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1 990-EZ

Department of the Treasury Internal Revenue Service

## Short Form Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black tung 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.

Open to Public Inspection

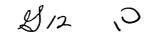
OMB No. 1545-1150

A	For t	he 2009 calend	ar year,	or tax year beginning	JANUARY 1	, 2009, a	nd ending	DEC	EMBE	R 31	, 20	09
В	Check	if applicable:	Please	C Name of organization				D Empl	oyer id	entification	numbe	r
	Addre:	ss change	use IRS label or	AMERICAN BOXER CHAR	TABLE FOUNDATION INC				3	8 3233119	•	
닖		change	print or	Number and street (or P.O. box	, if mail is not delivered to street a	ddress)	Room/suite	E Telep	hone n	umber		
뉘	instrat r		type. See	44 E. HIGH DRIVE		1		509 747 3254				
H		ded return	Specific Instruc-	City or town, state or country, a	nd ZIP + 4			F Grou	ıp Exe	mption		
Ħ		ation pending	tions.	SPOKANE, WA 99203					ber I	•		
=			omeni	<del></del>	rempt charitable trusts must	t attach	G Accou	intina M	ethod:		ПАС	crual
		50 107( <b>0</b> 7		mpleted Schedule A (Form 9			1	(specify				
							<del></del>			organizatio	n is not	-
	Wah	site: ▶								chedule B		
-			abaak a	nh (nns) — [7] 601(n) ( )	◀ (insert no.)	r <b>□</b> 52:	<b>-</b>	Z, or 99		J100000 D	, 0,,,,,	,50,
					<del></del>					# #	05.000	_
K	Check		-		3) supporting organization and	-	-	-			20,000.	A
-					organization chooses to file a				rete 16	turn.		
					of \$500,000 or more, file Form 9				otion	o for Day	+11	
	Part			<del>_</del>	n Net Assets or Fund E	MIMIC	sa (See u le	insuu		S IUI Fai		
	1	-		ts, grants, and similar amo					1			29,788
	2			revenue including governn	nent fees and contracts				2			36,709
	3		•	s and assessments					3		2	23,652
	4	Investmen	t incom	CENTED .		.,			4			3,190
	5			m sale of assets other tha	<del>-</del>	5a		· - · · -				
	1			er basis and sales éxipense		5b						
_		c Gain dr∰d	ss) frpp	ny saleo of sessets other than	inventory (Subtract line 5b	o from lir	ne 5a)	•_•	5c			
7	6	Special even	s and ac	tivities (complete applicable parts	of Schedule G). If any amount is f	rom gami	ng, check here					
Revenue		a Gross reve	enue (n	ot-including-\$	of contributions					1		
ě	!	reported o	ո կՈթ(1	DEN UT		6a						
				nses other than fundraisin	g expenses	6b						
	1	c Net incom	e or (lo	ss) from special events an	d activities (Subtract line 6	b from li	ne 6a) .   .		6c			
	7		-	ventory, less returns and a	· · · · · · · · · · · · · · · · · · ·	7a	-					
		b Less: cost		~ ·		7b		•				
	1				(Subtract line 7b from line	7a) .			7c			
	8		-					١	8			
	9		•		7c, and 8				9	-	9	33,339
	10			r amounts paid (attach sc					10		7	75.000
	11			or for members					11			<u> </u>
00	1	•		empensation, and employe					12			
Expenses	13	•		and other payments to in					13			500
Š	14			utilities, and maintenance					14			
ŭ	15	•	• .	ions, postage, and shippin				• •	15			
	16	J		describe >	9			- ,	16			12,315
	17	•	•						17			37,815
_	40				17 from line 9)				18		`	5,524
Net Assets	19				of year (from line 27, colu							0,024
8	"			e reported on prior year's					19		2/	19,821
4		-	_	• •					20			13,02 .
Ž	20		-		es (attach explanation) .						21	55,345
	21				Combine lines 18 through 25, column (B) are \$1,250,		nom filo Fo	- 000	21	d of For		
	Part	Daiaite	ट आस	(See the instructions fo		JUU OI II		ginning of			nd of year	
_	_			•	•		(4) 60	·	<u> </u>	<del></del>		
		_					•	24	9,821		۷:	55,345
		Land and buik	•				• —			23		
		Other assets (	•				_,		0.004	24		FE 245
	_	Total assets					·	24	9,821	25		55,345
	16 ~	Total liabilitie	s (des	cribe >	in (R) must some with line	04)	_)		9 821	26		55 345
•	7	MOT SECOND AL		naiancee iine 7 / At Colim	r imi mikar uritaa waa ima '	- 11		-7/1	W 571	-771	,,,	

