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Form **990-EZ**

OMB No 1545-1150

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 ▶ 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	and en	ding		_	
В	Check of applicab	le Please Condition of gamzanon			D Employ	er identific	ation number
	Addres		RS				
	Lighting Print of CHARITY FOUNDATION INC. 52-1979561						
	Initial return See Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele						·
	Term	Specific 1775 K STREET, NW			(20	2)223	3-3111
	Amer	ided trops City or town, state or country, and 7IP + 4				Exemption	
	Applica	WASHINGTON, DC 20006			Numbe		
		tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attacl	h a completed	G Accour			ash Accrual
		Schedule A (Form 990 or 990-EZ).		· ·			FIED CASH
$\overline{\Gamma}$	Nebsit	e: ►N/A					nization is not
		empt status (check only one) — X 501(c) (3) ◀ (insert no.) 4947(a)	(1) or 52			•	rm 990, 990-EZ, or 990-PF)
	Check I						
•		Form 990 return is not required, but if the organization chooses to file a return		-		., 420,000.	
1	Add lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form			<u></u>	\$	175,948.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund	d Balances	(See the instr	uctions for		
	1	Contributions, gifts, grants, and similar amounts received		· · · · · · · · · · · · · · · · · · ·		1	96,348.
5	-5	Rightam service levenus including government fees and contracts			├ -	2	
1	3	-Membership dues and asséssements				3	
1	Ä	la contract de la con				1	
	C.	Gross amount from sale of assets other than inventory	5a		<u> </u>	•	
	4,0	Less: cost or other basis and sales expenses	5b				
	ي ا		30 1			c	
ø		Gain or those Niom safe of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Schedule G). If any amount	is from namina	chack hara	-		
Revenue		Gross revenue (not including \$ 96,348. of contributions	is nom gaming,	CHECK HEIE			
ě	"	reported on line 1)	60	79,6	00		
Œ		Less: direct expenses other than fundraising expenses	6a 6b	79,6	00.		
	ł		ו עס	13,0		_	0.
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	1 70)		0	C	
	١.	Gross sales of inventory, less returns and allowances	7a				
	b	Less: cost of goods sold	7b		─┤.	.	
	1	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				C	
	8	Other revenue (describe				3	06 240
	9	Total revenue . Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	amım 1			9	96,348.
	10	Grants and similar amounts paid (attach schedule)	STMT 1			0	133,648.
	11	Benefits paid to or for members				1	
ses	12	Salaries, other compensation, and employee benefits				2	
penses	13	Professional fees and other payments to independent contractors			_	3	982.
Exp	14	Occupancy, rent, utilities, and maintenance				4	
	15	Printing, publications, postage, and shipping				5	
	16	Other expenses (describe OTHER EXPENSE				6	418.
_	17	Total expenses. Add lines 10 through 16	•			7	135,048.
⊋s	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			1	8	<u><38,700.</u> >
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))					
§ See		(must agree with end-of-year figure reported on prior year's return)			1	9	119,432.
∌ફ	20	Other changes in net assets or fund balances (attach explanation)			2	0	
ر	21	Net assets or fund balances at end of year. Combine lines 18 through 20			<u>▶</u> 2		80,732.
<u> </u>	art II		ore, file Form 99	0 instead of F	orm 990-E	Ζ.	
,		(See the instructions for Part II.)	(A) Beginning o		(B	B) End of year
22	Cas	h, savings, and investments		119,	432.	22	80,732.
3 23	Lan	d and buildings				23	
24	Oth	er assets (describe ►) [24	
25	Tota	al assets		119,	432.	25	80,732.
26	Tota	al liabilities (describe >)		0.		0.
27	Net	assets or fund balances (line 27 of column (B) must agree with line 21)		119,	432.		80,732.
	171 08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate ins	tructions.				rm 990-EZ (2009)

