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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)

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, 2009, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization, number and street, city, town, state, and ZIP code: MAYBERRY MEMORIAL, 2917 BRITTANY POINT LN, Austin TX 78738-5344. D Employer identification number: 27-1726926. E Telephone number: 703-623-7280. F Group Exemption Number.

G Accounting Method: [X] Cash [ ] Accrual. Other (specify). H Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

I Website. J Tax-exempt status (check only one): [X] 501(c)(3) (insert no), 4947(a)(1) or, 527. 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 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. \$ 72,028.

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. Revenue total: 72,028. Expenses total: 75,230. Net Assets total: 3,708. Includes a 'RECEIVED' stamp dated NOV 16 2010.

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. (A) Beginning of year, (B) End of year. Total assets: 6,910. Total liabilities: 3,708. Net assets: 3,708.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instruction. Form 990-EZ (2009)

Handwritten initials 'gn' and number '16'.



**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," attach 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 or 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 instructions <input type="text" value="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 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 <input type="text"/>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text"/>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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 <input type="text"/>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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 <input type="text"/>		
42a	The organizations books are in care of <input type="text" value="DIANE JUDAH"/> Telephone no <input type="text" value="703-623-7280"/> Located at <input type="text" value="2917 BRITTANY POINT LN TX Austin"/> ZIP + 4 <input type="text" value="78738-"/>		
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 <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			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 <input type="text"/>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
		Yes	No
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

- 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  Yes  No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Yes  No
- 49a Did the organization make any transfers to an exempt non-charitable related organization?  Yes  No
- b If "Yes," was the related organization a section 527 organization?  Yes  No
- 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.

<b>Sign Here</b>		11/08/2010	
	Signature of officer DIANE JUDAH Type or print name and title	Date PRESIDENT	

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date 11/05/2010	Check if self-employed <input type="checkbox"/>	Preparer's Identifying No. (See instr.) P01236409
	Firm's name (or yours if self-employed), address, and ZIP + 4	SCHULZE & ASSOCIATES INC 1308 RIDGEMONT DRIVE AUSTIN TX 78723-	EIN	▶ 04-3765452
			Phone no	▶ 512-276-2743

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



**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")					72028.	72028.
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					72028.	72028.
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)						72028.

**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					72028.	72028.
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, & 12)					72028.	72028.

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	0.00 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17...	18	0.00 %

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

US 990

## Other Expenses

2009

Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
ADVERTISING	747.			
BANK CHARGES	55.			
EVENT FACILITIES	5,733.			
FUNDRAISING EXPENSES	14,430.			
OFFICE SUPPLIES	6.			
MARKETING	206.			
MERCHANT FEES	440.			
SUPPLIES	848.			
TELECOMMUNICATIONS	25.	55.		
WEBSITE HOSTING	125.		6.	
OTHER OPERATIONS EXPENSES	2,740.		25.	
VOLUNTEER MEETING EXPENSES	289.			
	25,644.	86.		

**Grants and Similar Amounts Paid**

**US 990-EZ**

**990-EZ: Page 1, Line 10**

**2009**

Class of activity	NO-PROFIT HOSPITAL RESEARCH FOUNDATION	
Donee's name	FLOWER HOSPITAL CANCER INSTITUTE	
Donee,s address	5200 HARROUN ROAD 43560- OH SYLVANIA	
Relationship	NONE	
FMV		15,000.
Book value		15,000.
Date of gift		11/2009

**Grants and Similar Amounts Paid**

**US 990-EZ**

**990-EZ: Page 1, Line 10**

**2009**

Class of activity	CANCER RESEARCH HOSPITAL	
Donee's name	MD ANDERSON CANCER RESEARCH CENTER	
Donee,s address	1515 HOLCOMBE BLV 77030- TX HOUSTON	
Relationship	NONE	
FMV		20,000.
Book value		20,000.
Date of gift		05/2009

**Grants and Similar Amounts Paid**

**US 990-EZ**

**990-EZ: Page 1, Line 10**

**2009**

Class of activity	CANCER RESEARCH HOSPITAL	
Donee's name	MD ANDERSON CANCER RESEARCH CENTER	
Donee,s address	1515 HOLCOMBE BLV 77030- TX HOUSTON	
Relationship	NONE	
FMV		13,300.
Book value		13,300.
Date of gift		11/2009