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Department of the Treasury

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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545 0047

Open to Public Inspection

												
	For t	he 2009 calen	dar year,	or tax year beginning	2/01	, 2009, a	ind ending				2010	
В	Check	ıf applicable	l	C				D	Employ	er Identif	ication Numb	er
	\prod_{A}	ddress change	Please use	WOMAN'S FOUNDA	TION INC.				72-0	08840)51	
	\vdash	ame change	or print or type	701 ROBLEY DRI				ĮΕ		ne numb		
	\vdash	_	See	LAFAYETTE, LA					•			
	- 'n	itial return	specific Instruc-					ļ	331	904-	· <u>4959</u>	
	T€	ermination	tions					- 1				
	A	mended return						G	Gross re	eceipts \$	3,2	00,053.
	Па	pplication pending	F Name a	and address of principal officer	DIANNA LEGER		ŀ	l(a) is this a gr	oup retur	n for affili	ates?	Yes X No
	۰۰۰ ــــــــــــــــــــــــــــــــــ	- p	l	MBASSADOR CAFFERY P		7.70500	⊦	I(b) Are all affil	iates incl	uded?	=	Yes No
-							1507	If 'No,' atta	ch a list	(see insti		
<u>!</u>		c-exempt statu)(1) or [527					
<u>J</u>	We	bsite: ► Ww	W. WOMA	ANSFOUNDATION.CO	DM		<u> </u>	I(c) Group exer	nption nu	ımber 🏲		
K	Form	n of organization	X Corpor	ration Trust Associ	ation Other►	L Yes	ar of Formatio	on 1980	Ms	tate of le	gal domicile	LA
Pa	nt I	Summ			·							
				ganization's mission or i	most significant activ	ties THE	CORPO	PATTON	TS O	PC A N	TZED AN	ID TS
	'											
Activities & Governance	1			JSIVELY FOR CHAI								
Гап				ON OF THE PHYS							OMEN _ 1	THE
ē				D_CHILDREN,_ INC								·
8	2	Check this be	ox ►	if the organization disco	ontinued its operation	is or dispos	sed of mor	e than 25%	of its	assets		
<u>ن</u>	3	Number of vo	oting mem	nbers of the governing b	ody (Part VI, line 1a)	1				3		30
o,	4	Number of in	depender	nt voting members of the	e governing body (Pa	rt VI, line 1	lb)			4		30
£	5	Total number	r of emplo	oyees (Part V, line 2a)						5		5
₹	6			teers (estimate if necess	sarv)					6		
Ą				business revenue from F		line 12				7a		0.
				s taxable income from F			1			7b		 0.
		ivet uniferated	u busines	s taxable income nom	ALLI SSALATION IST A		+			75		
						2010	긹		<u>r Year</u>			nt Year
ø.	8	Contributions	s and gran	nts (Part VIII, line 1h)	2 JUN 14	วกเก ได้	31		<u>.58,1</u>			68,802.
Ž	9	Program ser	vice reven	nue (Part VIII, line 2g)	19 - JOH T &	2010	امَ		57,6	79.		29,210.
Revenue	10	-		art VIII, column (A), line	s 3. 4. and 7d)	ةِ لــــــــــــــــــــــــــــــــــــ	<u>¥</u>	-2	245,4			-4,170.
æ	11			III, column (A), lines 5,	1	1 1817	_		379,8			10,855.
	12			mes 8 through 11 (must			2)		350,2			04,697.
_						nn (A), iine	2 12)	 			'	
	l			iounts paid (Part IX, coli					4,5	00.		4,500.
	14	Benefits paid	to or for	members (Part IX, colu	mn (A), line 4)							
_	15	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									2	00,634.
, se				ng fees (Part IX, column								
Expenses	1			-								
. 유	b	Total fundra	sıng expe	nses (Part IX, column (l	D), line 25) ►							
,	17	Other expens	ses (Part l	IX, column (A), lines 11	a-11d, 11f-24f)			4	134,5	83.	4	21,942.
		•		ines 13-17 (must equal f		ine 25)			576,9			27,076.
	ı	-		es Subtract line 18 from		1110 20)			326,7			77,621.
		Revenue les	s expense	S Subtract line 16 from	1 1111111111111111111111111111111111111			T				
58	Į							Beginni	ng of Y	ear	End o	f Year
100	20	Total assets	(Part X, I	ine 16)				4,2	242,3	51.	4,8	15,266.
\$ n	21	Total liabilitie							14,0	54.		34,569.
Not Assets or Fund Balances			•	•				1				
				ances Subtract line 21	from line 20			4,4	228,2	91.	4,1	80,697.
Pa	art II	Signat	ure Blo	CK								
		Under peralti	es of perjury.	I declare that I have examined beclaration in prepare other	this return, including accom-	panying schedi	ules and state	ements, and to	the best o	of my kno	wledge and be	elief, it is
		true, correct,	and complete	Declaration in prepare joiner	than onicer) is based on all	information of	wnich prepar	rer nas any kno	wieage		_	
Sig	าก	 	dian	معد کے عامد	0			Ι 🗘	T_{i}	we.	2019	٥
He	re	Signature	of officer					Date	<u></u>			
•••		1 *									mon	
			NA LEG					EXECUT	TAF I	TREC	TOR	
		Type or p	rint name an	d title								
		l				Da	ite	Check	c if	Pre	parer's identif e instructions)	ying number
Pa	id					1		self- emplo	ved >	XI.	,	
Pr		Preparer's signature	▶ 505	E J. BEMQIT	>		5/7/10	[,,00	N/	/7\	
	rer's		200		NOTET TTO		<u> </u>			114/	<u>u</u>	
Us		Firm's name (` —		RELLA, LLC							
Or		yours if self- employed),	► 701	ROBLEY DRIVE,	SUITE 200			EIN	<u>►</u> N	/A		
-	٠٠٠	address, and ZIP + 4	LAF	AYETTE, LA 7050)3			Phone	e no ►	(337) 984-	7010
Ma	v the			with the preparer showr		tions)				· · · · ·	X Yes	No
				rwork Reduction Act N			ions	TI	FΔ0113	12/29/0		1 990 (2009)
	- FU	i i iivaty MCl	and take	ork medaction Act III	once, see the separa			10	الا ا الحب	. 142311		. 555 (2005)