Eor	UNITED FOOD AND COMMERCIA m 990-EZ (2009) CHARITY FOUNDATION INC.	L WORKERS		E 2	19795	1	Page 2	
	m 990-EZ (2009) CHARITY FOUNDATION INC. art III Statement of Program Service Accomplishmen	nte (Coe the instructions for	Dort III.)	34-			raye z	
_	at is the organization's primary exempt purpose? SEE STATEMENT		Part III.)		(Required to and 501(c)(4	XPENSES or section 5	501(c)(3)	
	Describe what with a selection of the se							
the	services provided, the number of persons benefited, and other relevant	it information for each proc	ram title.		section 494 for others)		ts, optional	
	THE FOUNDATION MADE TOTAL CONTRIBUT				 		-	
	VARIOUS CHARITABLE ORGANIZATIONS.							
	(Grants \$) If this amount includes foreign of	vrante, chack hara			28a	122	648.	
29	The this amount includes loreign c	grants, check here .			204	<u> </u>	040.	
		-		_				
	(Grants \$) If this amount includes foreign of	grants, check here	•		29a			
30								
				_				
21	(Grants \$) If this amount includes foreign of Other program services (attach schedule)	grants, check here	<u> </u>	<u> </u>	30a			
31	,		_		04-			
20	(Grants \$) If this amount includes foreign of	rants, check here .	<u>. </u>	ᆜ	31a	122	C 4 0	
32	<u>Total program service expenses (add lines 28a through 31a)</u> art IV List of Officers, Directors, Trustees, and Key E	mnlovees			32	133,	<u>.648.</u>	
	art IV List of Officers, Directors, Trustees, and Key L		en if not compensated)	
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	to e bene de	entributions employee fit plans & eferred pensation	(e) Ex	xpense unt and llowances	
D	ANNY KELLY	PRESIDENT		00111	ponoution	 		
	21212 11222 1	1.00	0.		0.		0.	
\overline{CZ}	ARL BUCH	SECRETARY				 		
<u> </u>		1.00	0.		0.		0.	
KI	ZVIN MURPHY	TREASURER				†		
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$\overline{\mathbf{w}}$	ILLIAM VOORHEES	TREASURER				1		
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ΑU	JGUST BAGLIO	VICE PRESIDEN				 		
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932 02-0	172 18-10				Form	990-E	Z (2009)	

CHARITY FOUNDATION INC.

