

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-1150

2009

Open to Public Inspection

	A F	or the	009 calendar year, or tax year				2009, and					, 20	
	Вс	neck if ap	licable Please C Name of	organization Fou	HOATION	S FOR THE	GUHIN	MOITA	D Empl	oyer ıde	entification	number	
	_	ddress ch	uea IBS	TALES ATT					91	- 26	209-	139.	
	□ ^	lame chai	label or Number and	street (or P O box,	if mail is not de	elivered to street ad	dress) Ro	om/suite	E Telep			. – * .	
	=	nitial retur	type. See /U Ans	AM BARNES	152	and Ave	s.		(ء (ر	19 L -	7936	
	=	erminated	Specific City or town	n, state or country, ar	nd ZIP + 4	<u> </u>	_ ·		F Grou				
	=	mended : pplication	nstruc-	30 ,20no		2.0				ıber ▶	•		
							ottoot	C Asses		g Method 🔀 Cash 🗌 Accrual			
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting to Complete Schedule A (Form 990 or 990-EZ).							_		Casn	L Accidal	
									ck D if the organization is not				
		· ·	a Links Danser								-		
											neaule B	(Form 990,	
		heck •	— " · · · · · · · · · · · · · · · · · ·									25,000 A	
			0-EZ or Form 990 return is not re										
			5b, 6b, and 7b, to line 9 to determ							\$. fa D.:	<u> </u>	
	Pa	art I	Revenue, Expenses, a				alances	(See the	ınstru				
		1	Contributions, gifts, grants,							1	347	1.974	
		2	Program service revenue inc		ent fees and	d contracts				2			
		3	Membership dues and asse	ssments .			•			3			
		4	Investment income .							4	1	<u>, 283</u>	
		5a	Gross amount from sale of a	assets other than	ninventory		5a						
		b	Less, cost or other basis an	d sales expense	s		5b						
	į	С	Gain or (loss) from sale of as	ssets other than	inventory (S	Subtract line 5b	from line	5a)		5c			
	ě	6	Special events and activities (compl						▶ □				
	ē	а	Gross revenue (not including			contributions							
	Revenue	_	reported on line 1)	· -			6a						
		b	Less: direct expenses other		expenses		6b						
		c	Net income or (loss) from sp			Subtract line 6h		6a)		6c			
		7a	Gross sales of inventory, les				7a		22				
		b	Less. cost of goods sold	o rotarno ana a		•			83			_	
		C	Gross profit or (loss) from sa	ales of inventory	Subtract lin	ne 7h from line				7c	(m	(ister	
		8	Other revenue (describe	alog of inventory	(Jubilaut III		. ω,		٠ '	8			
Œ.		9	Total revenue. Add lines 1,	2 3 4 50 60 7	c and 8	-			—,′ ▶ :	9	127	.846	
SCANNED		10	Grants and similar amounts			<u> </u>	• • • •		, -	10	<u>ا دید</u> ۵ د	890	
	'	10		•	iedule)	DCA	13.			11			
Z	<u>ر</u>		Benefits paid to or for mem!		bonefite	- RECE	IVED		•	12		<u> </u>	
133	se	12	Salaries, other compensatio					70	•	13	58	017	
	ē	13	Professional fees and other		10	™ 0445	0.00	S	•	14	-		
ΑP	Expenses	14	Occupancy, rent, utilities, ar		,	MAR 1.	9 2010			15		482	
ž	ш	15	Printing, publications, posta	•	J · ·	<u></u>			•	\rightarrow	7,	<u> </u>	
(16	Other expenses (describe			OGDE	N IIT			16	<u> </u>	717	
8		17	Total expenses. Add lines						. <u>P</u> _	17	148		
2	ţ	18	Excess or (deficit) for the ye						ا ،	18	89	. 393	
2016	Net Assets	19	Net assets or fund balance			· ·		ust agree	: WITN				
(·			end-of-year figure reported					•		19	7-17	142	
		20	Other changes in net assets							20			
		21	Net assets or fund balances	at end of year.	Combine lin	es 18 through 2	20		<u>,</u> ▶	21	<u> ১ ৩ ৷</u>	<u>, \$3\$.</u>	
	Pa	art II		eets. If Total assets on line 25, column (B) are \$1,250,000 or more, for									
		(See the instructions for Part II) (A) Begin								nd of year			
	22		h, savings, and investments				•	100	2, 3 9			57.925	
	23		<u> </u>								23	<u> </u>	
	24		er assets (describe 🕨 🔟	restable	Asset	<u>s. </u>)	11.1	, 74			3,610	
	25		al assets					277			1	<u>≥82, /c</u>	
	26		al liabilities (describe ► _)				26		
	27	No	accets or fund halances	ine 27 of columi	n (R) must a	aree with line 2	71)	1272	. 14	v	27 %	1. <3<	