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

Cat. No. 106421

Form 990-EZ (2009)



Page	2

Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part III	l.)		Expenses
Vha	t is the organization's primary exempt purpose?					ared for section
	ribe what was achieved in carrying out the org	ganization's exempt purpos	ses. In a clear an	d concise		(3) and 501(c)(4)
	ner, describe the services provided, the number					zations and section a)(1) trusts; optional
	program title.	•			for ot	
	HELD FUND RAISING ACTIVITIES, RAISED MONEY	TUROUCH BURLIC COLICITA	TION FOR			
26						
	THE HEALTH RESEARCH BENEFITING ALL BOXER	5 DOG5.				
	### num = pun = num = num					
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ Ц_	28a	87,815
29						
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a	
30	· · · · · · · · · · · · · · · · · · ·		-			
•						
		includes foreign grants, ch	eck here	. ▶ ⊔_	30a	
31	Other program services (attach schedule)			· · ·_		
		includes foreign grants, ch			31a	
32	Total program service expenses (add lines 28a	through 31a)	<u></u>	<u> ▶</u>	32	
Par	List of Officers, Directors, Trustees, and Ke	y Employees. List each one e	ven if not compensa	ted. (See the	instruc	tions for Part IV.)
		(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances
DR V	VILLIAM C TRUESDALE			· · · · · · · · · · · · · · · · · · ·		<del></del>
	CENTRAL AVE, SEEKONK, MA 92771	PRESIDENT	اه		0	0
	ROBERT D. CONRAD, DVM PHD					
		HONORARY VICE PRES				0
	N. 57TH STREET OMAHA, NE 68152		0	<del></del>	0	U
	OHN T. CONNOLLY	VICE PRESIDENT				
1925	E ROCKWOOD BLVD SPOKANE WA 99203		0		0	0
MR I	BRUCE A KORSON	VICE PRESIDENT				
LAU	REL HILL, MORRIS LANE, OYSTER BAY NY	FIGE FRESIDENT	0		0	0
MRS	SHARON A FOSSEEN					
44 E	. HIGH DRIVE, SPOKANE, WA 99203	TREASURER	l o		0	0
	VIRGINIA ZURFLIEH					
	SLEEPY HOLLOW LANE PLANT CITY, FL 33565	SECRETARY	0		0	0
	SHARON STECKLER	<del> </del>				
		LEGAL COUNSEL	o		0	o
PUE	3OX 2456 SUGAR LAND, TX 77487-2456					
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Part	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	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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.			
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		✓
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37Ь		1
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?	38a	- ;	7
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b			
39	Section 501(c)(7) organizations. Enter:	1		'
а	Initiation fees and capital contributions included on line 9	ļ		,
ь	Gross receipts, included on line 9, for public use of club facilities	]		,
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	40b		<b>✓</b>
С	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		i	
0	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	-	1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ SHARON A. FOSSEEN Telephone no. ▶	509 74	7 325	4
	Located at ► 44 E. HIGH DRIVE, SPOKANE, WA ZIP + 4 ►	992	203	
b				
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	L	1
	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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	Na
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		168	NO
<del></del>	Form 990-EZ	44		1
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		1

Form **990-EZ** (2009)