Page 3

Yes No 33	Pa	ort V Other Information (Note the statement requirements in the instructions for Part V.)			
33				Yes	No
34 Were any changes made to the organization or governing documents? If "es," attach a conformed copy of the changes. If the organization had income from binsenses advices, such as those reported on line 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 bit the organization had rome the binsenses gross income of \$1,000 or more or was it subject to section 8033(e) notice, reporting, and proxy its requirements? b If "Yes," has if filed a fax return on Form 990-T for this year? b If the organization undergo a binquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N 35	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes." attach a detailed description of each activity	33		
35. If the organization had income from bisiness activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach is attained the 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, it set it did a fax return on Form 990-T for this year? b If the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N 7a. Entire amount of political expenditures, direct or indirect, as described in the instructions. b If the organization form or fine, 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 II A N/A 58chton 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities a formation of the organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4556 excess benefit transaction during the year under: section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4556 excess benefit transaction during the year under: section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified person ad during the year under section 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and the properties of the properties	34		$\overline{}$		X
reported on Form 990-T, attach a statement explaning why the organization dut 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 filled a fax return on Form 990-T for this year? Did the organization undergo a blundation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N 73 a Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year? 38 a Did the organization file Form 1120-POL for this year? 38 b Off the organization file Form 1120-POL for this year? 39 Section 501(c)(7) organizations. Enter: 10 In "Yes," complete Schedule L, Part II and enter the Itotal amount involved 38 b N/A 38 Section 501(c)(3) organizations. Enter: 29 In "Yes," complete Schedule L, Part II and enter the Itotal amount involved 39 Section 501(c)(3) organizations. Enter amount of 120 P. 39 Section 501(c)(3) organizations. Enter amount of 120 P. 30 Section 501(c)(3) organizations. Enter amount of 120 P. 30 Section 501(c)(3) organizations. Enter amount of 120 P. 30 Section 501(c)(3) organizations. Enter amount of 120 P. 30 Section 501(c)(3) organizations. Enter amount of 120 P. 30 Section 501(c)(3) organizations. Enter amount of 120 P. 31 Section 501(c)(3) organizations. Enter amount of 120 P. 32 Section 501(c)(3) organizations. Enter amount of 120 P. 33 Section 501(c)(3) organizations. Enter amount of 120 P. 34 Section 501(c)(3) organizations. Enter amount of 120 P. 35 Section 501(c)(3) organizations. Enter amount of 120 P. 36 Section 501(c)(3) organizations. Enter amount of 120 P. 37 Section 501(c)(3) organizations. Enter amount of 120 P. 38 Section 501(c)(3) organizations. Enter amount of 120 P. 39 Section 501(c)(3) organizations. Enter amount of 120 P. 30 Section 501(c)(3) organi	35	·			
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and proxy tax requirements? bill Yes, has it filed a tax return on Form 990-T for this year? bit the organization undergo a begudation, dissolution, termination, or significant disposition of net assets during the year? If Yes, and the organization undergo a begudation, dissolution, termination, or significant disposition of net assets during the year? If Yes, and a significant of political expenditures, direct or indirect, as described in the instructions. bill the organization form, 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? bill the organization orrow 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? bill the organization file. Part II and enter the total amount involved 38a N/A 38a N/A 38b N/A 38b N/A 38a N/A 38a X x bill Yes, complete Schedule L, Part II and enter the total amount involved 38b N/A 38c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year or sit at aware that it engaged in an excess benefit transaction with a disqualitied person at prior year, and that the transaction has not been reported on any of the organizations. Enter amount of tax on line 40c reimbursed by the organization and significant organization managers or disqualitied persons during the year under: c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and the system selection of the period organization managers or disqualitied persons during the tax year, was the organization aparty to a prohibited tax shelter transaction? If Yes, complete Form 886-T 1 List the states with which a copy of this return is filed. ► NONE 1 List the states with which a copy of this return is filed. ► NONE 2 List the states with which a c	a				
b If Yes, 'nasa filled a fax return on Form 990-T for this year? 5 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,' complete applicable parks of Sch. N 73 a fater amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			35a		х
36 but the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete aphicable parts of Sch. N. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 38 but the organization if le Form 1120-PDL for this year? 39 but the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still oustsanding at the end of the period covered by this return? 38 life * X	b		-	N/	
The complete applicable parts of Sch. N 27a Enter amount of political expenditures, direct or indirect, as described in the instructions. 27a O. 27a Enter amount of political expenditures, direct or indirect, as described in the instructions. 27a Out the organization file Form 1126-POL for this year? 27b Ut the organization borrow from, or make any loans to, any officer, director, trustlee, 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? 28b Ut 17'es; complete Schedule L, Part II and einer the total amount involved 28c Ut 17'es; complete Schedule L, Part II and einer the total amount involved 38b N/A 38c X 38a X 38a N/A 38b N/A 38b N/A 38b N/A 38c N/A 38b N/A 38b N/A 38c N/A 38b N/A 38c N/A		·			
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-PL for this year? By Did the organization form from the form 1120-PL for this year? By Did the organization form from the form 1120-PL for this year? By Did the organization form when, 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? By Did Yes, complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 By Gross recepts, included on line 9, or public use of club facilities. By Coross recepts, included on line 9, or public use of club facilities. By Did Yes, complete Schedule I, Part II and enter the organizations of the organization during the year under: section 501(c)(3) organizations. Enter amount of tax imposed on the organization 4958 excess benefit transaction during the year or is a waite that it engaged in an excess benefit transaction with a disqualited person in a prior year, and that the transaction has not been reported on any of the organizations. Finter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958 Color Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 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 List the states with which a copy of this return is fled. All organizations books are in care of ★KEYIN SULLIVAN Telephone no. ★202-223-3111 Located at ★1775 K STREET, NW, WASHINGTON, DC, WASHINGTON, D ZIP+4 ★2000-6 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial Accounts. All Yes, enter the name of the foreign			36		X
b Did the organization file Form 1120-PQL 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? 38b N/A 38c X 5 If Yes, complete Schedule L, Part II and enter the total amount involved 38b N/A 38b N/A 38c X 5 Section 501(c)(7) organizations. Enter: a limitation fees and capital contributions included on line 9 5 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 5 section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year of star wavare that it engaged in an excess benefit transaction during the year of star wavare that it engaged in an excess benefit transaction with a disqualitied person in a prior year, and that the transaction has not been reported on any of the organization is prior forms 990 or 990-E2? If Yes, complete Schedule L, Part I 5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualided persons during the year of sections 4912 495, and 4958 or disqualided persons during the year of sections 4912 495, and 4958 or disqualided persons during the year of sections 4912 495, and 4958 or disqualided persons during the year of sections 4912 495, and 4958 or disqualided persons during the year of sections 5912 (495, and 4958 or disqualided persons during the year of sections 4912 495, and 4958 or disqualided persons during the year of sections 4912 495, and 4958 or disqualided persons during the year of sections 4912 495, and 4958 or disqualided persons during the year of sections 5912 (495, and 4958 or disqualided persons during the year of sections 5912 (495, and 4958 or disqualided persons during the year of sections 5912 (495, and 4958 or disqualided persons during the tax year, was the organization aparty to a prohibited tax sheller transaction of the vice of t	37 a		,		
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39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b 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 ▶ 0_ ; section 4912 ▶ 0_ ; section 4955 ▶ 0 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 ▶ 0 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 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 imposed on organization managers or disqualified persons during the lax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40 Extension of this return is filed. ► NONE 41 List the states with which a copy of this return is filed. ► NONE 42 The organization's blooks are in care of ► KEVIN SULLIVAN Telephone no. ► 202-223-3111 Located at ► 1775 K STREET, NW, WASHINGTON, DC, WASHINGTON, D ZIP+4 ► 20006 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; Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the name of the foreign country; 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 40 Did the organization maintain any donor advised funds? If Yes, Form 990 must be completed instead of Fo	b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
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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	44	· · · · · · · · · · · · · · · · · · ·	44		v
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	73	completed instead of Form 990-EZ	45		Х
Form 990-EZ (2009)		Vomprotod motidad of Form 000 EL		90-F7	