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

Form 990-EZ (2009)

Cat No 10642I

Par	Statement of Program Service Accomp	olishments (See	the instri	uctions for Part II	l.)		Expenses	
	is the organization's primary exempt purpose?							
Describe what was achieved in carrying out the organization's exempt purposes. In a clear a manner, describe the services provided, the number of persons benefited, and other relevant infi)(3) and 501(c)(4) izations and section	
		a)(1) trusts, optional						
	program title.	1 . 0 -				for oti	ners)	
28	TO REWARD AND RECOGNI							
	RECOGNITION PROGRAMS A.		TWAK	DINY OF				
	Grants \$ 19,890) If this amount i			al bara		28a	19,890	
29	(Grants \$ 19,890) If this amount i	includes foreign g	iains, cire	eck nere	· ·	20a	111070	
29	LJ							
	(Grants \$) If this amount i	includes foreign g	rants, che	eck here	▶ □	29a		
30	Torum V				 _			
••	•••••••							
				 -				
	(Grants \$) If this amount i	ıncludes foreign g	rants, che	eck here	▶ □	30a		
31	Other program services (attach schedule)							
		ıncludes foreign g			. ▶ 🗆	31a		
	Total program service expenses (add lines 28a tl				▶	32		
Par	List of Officers, Directors, Trustees, and Key					-		
	(a) Name and address	(b) Title and ave hours per we		(c) Compensation (If not paid,	(d) Contribution employee benefit	plans &	(e) Expense account and	
		devoted to pos	ition	enter -0)	deferred comper	isation_	other allowances	
	om Angluco, 1959 D.E. Pacific	2	_					
	X 356153 SEATTLE, WA	DIRECTOR	2.0	0.00	0.00	<u> </u>	0.00	
	INIE BARNOH BARNES	Pa	120.00	0.00	5. 6	_	0.00	
		PRESIDENT	40.0	<u> </u>	0.0	0	0.00	
5.6	iark barnes is Dunbar Ro Glen ellen Ca		40.0	Ø · 00	0.0	~	0.00	
	WE H BAKHE	(K)B-BOILE-	,			<u>, </u>		
	WALNUT AVEHZOI COMONDE NA	DIA PETER	20.0	11,250-00	0.0	0	0.00	
	NORMAN COHEN	Difference		, , , , , , , , , , , , , , , , , , , ,				
	COUNTRY CLUB DR. CAKLAND CA	DRECTOR	2.0	0.00	0.0	0	0.00	
	un carragher Barnes		•					
	O CASTLELAKE DR TYRONE GA	DIRECTOR	12.0	0.00	0.0	0	0 · 00	
JA	WE KAHSTRA, 183 N SANTA ROSA							
SA	1 ANTONIO TX	DIRECTOR	2.0	0.00	0.0	00	0.00	
Ba	UNIE LASKY			_				
198	4 FALCON RIDGEDR. PETALUHA CA	DIRECTOR	2.0	0.00	0.0	00	0.00	
	ELIZAGETH HEYMAN					_	_	
	o village green DR. Gnunatti oh	DIRECTOR	. 2.0	0.00	0.0	00	0.00	
	ING DOLL	~	-				• • •	
	S MELLOOD OR GLENDALE CA	DIRECTOR	۷٠٥	0.00	9.	<u>00</u>	0.00	
	ice e tudy england	D. 0	2.4	0.00			0.00	
	66 DUNBARRO 9600 ELLEN CA TER MAHEIL	DIRECTOR	2-0	0.00	0.,	00	0.00	
	JAUSSON DR DOVATO, CA	DIRECTOR	20.0	0.00	٥.	ഹ	$\circ \cdot \infty$	
	HAEL PATTERSON	011000.00						
17/6	MRCL PH) [DESCIP	DIRECTOR	2.0	<i>⊙</i> .∞	0.0	50 l	0.00	
	unifer Dempsey				_			
		DIRECTOR	2.0	₽.∞	0.	<u>ල</u>	<u>○</u> .∞	
							· -	
	,	I		I	1		l	