Part VI

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	47(a)(1) nonexem	) nonexemp ot charitable	ot charitat trusts mus	ole trusts only. A st answer questio	ll sec ns 40	tion 3-49t	)
46	Did the organization engage in direct or indirect	t political campaign	activities on	behalf of o	r in opposition to		Yes	No
	candidates for public office? If "Yes," complete					46		1
47	Did the organization engage in lobbying activitie	s? If "Yes," comple	te Schedule (	), Part II .		47		1
	Is the organization a school as described in section				E	48		1
49a	Did the organization make any transfers to an ex	cempt non-charitab	e related orga	anization? .		49a		1
b	ff "Yes," was the related organization a section 5	527 organization?	<i>.</i> .			49b		1
50	Complete this table for the organization's five hi	ghest compensated	d employees	other than	officers, directors, t	ruste	es an	d key
	employees) who each received more than \$100,			<u> </u>		er "N	one."	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and avera hours per week devoted to positi	( )	Compensation	(d) Contributions to employee benefit plans & deferred compensation	ac	Expensount a allowa	ınd
							<del></del>	
1	Total number of other employees paid over \$106	0.000						
	Complete this table for the organization's five \$100,000 of compensation from the organization.  (a) Name and address of each independent contractor.	n. If there is none, e	enter "None."		pe of service		mpensa	
d	Total number of other independent contractors of Deducy, I declare that have examin	each receiving over	\$100,000 .	. >	atements, and to the bes	st of my	knowl	edge
Sign Here	and belief, that true, correct, and complete. Declaration	of preparer (other than o	officer) is based o	n all informatio	of which preparer has $5/6/20/$	any kno	wledg	В.
. 1616		seen, Tr	easure		Date			
Paid Prepare	Type or print name and title  Preparer's signature		ا	Check if self- employed ▶ ☐	Preparer's identifying nur	nber (Se	e instruc	tions)
•	Firm's regrie (or 🛕			E	IN ►			
Use On	yours if satf-employed), address, and ZIP + 4			Р	hone no. ▶			
May th	a IRS discuss this return with the preparer show	n shove? See instr	ıctions			Voc		<u> </u>

#### **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 section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection

ΑM	ERIC	CAN BOXER	CHARITABLE I	FOUNDATION INC					38		3233119	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizati	ons mus	t compl	ete this	part.) Se	e instru	ctions.	
The	orga	anization is n	ot a private four	dation because it is:	(For lines	s 1 throug	gh 11, ch	eck only	one box	.)		
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	ribed in s	section 1	70(b)(1)(	A)(i).		
2		A school de	scribed in <b>sectio</b>	on 170(b)(1)(A)(ii). (Att	tach Sch	edule E.)						
3		A hospital or	r a cooperative l	nospital service organ	ization d	escribed	ın <b>sectio</b>	n 170(b)	(1)(A)(iii).	i		
4			esearch organiza	ation operated in conj	unction v	with a ho	spital de	scribed ii	n <b>sectio</b> r	170(b)(1	I)(A)(iii). Enter th	ìе 
5		•	tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or uni	versity o	wned or o	operated	by a gov	ernmenta	l unit described	in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v	).		
7				/ receives a substantia (1)(A)(vi). (Complete F		its suppo	ort from a	governm	nental un	it or from	the general pub	lic
8		A communit	y trust described	in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)					
9	_	An organizat receipts from support from	ion that normally activities related gross investm	receives: (1) more that ed to its exempt function ent income and unreal after June 30, 1975.	an 33⅓ % tions—su lated bu	of its subject to siness ta	pport fro certain ex xable inc	ceptions ome (les	s, and (2) s section	no more	than 331/3 % of 1	ıts
0		An organizat	tion organized a	nd operated exclusive	ely to tes	t for pub	lic safety.	See <b>sec</b>	tion 509	(a)(4).		
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.										
		a ☐ Type				e III–Fun				_	Type III-Other	
е		• •		tify that the organizat			•	•			• •	
				n managers and other								
		509(a)(1) or	section 509(a)(2)	•					-			
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type	l. Type II	, or Type	III supporting	
		_	, check this box									
g		Since Augus	t 17, 2006, has	the organization acce	epted any	gift or c	ontributio	on from a	any of the	•		
		following pe	rsons?	_		_			-			
		(i) A person	who directly or	r indirectly controls, e	either alo	ne or tog	gether wil	h persor	ns descri	bed in (ii)		<u> </u>
		and (iii) b	elow, the gover	ning body of the supp	ported or	ganizatıo	n? .				11g(i)	
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(ii)	
		(iii) A 35% c	ontrolled entity	of a person described	l in (i) or	(ii) above	?				(11g(iii)	
<u>h</u>		Provide the	following informa	ation about the suppo	orted org	anization	(s).					
(ī)		of supported	(ii) EIN	(iii) Type of organization		organization sted in your		ou notify		ls the	(vii) Amount of	
	uгу	anization		(described on lines 1-9 above or IRC section		document?		nization in of your		tion in col. zed in the	support	
				(see instructions))			supp	oort?	U	S?		
					Yes	No	Yes	No	Yes	No		
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Total

