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Form 990-EZ

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

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning, and ending

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: D.F.M., INC. Number and street: 4650 Lincoln Blvd. City: Marina Del Rey, State: CA, ZIP: 90292. D Employer identification number: 73-1649177. E Telephone number: 949-768-8122. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting Method: X Cash, Accrual.

I Website: N/A. J Tax-exempt status: X 501(c) (4), 4947(a)(1) or 527. H Check X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 440

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: 440. Expenses total: 19,732. Net Assets total: 24,209. Includes handwritten notes like 'RECEIVED' and 'GROSS PROFIT'.

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.

Table with 7 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Total assets: 24,209.

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 on Form 990-T for this year? | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | X | |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a | | 0 |
| b | Did the organization file Form 1120-POL for this year? | | X |
| 38 a | 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? | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | | 0 |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 | | 39a |
| b | Gross receipts, included on line 9, for public use of club facilities | | 39b |
| 40 a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. | | 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 . ▶ | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . ▶ | | |
| 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. ▶ CA | | |
| 42 a | The organization's books are in care of ▶ Denise Senger Telephone no. ▶ (310) 823 - 8911 x5271 Located at ▶ 4650 Lincoln Blvd. City Marina del Ray ST CA ZIP + 4 ▶ 90292 | | |
| 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: ▶ 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: ▶ | | X |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 43 N/A | | |
| 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.
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.
49 a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (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. All compensation values are 0.

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."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. All compensation values are 0.

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

Sign Here 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. Signature of officer: Donald R. Kurtz, Dissolving Agent. Date: 5-11-10.

Paid Preparer's Use Only Preparer's signature: [Signature], Date: 5-11-10, Check if self-employed: [], Preparer's identifying number: 33-0320621, Firm's name: Kurtz, Anderson and Associates Law Offices, address: 26632 Towne Centre Dr., Ste. 220 Foothill Ranch, CA 92610, Phone no: (949) 768-8122.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

SCHEDULE N
(Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

D.F.M., INC.

73-1649177

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

| 1 | (a) Description of asset(s) distributed or transaction expenses paid | (b) Date of distribution | (c) Fair market value of asset(s) distributed or amount of transaction expenses | (d) Method of determining FMV for asset(s) distributed or transaction expenses | (e) EIN of recipient | (f) Name and address of recipient | (g) IRC section of recipient(s) (if tax-exempt) or type of entity |
|---|--|--------------------------|---|--|----------------------|---|---|
| | Office Equipment | 12/31/2010 | 4,917 | Market Pricing | 45-0557148 | Centinela Medical Staff, Inc 555 E Hardy Street, Inglewood, CA | 501(c)(4) |
| | | | 0 | | | | |
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2 Did or will any officer, director, trustee, or key employee of the organization:

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶

| | Yes | No |
|---|-----|----|
| a | | X |
| b | | X |
| c | | X |
| d | | X |

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-.

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III
- 4 a Did the organization request or receive a letter from the IRS that the organization's exempt status was terminated?
- b If "Yes," provide the date of the letter
- 5 a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- b If "Yes," did the organization provide such notice?
- 6 Did the organization discharge or pay all liabilities in accordance with state laws?
- 7 a Did the organization have any tax-exempt bonds outstanding during the year?
- b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?
- c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

| 1 | (a) Description of asset(s) distributed or transaction expenses paid | (b) Date of distribution | (c) Fair market value of asset(s) distributed or amount of transaction expenses | (d) Method of determining FMV for asset(s) distributed or transaction expenses | (e) EIN of recipient | (f) Name and address of recipient | (g) IRC section of recipient(s) (if tax-exempt) or type of entity |
|---|--|--------------------------|---|--|----------------------|-----------------------------------|---|
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- 2 Did or will any officer, director, trustee, or key employee of the organization
 - a Become a director or trustee of a successor or transferee organization?
 - b Become an employee of, or independent contractor for, a successor or transferee organization?
 - c Become a direct or indirect owner of a successor or transferee organization?
 - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
 - e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

| | | | |
|----|---|-----------|------------|
| 1 | Contributions | 1 | _____ |
| 2 | Noncash contributions | 2 | _____ |
| 3 | Membership dues and assessments (contributions from the public) | 3 | _____ |
| 4 | Government contributions (grants) | 4 | _____ |
| 5 | Commercial co-venture | 5 | _____ |
| 6 | Special events contributions (Line 6 - Special Events) | 6 | 0 |
| 7 | Associated organization contributions | 7 | _____ |
| 8 | Refund from AMA for Profiles | 8 | 440 |
| 9 | | 9 | _____ |
| 10 | | 10 | _____ |
| 11 | Total | 11 | 440 |

Part I, Line 16 (990-EZ) - Other Expenses

17,145

| | | | |
|----|--|----|-------|
| 1 | Travel | 1 | |
| 2 | Meals and entertainment | 2 | |
| 3 | Fundraising | 3 | |
| 4 | Amortization | 4 | 0 |
| 5 | Conferences, conventions, and meetings | 5 | 9,605 |
| 6 | Depreciation | 6 | 0 |
| 7 | Depletion | 7 | |
| 8 | Equipment rental and maintenance | 8 | |
| 9 | Interest | 9 | |
| 10 | Supplies | 10 | |
| 11 | Telephone | 11 | |
| 12 | Unrelated business income taxes | 12 | 0 |
| 13 | Member Benefits and Incentives | 13 | 1,660 |
| 14 | Legal Fees | 14 | 5,720 |
| 15 | CA Filing Fee | 15 | 10 |
| 16 | Bank Service Charges | 16 | 150 |
| 17 | | 17 | |
| 18 | | 18 | |
| 19 | | 19 | |
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| 21 | | 21 | |
| 22 | | 22 | |
| 23 | | 23 | |
| 24 | | 24 | |
| 25 | | 25 | |
| 26 | | 26 | |
| 27 | | 27 | |
| 28 | | 28 | |
| 29 | | 29 | |

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

-4,917

| Description | | Amount | |
|-------------|---|--------|--------|
| 1 | Distribution of Office Equipment to 501(c)(4) Non-profit Organization | 1 | -4,917 |
| 2 | | 2 | |
| 3 | | 3 | |
| 4 | | 4 | |
| 5 | | 5 | |
| 6 | | 6 | |
| 7 | | 7 | |
| 8 | | 8 | |
| 9 | | 9 | |
| 10 | | 10 | |

Part I, Line 1 (Sch N, N-1 (990/990EZ)) - Liquidation, Termination or Dissolution

| | Description of asset(s) distributed or transactional expenses paid | Date of distribution | FMV of asset(s) distributed or amount of transactional expenses | Method of determining FMV for asset(s) distributed or transactional expenses | Recipient Information | Name |
|----|--|----------------------|---|--|-----------------------|-------------------------------|
| 1 | Office Equipment | 12/31/2010 | 4,917 | Market Pricing | 45-0557148 | Centinela Medical Staff, Inc. |
| 2 | | | | | | |
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Part

| | Is recipient a business? | Street address | City | State | Zip code | Foreign country | IRC section (if tax-exempt) or type of entity |
|----|--------------------------|--------------------|-----------|-------|----------|-----------------|---|
| 1 | | 555 E Hardy Street | Inglewood | CA | 90301 | | 501(c)(4) |
| 2 | | | | | | | |
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