Form 99	0-EZ (2009)		F	age 3
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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		×
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		X_
b	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 57a			
b 38a	Did the organization file Form 1120-POL for this year?	37b		×
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		×
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		i
39 a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]		1
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		×
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	100		-
-	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			,
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed > WASHINGTON			
42a	The organization's books are in care of ▶ Perez. MAHEZ. Telephone no. ▶ (₩)			
		93		
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		*
	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.			
С	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.	42c		×
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		.	▶ □
	in an animal and an animal and an animal and an animal and animal and animal animal and animal anima			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	ļ	×
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	<u> </u>	×
		99	0-EZ	

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 17(a)(1) nonexempt char id 51.	exempt charit itable trusts m	able trusts only. A nust answer question	Il section ons 46–49	1 9b			
	Did the organization engage in direct or indirect				Ye	s No			
	candidates for public office? If "Yes," complete s				46	<u> </u>			
	Did the organization engage in lobbying activities				48	×_			
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
	Did the organization make any transfers to an ex	-	_		49a	<u> </u>			
	If "Yes," was the related organization a section 5				49b	_ 			
	Complete this table for the organization's five his								
	employees) who each received more than \$100,	(b) Title and average	(c) Compensate		(e) Exp				
	(a) Name and address of each employee paid more	hours per week	(c) Compensati	employee benefit plans & deferred compensation	account	t and			
	than \$100,000	devoted to position		deterred compensation	other allov	vances			
7/1	a								
				 					
		·							
					-				
			-						
	Complete this table for the organization's five \$100,000 of compensation from the organizatio (a) Name and address of each independent contractor	n If there is none, enter "I paid more than \$100,000	None."	Type of service	(c) Comper				
d	Total number of other independent contractors of Under penalties of perjury, I declare that I have examine	ed this return including accompa	nving schedules and	I statements, and to the be	st of my kno	wledge			
Sign Here	Signature of officer PETER MAHER Type or print name and title	of preparer (other than officer) is	based on all informa	ation of which preparer has	any knowled	ige			
Paid	Preparer's signature	Date	Check if self- employed	Preparer's identifying nu	mber (See insti	ructions)			
Prepare Use On	I Firm Shame (or			EIN ►					
	address, and ZIP + 4			Phone no ▶					
May the	e IRS discuss this return with the preparer show	n above? See instructions		▶ [Yes orm 990-E	No Z (2009)			

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.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection Name of the organization FOUNDATION FOR THE ELIHINATION OF Employer identification number 91 2009739 DISEASES ATTACKING THE INNUNE SYSTEM Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). 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. c Type III-Functionally integrated **d** Type III-Other a 🔲 Type I **b** Type II e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (III) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization (vii) Amount of (i) Name of supported (ii) EIN (v) Did you notify (vi) Is the (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization governing document? above or IRC section col (i) of your (i) organized in the (see instructions)) support? Yes Yes Yes No No

Total

Par	Support Schedule for Org (Complete only if you check					and 170(b)(1)(A)(vi)	
Sec	tion A. Public Support							
Ça	lendar 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")	78,207	147,678	162,780	रार, इल्	237,846	852,013	
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						140	
4	Total. Add lines 1 through 3	78,727	147,678	162,780	222,502	237,846	854 013	
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	:			105,130			
6	shown on line 11, column (f)	78.207	147.678	165,780		237.846	796 883	
	tion B. Total Support	10.						
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	78.207	147,678	165,780	222.502	237,846	852 013	
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.)			U 6 3(18)	100 400			
11	Total support. Add lines 7 through 10 .	78,207	147,678	162,180	222,502		852,013	
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 tion C. Computation of Public Su	re	<u></u>			ear as a section		
				1 solume (1)		14 8	1-6 %	
14	Public support percentage for 2009 (line						<u>. ර %</u>	
15	Public support percentage from 2008 Sci							
16a	331/3 % support test – 2009. If the organiand stop here. The organization qualifies	zation did not c : as a publicly s	supported orga	nization	11110 14 15 33/3	of more, che	> 🔀	
ь	331/3 % support test—2008. If the organization						• -	
U								
17a	box and drop notes the organization quantities as a province of garages and a contract of the organization							
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 inces" test. The	nstances" test, o organization qua	check this box alifies as a publi	and stop here . cly supported or	Explain in Part ganization	IV how the ▶ □	