm the fur	nctions of,	or to cam	y out the	purposes of one or			
	more publicly	supported organiza	itions described in section	on 509(a)(	1) or section	on 509(a)(2	?) See sec	tion <b>509</b> (a	a)( <b>3</b> ). Che	eck the box that			
			organization and comple		_				_	1			
r	a X Type I		,,		e III - Func		-		d└──	Type III - Other			
e L			t the organization is not										
			han one or more publicly						3(a)(1) or s	section 509(a)(2)			
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		₹vz ]			
	•	rganization, check th							_	X			
9			rganization accepted ar							[ <del>]</del>			
			rectly controls, either al	one or tog	ether with	persons c	lescribed	ın (ii) and (i	III) below,				
	-		upported organization?							<del> </del>			
		•	n described in (i) above?		-0					<del></del>			
_			person described in (i) o							11g(iii) X			
h	Provide the i	ollowing information	about the supported or	ganization	(S).								
		(1) 511	(iii) Type of	(iv) le the	organization	(v) Did vo	u notify the	(vi) ls	the 1	(vill) A == = = + = 4			
• •	of supported	(ii) EIN	organization		sted in your		ion in col.	organizatio (i) organiz	nn in coll L	(vii) Amount of support			
Ulga	anization	}	(described on lines 1-9 above or IRC section		document?		r support?	U.S.	?	зиррогі			
			(see instructions))	Yes	No	Yes	No	Yes	No				
				<del> </del>			<del> </del>	-					
					1		[						
				ļ		ļ	)						
					}	1	1	1					
							T						
				<b>[</b>		[	1		{				
						]	<b> </b>	1					
		<u> </u>				<u> </u>		l	l				
Total _							<u></u>						
LHA For F	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for			Schedul	e A (Forn	n 990 or 990-EZ) 2009			

932021 02-08-10

Form 990 or 990-EZ.

Sah	edule A (Form 990 or 990-EZ) 2009						Page <b>2</b>
	irt II   Support Schedule for	Organization	s Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	/i)
	(Complete only if you checke	-				******	•
Sec	ction A. Public Support					<del></del>	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(2/200	- (5)	(4) = 33.	197-3-3		(7.5.5.
•	membership fees received (Do not		1	1	ı	}	
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			}	ŀ	}	
3	The value of services or facilities						
	furnished by a governmental unit to	ł					
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a	ĺ	]	Ì			
	governmental unit or publicly	ļ				1	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	İ	1	1		ļ	
	column (f)						
	Public support. Subtract line 5 from line 4						<u></u>
Sec	ction B. Total Support			· · · · · · · · · · · · · · · · · · ·			
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,	[	1	1			
	dividends, payments received on	1				,	
	securities loans, rents, royalties	Í		[			
	and income from similar sources					<del>                                     </del>	
9	Net income from unrelated business					1	
	activities, whether or not the					1	
	business is regularly carried on	<u> </u>	<u> </u>		<b>.</b>	<del> </del>	<u> </u>
10	Other income. Do not include gain				1	]	
	or loss from the sale of capital					Į.	
	assets (Explain in Part IV.)	<u> </u>	ļ.		<del> </del>	ļ ————	<del></del>
11	Total support. Add lines 7 through 10	L	<del></del>	L	L		L
12	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	. •	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
Se	organization, check this box and stop ction C. Computation of Publ		ercentage		<del></del>		
	Public support percentage for 2009 (			column (fl)		14	
15	Public support percentage from 2008	• • • • • • • • • • • • • • • • • • • •	•			15	%
	33 1/3% support test - 2009.If the o	•	•	n line 13, and line	14 is 33 1/3% or r		
	stop here. The organization qualifies	•				,	▶□
t	33 1/3% support test - 2008.If the o		. •		l line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	•				,	▶□
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b.	and line 14 is 10%	or more,
	and if the organization meets the "fac	-	•				
	meets the "facts-and-circumstances"		·	· ·	•	J	ightharpoons
	10% -facts-and-circumstances tes	_	•		-	17a and line 15 is	10% or