CHARITY FOUNDATION INC. Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3)

52-1979561 Page 4

46 በ፡ብ ነ	the presentation engage in direct or indirect collision composes actual	use on habilit of or in apposition to	candidates for public		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							
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49a Did the organization make any transfers to an exempt non-charitable related organization? 							
b If "Yes," was the related organization a section 527 organization?							
5 0 Com	uplete this table for the organization's five highest compensated emples \$100,000 of compensation from the organization. If there is none, e		s, trustees and key er	_	49b ch received	l 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	(d) Contributions to employee benefit plans & deferred compensation	(e) Exp accoun other allo	t and	
	I number of other employees paid over \$100,000						
	plete this table for the organization's five highest compensated inde						
orga	nization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid m		(b) Type of ser		Compens		
orga	inization. If there is none, enter "None." NONE						
	inization. If there is none, enter "None." NONE	nore than \$100,000					
	Invaluation. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid many and address of each independent contractor paid many and in the part of their independent contractors each receiving over \$100 under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based or Signature of officer.	nore than \$100,000 0,000 ng accompanying schedules and statemen	(b) Type of ser	y knowledge and belief	Compens		
d Tota Sign Here	Invalue and address of each independent contractor paid in number of other independent contractors each receiving over \$100 Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based or signature of officer Type or print name and title Preparer's Signature	0,000 ng accompanying schedules and statemen all information of which preparer has any President Date Che	(b) Type of ser	y knowledge and belin	Compens.	ation	
d Tota Sign Here	Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based or Signature of officer Type or print name and utility Preparer's Signature CALIBRE CPA GROUP PL: If self-employed). 1850 K STREET, N.W.	0,000 Ing accompanying schedules and statement all information of which preparer has any president Date Che Che	ts, and to the best of my knowledge eck if self-ployed Prepological Phone	v knowledge and belief by the property of the	ef, it is true,	ation	
d Tota Sign Here	In number of other independent contractors each receiving over \$100 Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based or Type or print parks amount that the preparer is Signature. Preparer's Signature Type or print parks amount title Firm's name or yours CALIBRE CPA GROUP PL:	Date Date 10-10-10 Che Che Che Che Che Che Che Ch	ts, and to the best of my knowledge	y knowledge and belied by the state of the s	Compension of the compension o	ation	