Form 990 (2009) WOMAN'S FOUNDATION INC.	72~0884051 Page 2
Part III Statement of Program Service Accomplishments	
Briefly describe the organization's mission SEE SCHEDULE O	
`	
2 Did the organization undertake any significant program services during the year Form 990 or 990-EZ?	ar which were not listed on the prior Yes X No
If 'Yes,' describe these new services on Schedule O	
3 Did the organization cease conducting, or make significant changes in how it of If 'Yes,' describe these changes on Schedule O	conducts, any program services? Yes X No
4 Describe the exempt purpose achievements for each of the organization's thre and 501(c)(4) organizations and section 4947(a)(1) trusts are required to repo expenses, and revenue, if any, for each program service reported	see largest program services by expenses. Section 501(c)(3) ort the amount of grants and allocations to others, the total
4a (Code) (Expenses \$454,352. including grants of SEE ATTACHED STATEMENT	\$) (Revenue \$)
4b (Code) (Expenses \$ including grants of	\$) (Revenue \$)
4c (Code) (Expenses \$ including grants of	\$) (Revenue \$)
4d Other program services (Describe in Schedule O)	
(Expenses \$ including grants of \$) (Revenue \$
4e Total program service expenses ► 454, 352.	

Checklist of Required Schedules Part IV ≥ Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Schedule A 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? X 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 3 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Х Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete X Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? I 10 X Yes,' complete Schedule D, Part V Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or Х X as applicable 11 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete 12 X Schedule D, Parts XI, XII, and XIII 12 AWas the organization included in consolidated, independent audited financial statement for the tax Yes No Х 12 A year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III Х 16 Did the organization report a total of more than 15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^2$ If 'Yes,' complete Schedule G, Part I X 17 Did the organization report more than 15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 Х complete Schedule G, Part III

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

X

20

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III X 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete* 23 X Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х **b** is the organization 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 25b Х Schedule L. Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Х 27 Schedule L. Part III 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28a X **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV X 28b **c** An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV* 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes.' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 31 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I Х 33 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Х 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Х Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 Х 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O X

			Yes	No					
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable (
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	4	Ì						
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c							
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return								
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			_					
3	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		Х					
	b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3b							
4a 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)?									
b 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			_					
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х					
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с							
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х					
1	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b							
7	Organizations that may receive deductible contributions under section 170(c).								
;	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	-	Χ					
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?									
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х					
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		! !						
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
•	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g							
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		ا لحب حد ح					
9	Sponsoring organizations maintaining donor advised funds.								
4	a Did the organization make any taxable distributions under section 4966?	9a		/					
ı	b Did the organization make any distribution to a donor, donor advisor, or related person?	9 b							
10	Section 501(c)(7) organizations. Enter:								
a	a Initiation fees and capital contributions included on Part VIII, line 12 .								
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	i	İ	į					
	Section 501(c)(12) organizations. Enter			1					
	a Gross income from other members or shareholders								
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			-					
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
!	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b								
ΔΔ		Form	990 /	2000					