	Support Schedule for Org (Complete only if you check					and 170(b)(	1)(A)(vi) 
<u>Sec</u>	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</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	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		<del> </del>				
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)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 .		<u> </u>			<u> </u>	<u></u>
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				
	tion C. Computation of Public Su	port Perce	ntage			, <del></del>	
14	Public support percentage for 2009 (line		=			14	<u>%</u>
15	Public support percentage from 2008 Sch					15	<u>%</u>
	33%% support test-2009. If the organization qualifies	as a publicly	supported orgai	nization			▶ □
b	33% % support test—2008. If the organization qua						, check this ▶ □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	acts-and-circur	mstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum nces" test. The	nstances" test, o organization qua	theck this box a difies as a public	and <b>stop here.</b> Bly supported or	Explain in Part ganızatıon .	IV how the ▶ □

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

	to this to the first the territories			,				<del> </del>
	tion A. Public Support				<del></del>		,	
Ca	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	34,144	37,814	30,585	42,345		53,440	198,328
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	64,669	57,955	56,707	52,161		36,709	268,201
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	00 040	05 700	07.000			22.112	
6	Total. Add lines 1 through 5	98,813	95,769	87,292	94,506	<del>                                     </del>	90,149	466,529
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							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							466,529
	tion B. Total Support					<del>,</del>		
Ca	alendar 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	98,813	95,769	87,292	94,506	├—	90,149	466,529
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,111	6,032	5,723	12,145		3,190	31,201
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b	4,111	6,032	5,723	12,145		3,190	31,201
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							<u>.</u>
13	Total support. (Add lines 9, 10c, 11, and 12)	102,924	101,801	93,015	106,651		93,339	497,730
14	First five years. If the Form 990 is for to organization, check this box and stop in the Computation of Public Surveyors.	here	<u> </u>					
	tion C. Computation of Public Sup		<del></del>				1	00.70
15 16	Public support percentage for 2009 (line			e 13, column (	T))	15		93.73 %
	Public support percentage from 2008 S tion D. Computation of Investmen				· · · ·	16	L	94.11 %
17			<del></del>	by line 12 co	dump (A)	17	1	6.27 %
17 18	Investment income percentage for 2009  Investment income percentage from 20			-		18		5.89 %
19a	33½ % support tests—2009. If the organizer not more than 33½ %, check this be	anization did no	ot check the bo	x on line 14, a	nd line 15 is n	nore t		6, and line
b	33% % support tests—2008. If the organi line 18 is not more than 33% %, check this	ization did not d	check a box on	line 14 or line 1	19a, and line 1	6 is m	ore than 3	331/3 %, and _