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. UNITED FOOD AND COMMERCIAL WORKERS

Employer identification number

		CHARITY	FOUNDATION	INC.					52	-1979	561	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st comple	te this par	t) See ins	tructions				
The orga	nization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox)					
1 🗔	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).				
2	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗔	A hospital or	a cooperative hosp	ital service organization (described	n section	170(b)(1)	(A)(iii).					
4 🗀	A medical re	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(i	ii). Enter th	e hospital	s nam	е,
	city, and sta											
5 🗌	An organizat	ion operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a govern	mental un	it describe	d ın		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II)									
6 🗀	A federal, sta	ate, or local governm	ent or governmental unr	t described	d in sectio	n 170(b)(1)(A)(v).					
7			eives a substantial part					or from the	general p	ublic desc	ribed ir	1
	section 170	(b)(1)(A)(vi). (Comple	ete Part II)									
8 🗀	A community	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 X	An organizat	tion that normally red	ceives (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembersh	ip fees, and	d gross red	eipts f	rom
	activities rela	ated to its exempt fu	nctions - subject to certa	an excepti	ons, and (2) no more	than 33 1	1/3% of its	s support f	rom gross	ınvestr	ment
	income and	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization at	fter June 3	0, 197	5.
	See section	509(a)(2). (Complete	e Part III)									
10 🖳	An organizat	tion organized and o	perated exclusively to te	st for publ	ıc safety. S	See sectio	on 509(a)(4	4).				
11 🗀	An organizat	tion organized and o	perated exclusively for th	ne benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the p	ourposes o	f one c	or
	more publicly	y supported organiza	ations described in secti	on 509(a)(1	1) or section	on 509(a)(2	2). See se e	ction 509((a)(3). Che	ck the box	that	
			organization and compl		_							
,	a L Type			: Тур						Type III - C		
e	By checking	this box, I certify that	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	er than	1
			han one or more publicly		-				9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	zation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		organization, check the										
9			organization accepted ar			-						
		•	lirectly controls, either al	one or tog	ether with	persons o	described	ın (ıı) and ((III) below,		Yes	No
	_	- •	upported organization?							11g(i)	\vdash	
		•	n described in (i) above?		_					11g(ii)	\vdash	
			person described in (i) o							11g(iii)	ــــ ــــــــــــــــــــــــــــــــ	
h	Provide the t	following information	about the supported or	ganization	(s)							
			(iii) Type of					(1,1)	a the			
	e of supported	(ii) EIN	organization	in col. (i) lis	organization		u notity the tion in col.	(vi) ls organizati	on in col.	(vii) Am		
org	janization		(described on lines 1-9	governing			r support?	(i) organiz U.S		sup	port	
		1	above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(oo modeling)	103	140	163	140	163				
							l					
					<u> </u>			 				
						<u> </u>	1					
			-									
						 			 -			
Total												

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 2009						Page 2
Pa	rt II Support Schedule for	_		Sections 170	(b)(1)(A)(iv) an	id 170(b)(1)(A)(v	/i)
_	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)				
	ction A. Public Support		1	T			
	endar 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	Tax revenues levied for the organ-						
	ization's benefit and either paid to					-	
	or expended on its behalf				· · · · · · · · · · · · · · · · · · ·		
3	The value of services or facilities			1			
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
_	_				 		
	Public support. Subtract line 5 from line 4 ction B. Total Support		<u></u>	1	<u>i</u>		
		(-) 200F	(L) 2006	(-) 0007	(-n-0000	4-> 0000	(O Tetel
	endar year (or fiscal year beginning in) Amounts from line 4	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
						<u> </u>	
8	Gross income from interest,					İ	
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
9							
	activities, whether or not the business is regularly carried on						
10	Other income Do not include gain					+	
10	or loss from the sale of capital						
	assets (Explain in Part IV)		1				
11	Total support. Add lines 7 through 10						-
	Gross receipts from related activities,	etc. (see instructi	ons)			12	<u> </u>
	First five years. If the Form 990 is for			d. fourth, or fifth t	ax vear as a sectu		
	organization, check this box and stor	ŭ	,	a, 10a1.11, 07	an your do a coom		ightharpoonup
Sec	ction C. Computation of Publ		rcentage			-	,
14	Public support percentage for 2009 (ine 6, column (f) c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2009. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies	_					▶□
b	33 1/3% support test - 2008. If the o	rganization did no	t check a box on l	ne 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶
17a	10% -facts-and-circumstances tes	t - 2009.If the org	anızatıon dıd not d	heck a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	ices" test, check t	his box and stop I	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		ightharpoons
b	10% -facts-and-circumstances tes	t - 2008.If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explai	in in Part IV how the	Э