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	Governing Body and Mana	gement								
										Yes	No
		number of voting members of the	-		L	1 a		30	ļ		
t	Enter the	number of voting members that a	re independent		L	1Ь		30			
2	Did any o officer, d	ficer, director, trustee, or key emp ector, trustee or key employee?	oloyee have a f	amily relationship or a busine	ess rela	ation:	ship with any oth	ner	2		X
3	Did the o	ganization delegate control over n directors or trustees, or key emp	nanagement du ployees to a ma	ities customarily performed by inagement company or other	y or un	nder t	he direct superv	rision	3		х
4		ganization make any significant c	hanges to its o	rganizational documents				F	4		X
5		orior Form 990 was filed? ganization become aware during t	he year of a m	aterial diversion of the ergani	uzation'	'c ac	onte 2	l	5		х
6		organization have members or sto		aterial diversion of the organi	nzation	3 as:	sets.	-	6		X
7 a		organization have members, stock		er persons who may elect on	ne or m	ore n	nembers of the		7a		х
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?									7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following											
а		ning body?						ľ	8a	X	
Ŀ	Each con	mittee with authority to act on bel	nalf of the gove	rning body?					8b	Х	
9	ls there a organizat	ny officer, director or trustee, or ke on's mailing address? <i>If 'Yes,' pro</i>	ey employee lis	sted in Part VII, Section A, wh s <i>and addresses in Schedule</i>	ho cani	not b	e reached at the	,	9		Х
Sec	tion B.	Policies (This Section B	requests inf	ormation about policies	not re	equi	red by the Int	ternal			
Reve	enue Code									7	
10-	Door tho	vraenuzation have local chapters	branchae ar ai	fulsatos ?				Г	100	Yes	No X
		organization have local chapters,	ŕ		ution of	auah	chapters offile	+	10a		
	and bran	es the organization have written hes to ensure their operations are	consistent wit	h those of the organization?				L	10b		
		ganization provided a copy of this			-		_	-	11_		X
		n Schedule O the process, if any,	-	=	m 990	51	EE SCHEDULI	E O J	10-		<u></u>
		organization have a written conflic		· -		.		-	12a		_ <u>X</u> _
	to conflic			·			_		12b	\ 	
C	: Does the <i>Schedule</i>	organization regularly and consist O how this is done	ently monitor a	nd enforce compliance with the	the poli	cy?	f 'Yes,' describe	e in	12c		
13	Does the	organization have a written whistle	eblower policy?						13		X
14	Does the	organization have a written docum	nent retention a	ind destruction policy?				ļ	14		X
15	Did the p persons,	ocess for determining compensation of the contemporation of the co	on of the follow raneous substa	ving persons include a review intiation of the deliberation an	v and a nd deci	ippro ision?	val by independe	ent			
а	The orga	zation's CEO, Executive Director	, or top manag	ement official				Ļ	15a	Х	
b		ers of key employees of the orga							15b		X
		line 15a or 15b, describe the proc		,							.
16 a		ganization invest in, contribute asing the year?	sets to, or part	icipate in a joint venture or si	imilar a	arran	gement with a ta	- axable	16a		X
E	in joint vi	is the organization adopted a writ nture arrangements under applica i respect to such arrangements?	ten policy or pi ible federal tax	rocedure requiring the organiz law, and taken steps to safeg	zation (guard t	to eva the o	aluate its particij rganization's exe	empt	16b	-	.]
Sec		Disclosures									
17	List the s	ates with which a copy of this For	m 990 is requir	ed to be filed - <u>LA</u>							
18	Section 6	04 requires an organization to maindicate how you make these av	ake its Forms 1 vailable Check	023 (or 1024 if applicable), 9 all that apply.	990, an	id 990)-T (501(c)(3)s o	only) av	aılabl	e for _l	public
	ш .	vebsite Another's we		X Upon request							
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and fi statements available to the public SEE SCHEDULE O										ncıal	
		name, physical address, and telep							_	_	0.0.4
,	- WKZEWI	NT, REDD & MORELLA, L	TC INT KO	DEFI DK' POTIF 500	T'WE	AIE.	гт <u>г</u> ,	7050	3_3	3/-5	204-

employees, and former such persons

BAA

Form 990 (2009)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated

Check this box if the organization did not compensate any current officer, director, or trustee (A) (B) (D) (c) (E) (F) Position (check all that apply) Average Name and Title Reportable compensation from the organization (W-2/1099-MISC) Reportable Estimated hours compensation from related organizations (W-2/1099-MISC) amount of other compensation from the Individual trustee or director Officer per week institutional trustee employee Highest compensated employee organization and related organizations DIANNA LEGER EXECUTIVE DIREC 40 47,929 0 0.