#### **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 section 4947(a)(1) nonexempt charitable trust.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Nam	e of t	he organization							Employe	r identificat	tion number	
AM	ERIC	CAN BOXER	<b>CHARITABLE F</b>	OUNDATION INC					38	3	233119	
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t comple	ete this	part.) Se	e instruc	ctions.	_
The	orga	anization is no	ot a private foun	dation because it is:	(For lines	1 throug	h 11, ch	eck only	one box.	)		
1		A church, co	envention of chu	rches, or association	of church	hes desci	ribed in s	ection 1	70(b)(1)(/	A)(i).		
2		A school des	scribed in <b>sectio</b>	on 170(b)(1)(A)(ii). (Att	tach Scho	edule E.)						
3		A hospital or	r a cooperative l	nospital service organ	ization d	escribed	in sectio	n 170(b)	(1)(A)(iii).			
4		A medical re	esearch organiza	tion operated in conj	unction v	vith a ho	spital de:	scribed in	n section	170(b)(1	)(A)(iii). Enter t	he
		-	•	ate:						· •		·
5			ion operated for (b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or uni	versity ov	vned or d	perated	by a gov	emmenta	unit described	i in
6		A federal, sta	ate, or local gov	emment or governme	ental unit	describe	d in <b>sect</b>	ion 170(t	o)(1)(A)(v)	).		
7		-	-	/ receives a substantia (1)(A)(vi). (Complete P	-	its suppo	rt from a	governm	nental uni	t or from	the general put	ılıc
8		A community	y trust described	d in section 170(b)(1)	(A)(vi). (C	omplete	Part II.)					
9	Z		-	receives: (1) more that								
				ed to its exempt funct								
				ent income and unre after June 30, 1975.						olitax,	from business	ies
40			_							/~\/A\		
10 11	7	_	_	nd operated exclusive and operated exclusive	-						r to come out	њ.
	ب			blicly supported organ								
				t describes the type								
		a 🗌 Type	і ь 🗀	Type II c	: 🗆 Тур	e III-Fun	ctionally	integrate	d	d 🗆	Type III-Othe	r
е		By checking	this box, I cert	tify that the organizat	tion is no	t control	led direc	tly or inc	lirectly by	y one or	more disqualifi	ed
		•		n managers and othe	r than one	e or more	publicly	supporte	d organiz	ations de	scribed in sect	on
		509(a)(1) or	section 509(a)(2)	•								
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type	i, Type II	, or Type	III supporting	
		•	, check this box									
g		Since Augus following per		the organization acce	epted any	gift or c	ontributio	on from a	iny of the	<b>;</b>	<del></del>	
				r indirectly controls, on the supply of the		_		th persor	ns descrit	oed in (ii)	Yes N	lo
			-	erson described in (i) a							11g(ii)	
				of a person described		(ii) above	?				11g(iii)	
<u>h</u>		Provide the	following inform	ation about the suppo	orted org	anization	s).		<del></del>		· · · · · · · · · · · · · · · · · · ·	
(i)		e of supported	(II) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify nization in		s the ion in col.	(vii) Amount of support	
	Oif	janization	ĺ	above or IRC section		document?		of your	(i) organı	zed in the	зарроп	
				(see instructions))		1		oort?	<del></del>	S?		
					Yes	No	Yes	No	Yes	No		
			<del> </del>						<del> </del>			_
			1		ĺ	1				}		
	-					<u> </u>		<u> </u>				
	_											
					<del> </del>				<del> </del>	<del> </del>		_
Tota	al				1	1		l				