Schedule A (Form 990 or 990-EZ) 2009

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

UNITED FOOD AND COMMERCIAL WORKERS

Schedule A (Form 990 or 990-EZ) 2009 CHARITY FOUNDATION INC. 52-1979561 Page 3 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 (e) 2009 (b) 2006(c) 2007 (d) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 160,582. 136,741. 118,619. 115,583. 96,348. 627,873. 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 136,741. 160,582. 118,619. 115,583 96,348. 627,873. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 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 0. 8 Public support (Subtract line 7c from line 6) 627.873 Section B. Total Support (a) 2005 (b) 2006 Calendar year (or fiscal year beginning in) (c) 2007 (d) 2008 (e) 2009 (f) Total 160,582 136,741. 118,619. 115,583 96,348 9 Amounts from line 6 627,873. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 201 154 355. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 201 154 355. 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.) 160,783. 136,895. 118,619. 115,583. 96,348. Total support (Add lines 9, 10c, 11, and 12) 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 99.94 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 99.91 16 % Section D. Computation of Investment Income Percentage .06 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % .09 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 $\triangleright \mathbf{X}$ 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

Schedule A (Form 990 or 990-EZ) 2009

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

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

2009

Open To Public

OMB No 1545-0047

Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

UNITED FOOD AND COMMERCIAL WORKERS Empl

Inspection
Employer identification number

CHARITY FOUNDATION INC. 52-1979561

Part I Fundraising Activit	ties. Complete if the organization answ part	ered "\	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
a Mail solicitations b Internet and email solicitate c Phone solicitations d In-person solicitations 2 a Did the organization have a write key employees listed in Form 99	tions f Solicita g Specia ten or oral agreement with any individua 90, Part VII) or entity in connection with p d individuals or entities (fundraisers) pure	ation of ation of I fundra Il (includ profess	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	_		
<u> </u>						
				<u> </u>		
			ļ <u>.</u>			
		-				
Total						
3 List all states in which the organi	zation is registered or licensed to solicit	funds	or has	been notified it is ex	empt from registrati	on or licensing
		-			-	

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

Schedule G (Form 990 or 990-EZ) 2009

UNITED FOOD AND COMMERCIAL WORKERS Schedule G (Form 990 or 990-EZ) 2009 CHARITY FOUNDATION INC. 52-1979561 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part iV. line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLFNONE (add col. (a) through TOURNAMENT col (c)) (total number) (event type) (event type) Revenue 175,948 175,948. Gross receipts 96,348 96,348. 2 Less Charitable contributions 79,600 79,600. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 79,600. 79,600 Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes % % Yes Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column (d), and line 7 Yes No Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain Does the organization operate gaming activities with nonmembers? 11

932082 02-03-10

Schedule G (Form 990 or 990-EZ) 2009

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

UNITED FOOD AND COMMERCIAL WORKERS

Schedule G (Form 990 or 990-EZ) 2009 CHARITY FOUNDATION INC.	52- <u>1979</u>	561	L Pa	age 3
	_		Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	%			
b An outside facility	%			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re-	cords.			
Name				
Address >				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<u> </u>	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the a	mount			
of gaming revenue retained by the third party ▶\$		İ		
c If "Yes," enter name and address of the third party				
Name				
Address ▶				
16 Gaming manager information:				
Name				
Gaming manager compensation > \$				
Description of services provided				
Director/officer Employee Independent contractor				
17 Mandatory distributions:				
a is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?		17a		ــــــ
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	ent in the			1
organization's own exempt activities during the tax year 🕨 \$				