Schedule A (Form 990 or 990-EZ) 2009

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

Part III   Support Schedule for Or Section A. Public Support	34			-7(=7 (Complete only	ii you checked the b	<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(4) 2000	(2) 2000	10,200	(4) 2000	(0) = 000	1.7 . 5.0
membership fees received. (Do not			į .		1	İ
include any "unusual grants.")						
2 Gross receipts from admissions,	<del></del>	<del> </del>	<del> </del>	<del> </del>		
merchandise sold or services per-				İ		
formed, or facilities furnished in		}	ļ	j	1	]
any activity that is related to the						
organization's tax-exempt purpose				<u> </u>	<del></del>	<del> </del>
3 Gross receipts from activities that		1	ĺ	[		[
are not an unrelated trade or bus-					1	
iness under section 513		<u> </u>	l	<u></u>	L	
4 Tax revenues levied for the organ-					1	
ization's benefit and either paid to		l l	ļ	ł		l
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to			İ			1
the organization without charge		1		1		1
6 Total. Add lines 1 through 5	<del></del>	<del>                                     </del>	<del>                                     </del>	<del> </del>	<del> </del>	<del>                                     </del>
		+	<del> </del>	<del>                                     </del>	<del>                                     </del>	<del> </del>
7a Amounts included on lines 1, 2, and			ł	l		}
3 received from disqualified persons b Amounts included on lines 2 and 3 received		<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del></del>
from other than disqualified persons that		1	ļ	ļ	ļ	)
exceed the greater of \$5,000 or 1% of the				I		
amount on line 13 for the year		<del> </del>	ļ	ļ	ļ	<b></b>
c Add lines 7a and 7b				<u> </u>		
8 Public support (Subtract line 7c from fine 6.)		<u> </u>	<u> </u>		L	<u> </u>
Section B. Total Support						
Calendar 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			L	l		
10a Gross income from interest,						
dividends, payments received on						ļ
securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses				1		
acquired after June 30, 1975						1
c Add lines 10a and 10b		+	<del> </del>	<del> </del>	<del> </del>	<del> </del>
11 Net income from unrelated business		<del> </del>	<del> </del>	<del>                                       </del>	<del> </del>	<del>                                     </del>
activities not included in line 10b,		1	}	ì	1	1
whether or not the business is						1
regularly carned on		<del></del>	<del> </del>	<del> </del>		<del> </del>
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)		<del></del>	<del> </del>		<del> </del>	<del> </del>
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
14 First five years. If the Form 990 is for t	the organization	i's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organı	zation,
check this box and stop here						
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2009 (lir	ne 8, column (f)	divided by line 13,	column (f))		15	
16 Public support percentage from 2008	Schedule A, Par	rt III, line 15			16	
Section D. Computation of Inves	tment Incon	ne Percentage	)			
17 Investment income percentage for 200	9 (line 10c, colu	ımn (f) dıvıded by lı	ne 13, column (f))		17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2009. If the o			on line 14, and lin	e 15 is more than		17 is not
more than 33 1/3%, check this box an	•				•	▶ [
b 33 1/3% support tests - 2008. If the c						and
b w 1/3% support tests - 2006. If the C	-					
line 19 is not more than 22 1/20/	vk +bic bay and-	ton here. The ever	anization accolitica	ac a hubblety core		
line 18 is not more than 33 1/3%, chec 20 Private foundation. If the organization						

FOI	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS					
A)	DIRECTLY OR	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, REC	ſ	]	YES	[x]	NO
B)		SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[	1	YES	[x]	NO

990-EZ PG 2

STATEMENT

POTS BUILDING FOR THE FUTURE, INC. WAS FORMED IN THE CURRENT YEAR TO SUPPORT THE WORK OF PART OF THE SOLUTION, INC., A NOT FOR PROFIT CORPORATION WHICH IS RECOGNIZED BY THE IRS AS A CHARITABLE CORPORATION PURSUANT TO SECTION 501(C)(3) AND 509(A)(1).

990-EZ PG 2

STATEMENT

3

POTS BUILDING FOR THE FUTURE, INC. WAS FORMED EXCLUSIVELY FOR THE BENEFIT OF PART OF THE SOLUTION, INC., A NOT FOR PROFIT CORPORATION WHICH IS RECOGNIZED BY THE IRS AS A CHARITABLE CORPORATION PURSUANT TO SECTION 501(C)(3) AND 509(A)(1) BY RAISING FUNDS, AND PROVIDING GRANTS AND LOANS TO SUPPORT THE WORK OF POTS.