TEEA0107L 11/10/09

Part VII Section A. Officers, Directors, Trus	1	(ey	En			es,	an	1		
(A) Name and Title	(B) Average	Posi	tion (c) cali i	hat a	nnlv)	(D)	(E)	(F)
Name and the	hours per week			Officer	_	Highest compensated employee		Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							_			
								_		
								,		
1 b Total							•	47,929.	0.	. 0
2 Total number of individuals (including but not limited from the organization ► 0	to thos	se lis	sted	abo	ve) —	who	o rec	ceived more than	\$100,000 in report	····
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater the individual 5 Did any person listed on line 1a receive or accrue conduced by the experience 2 to be a second to the conducted organization? 	ndividua portable nan \$15 ompens	/ cor 0,00	npei 10?	nsat If 'Y	ion es' i	and com	oth plet	er compensation e e Schedule J for s	from such	Yes No
rendered to the organization? If 'Yes,' complete Sci Section B. Independent Contractors		_							· - · · · · · · · · · · · · · · · · · ·	5 X
Complete this table for your five highest compensation from the organization	ed inder	pend	lent	con	trac	tors	tha	t received more th	nan \$100,000 of	
(A) Name and business addres	s							Description of	of Services	(C) Compensation
							_			
2. Tabal number of independent and a state of the latest and a state o						1		h		
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		ıımıt	ea t	o th	ose	IISt	eo a	ibove) who receive	ea more than	

Pa	rt VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S 5	1a Federated campaigns 1a				1
RAN	b Membership dues 1b 14,331.				
S, G	c Fundraising events. 1c				
AR AR	d Related organizations 1 d				
NS, (e Government grants (contributions)				
ER S	f All other contributions, gifts, grants, and similar amounts not included above 1f 154,471.				
RE	similar amounts not included above 1f 154, 471.				
A B	g Noncash contributes included in fins 1a-1f.	1.60 0.00			
<u>-</u>	h Total. Add lines 1a-1f Business Code	168,802.			
2	2a REGISTRATION FEES 900099	29,210.			20 210
Ē	b	29,210.			29,210.
GE 1	b				
ER	d		_		
S E	~				
GR.	f All other program service revenue				
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	g Total. Add lines 2a-2f	29,210.			
	3 Investment income (including dividends, interest and	, , , , ,			
l	other similar amounts)	99,679.			99,679.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal			II	
	6a Gross Rents 510, 855.				ĺ
	b Less rental expenses				
	c Rental income or (loss) 510,855.	510,855.			510,855.
	(i) Securities (ii) Other	310,633.			310,633.
l	7a Gross amount from sales of assets other than inventory 2, 391, 507.				
- (b Less cost or other basis and sales expenses 2, 494, 816. 540.	l			
	c Gain or (loss) -103, 309540.				
l	d Net gain or (loss)	-103,849.	-540.		-103,309.
Ë	8a Gross income from fundraising events (not including \$				
OTHER REVENU	of contributions reported on line 1c))			
2	See Part IV, line 18				
풀	b Less direct expenses b				
۱ ۰	c Net income or (loss) from fundraising events	·			
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b			· ·	\
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				!
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code	.			'
	11a OTHER INCOME				
	b				
	d All other revenue				
	e Total, Add lines 11a-11d				
	12 Total revenue. See instructions	704,697.	-540.	0.	536,435.

Part IX | Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column	(A) but are not required to	o complete columns (B), (C), and (D).