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 1.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . 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. Section B. Total Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (f) Total Calendar year (or fiscal year beginning in) (e) 2009 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, 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 7 through 10 . 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % \_15 % Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . . . . . . 16a 33½ % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33½ % or more, check this box b 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % 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 . . . . . . . . . . . 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 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 Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	su the box of	rille 3 Or 1 a	11.1./			<del></del>
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	(a) 2000	(5) 2000	(6) 2001	(0) 2000	(6) 2003	(i) Total
•	membership fees received. (Do not include any "unusual grants.")	34,144	37,814	30,585	42,345	53,440	198,328
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	64,669	57,955	56,707	<b>52,161</b>	36,709	268,201
_	• • • •		,	,	,		
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	98,813	95,769	87,292	94,508	90,149	466,529
6	Total. Add lines 1 through 5	30,013	33,703	07,232	3-9,300	30,143	~00,3£3
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.)						466,529
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·					
C	alendar 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	98,813	95,769	87,292	94,506	90,149	466,529
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources	4,111	6,032	5,723	12,145	3,190	31,201
b	Unrelated business taxable income (less						
J	section 511 taxes) from businesses						
	acquired after June 30, 1975			_			
C	Add lines 10a and 10b	4,111	6,032	5,723	12,145	3,190	31,201
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.)	102,924	101,801	93,015	106,651	93,339	497,730
14	First five years. If the Form 990 is for organization, check this box and stop			nd, third, fourth		ear as a sectio	
Sec	tion C. Computation of Public Su			<u> </u>	<del></del>	<del></del>	
15	Public support percentage for 2009 (lin	<del></del>		e 13. column	(f))	15	93.73 %
16	Public support percentage from 2008 5	• •	-		• • •	16	94.11 %
Sec	tion D. Computation of Investmen				., ., .,		
17	Investment income percentage for 200	9 (line 10c, col	umn (f) divided	by line 13, co	olumn (f)) .	17	6.27 %
18	Investment income percentage from 20	•		•	• • •	18	5.89 %
19a		anization did n	ot check the b	ox on line 14, a	and line 15 is n		
b	331/5 % support tests—2008. If the organ line 18 is not more than 331/5 %, check this	nzation did not	check a box on	line 14 or line	19a, and line 1	6 is more than	33⅓%, and _
20	Private foundation. If the organization		_	•			
				<del></del>		***	

	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this Part III, line 12.	part to provide the Provide any other	he explanations require er additional information	d by Part II, line 10; i. See instructions.
		***			
					••••
				·····	
••••			·····		
		• • • • • • • • • • • • • • • • • • • •			
		•••••			

4:15 PM · 04/30/10 Cash Basis

## AMERICAN BOXER CHARITABLE FOUNDATION Profit & Loss

January through December 2009

	Jan - Dec 09
Ordinary Income/Expense Income	
Contributions Income	00 707 00
Endowment E	29,787 88
Total Contributions Income	29,787 88
Interest Income	3,189 76
Membership Dues Program Fees	23,652 27
auction income	34,270 00
DQ	422 56
Media	2,016 26
Total Program Fees	36,708.82
Total Income	93,338.73
Expense	
Accounting	500 00
Cash Discounts	114 25
Contributions	75,000 00
Credit Card Charge	488.55
Office Supplies	855 17
Postage and Delivery Printing and Reproduction	282 00 269.53
Printing and Reproduction Program Expense	209.55
Auction Expense	6,645 46
DQ Expense	756 00
Media	435 00
Total Program Expense	7,836 46
Research Expense	2,141 97
Service Chg	69 69
Web Hosting	257 42
Total Expense	87,815 04
Net Ordinary Income	5,523 69
Net Income	5,523.69

6:22 PM 04/28/10 Cash Basis

# AMERICAN BOXER CHARITABLE FOUNDATION Balance Sheet

As of December 31, 2009

Dec 31, 09

	Dec 31, 09
ASSETS	<del> </del>
Current Assets	
Checking/Savings	
Carryover Account Sterling Che	29,615.26 To Endowment
Numerica Credit Union CD	106,010.17 Operating
STCU Checking #165205	5,291.42 Operating
Sterling Endow CD 49996093175	94,543.15
STERLING [ENDOWMENT]	19,885.25 Add to CD
Total Checking/Savings	255,345.25
Total Current Assets	255,345.25
TOTAL ASSETS	265,346.26
LIABILITIES & EQUITY	

**Equity** 

 Opening Bal Equity
 82,957.96

 Retained Earnings
 166,863.60

 Net Income
 5,523.69

 Total Equity
 255,345.25

TOTAL LIABILITIES & EQUITY 255,345.25