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ CASH GRANTS AND ALLOC	ATIONS	STATEMENT 1
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
CHARITABLE DONATION LEUKEMIA SOCIETY OF AMERICA 600 THIRD AVENUE NEW YORK, NY 10016	NONE	22,000.
CHARITABLE DONATION FACES OF OUR CHILDREN, INC PO BOX 2946 HYATTSVILLE, MD 20784	NONE	20,000.
CHARITABLE DONATION UFCW CANADA LEUKEMIA FUND 300-61 INTERNATIONAL BLVD. TORONTO, ONTARIO, CANADA M9W6KA	NONE	7,008.
CHARITABLE DONATION THE LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVENUE, SUITE 310 WHITE PLAINS, NY 10605	NONE	6,465.
CHARITABLE DONATION REGION 8 - STATES COUNCIL 8530 STANTON AVENUE BUENA PARK, CA 90620	NONE	6,000.
CHARITABLE DONATION INSTITUTO LABORAL DE LA RAZA 2947 16TH STREET SAN FRANCISCO, CA 94103	NONE	5,000.
CHARITABLE DONATION NATIONS CAPITOL BASS FEDERATION 2300 E COLEMAN ROAD PONCA CITY, OK 74604	NONE	5,000.
CHARITABLE DONATION ST. JOSEPH COLLEGE SEMINARY 8421 - 101 AVENUE, NW EDMONTON, ALBERTA, CANADA T6A0L1	NONE	5,000.
OTHER GRANTS LESS THAN \$5,000	NONE	57,175.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		133,648.

FO	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		S'	TATE	TVAM	2
A)	DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[]	YES	[X]	NO
B)		GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. []	YES	[X]	NO

990-EZ PG 2

STATEMENT

3

TO FINANCIALLY ASSIST ENTITIES ORGANIZED AND OPERATED FOR RELIGIOUS, CHARITABLE, MEDICAL CARE, SCIENTIFIC, LITERARY, OR EDUCATIONAL PURPOSES.

•				
Form 886	8 (Rev. 4-2009)			Page 2
If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check the	ns box .		لێا ◄
	nly complete Part II if you have already been granted an automatic 3-month extension on a previously	filed Form	1 8868.	
	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Part I				
Type or	Name of Exempt Organization	Em	ployer ide	ntification number
print	UNITED FOOD AND COMMERCIAL WORKERS		10-	70561
File by the	CHARITY FOUNDATION INC.		52-197	
extended due date fo	Number, street, and room or suite no. If a P.O. box, see instructions.	For	IRS use or	nly
filing the return See		 .		
instructions	WASHINGTON, DC 20006	`		
Check t	ype of return to be filed (File a separate application for each return):			
X Fo	orm 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A		Form 5227	Form 8870
Fc	orm 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720		Form 6069	
STOP!	Oo not complete Part II if you were not already granted an automatic 3-month extension on a pro	eviously f	led Form 8	3868.
Telep If the If this box 4 In 5 Fo 6 If 1	DONALD SALSBERY clooks are in the care of ▶ 1775 K STREET, NW, WASHINGTON, DC → cloone No. ▶ 202-223-3111 FAX No. ▶ corganization does not have an office or place of business in the United States, check this box car a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ▶ and attach a list with the names and EINs equest an additional 3-month extension of time until NOVEMBER 15, 2010. To calendar year 2009, or other tax year beginning , and end this tax year is for less than 12 months, check reason. Initial return Final return Cate in detail why you need the extension DDITIONAL TIME IS NEEDED TO GATHER INFORMATION TO		for the who abers the e	ole group, check this extension is for.
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
_	onrefundable credits. See instructions.	8a	\$	
	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
	x payments made. Include any prior year overpayment allowed as a credit and any amount paid	7	_	
	reviously with Form 8868	8t	\$	
	alance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			N/A
<u>w</u> ı	ith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruct Signature and Verification	ions. 80	\$	M/A
Under pe	nalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and	to the bes	of my know	vledge and belief,
R is true,	correct, and complete, and that I am authorized to prepare this form.	Dα	te > 8/	16/10
<u>gricial i</u>				orm 8868 (Rev. 4-2009)