Do i	All other organizations must comp not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		4,500.	4,500.	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	47,929.	0.	47,929.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.	121,221.	71,545.	49,676.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,891.	11,286.	4,605.	
9	Other employee benefits				
10	Payroll taxes	15,593.	7,570.	8,023.	
	Fees for services (non-employees)				
	Management	7.507		1 000	
	Legal	7,597.	5,698.	1,899.	
	Accounting	17,850.	13,388.	4,462.	
	Lobbying Prof fundrousing sugs. See Bort IV. In 17				
	Prof fundraising svcs See Part IV, In 17 Investment management fees	24,572.		24,572.	
	1 Other			24,512.	· · · · · · · · · · · · · · · · · · ·
	Advertising and promotion	8,613.	8,613.		
13	Office expenses	8,105.	3,142.	4,963.	
14	Information technology	5,117.	3,838.	1,279.	
15	Royalties		7,		
16	Occupancy	65,755.	49,316.	16,439.	
17	Travel	4,769.	3,277.	1,492.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	3,801.	3,801.		
23 24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below).	3,077.	3,077.		I
a	AAP	96,015.	96,015.		
ŀ	CME CONFERENCES & PUBLIC EDUC	76,872.	76,861.	11.	
ď	ACOG	44,500.	44,500.		
(PRINTING AND PUBLICATIONS	23,859.	23,859.		
	DUES & SUBSCRIPTIONS	8,862.	8,372.	490.	
	All other expenses	22,578.	15,694.	6,884.	
	Total functional expenses. Add lines 1 through 24f	627,076.	454,352.	172,724.	0.
26	Joint costs. Check here ► If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA					Form 990 (2009)

	rt X	(2009) WOMAN 5 FOUNDATION INC.				08840	751 Page 1
ır a	IT X	Balance Sheet			/A)		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,692,220.	2	1,853,091
	3	Pledges and grants receivable, net		}	1,032,220.	3	
	4	Accounts receivable, net				4	
	5		rs truste	es kev employees			
	"	Receivables from current and former officers, directo and highest compensated employees Complete Part	II of Sc	hedule L		5	
1	6	Receivables from other disqualified persons (as defin	ed unde	r section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Com		6			
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
;	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment cost or other basis	10a	1,253,790.			
		Complete Part VI of Schedule D					
	b	Less accumulated depreciation	10Ь	107,361.	1,149,385.	10c	1,146,429
ı	11	Investments — publicly-traded securities		ļ	1,400,746.	11	1,814,330
	12	Investments – other securities See Part IV, line 11			12		
	13	Investments - program-related See Part IV, line 11				13	
1	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		15	1,416		
	16	Total assets Add lines 1 through 15 (must equal line	34)		4,242,351.	16	4,815,266
	17	Accounts payable and accrued expenses		1	959.	17	
	18	Grants payable		18			
	19	Deferred revenue		19			
•	20	Tax-exempt bond liabilities		20			
3	21	Escrow or custodial account liability Complete Part		- T		21	
-	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe	stees, k	ey employees,			
•		of Schedule L	150115 C	omplete Fart ii		22	
	23	Secured mortgages and notes payable to unrelated the	ord part	100		23	
,	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities Complete Part X of Schedule D	parties	}	13,095.	25	34,569
	26	Total liabilities. Add lines 17 through 25.		ŀ	14,054.	26	34,569
_	20	Organizations that follow SFAS 117, check here	and	l complete lines	11,001.	20	34,303
ZE.		27 through 29 and lines 33 and 34.		complete inies			
4	27	Unrestricted net assets		Ì		27	
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets		<u> </u>		29	
)		Organizations that do not follow SFAS 117, check he	ere >	X and complete			
		lines 30 through 34.	in and complete				
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, and equi		31			
	32	Retained earnings, endowment, accumulated income	4,228,297.	32	4,780,697		
1	33	Total net assets or fund balances	4,228,297.	33	4,780,697		
Ĕ	34	Total liabilities and net assets/fund balances	4,242,351.	34	4,815,266		
3A		Total Habilities and her assets fully balances			1,212,331.	<u> </u>	Form 990 (200

Form 990 (2009) WOMAN'S FOUNDATION INC.	72-0884051	Pa	ige 12
Part XI · Financial Statements and Reporting			
		Yes	No
1. Accounting method used to prepare the Form 990 X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi review, or compilation of its financial statements and selection of an independent accountant?	ight of the audit, 2c	Х	
If the organization changed either its oversight process or selection process during the tax year, expla in Schedule O	ıın		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we consolidated basis, separate basis, or both	ere issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis			-
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	n in the Single		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any stars taken to undergo such audits.	the required audit		

BAA

Form **990** (2009)

SCHEDULE A (Form 990, or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		organization							Employer	identificat	tion number	
MON	<u>M</u>	'S FOUNDATION								84051		
Part	1_	Reason for Pul	blic Charity Statu	s (All organizations	must d	comple	te this	part.) See ii	nstruct	ions	
he o	rgai	nization is not a priv	vate foundation becau	ise it is (For lines 1 throi	ugh 11,	check o	nly one	box.)				
1	Ш	•		ociation of churches desc		section	170(b)	(1)(A)(i)).			
2	Ш	A school described	ın section 170(b)(1)(A)(ii). (Attach Schedule E	Ξ)							
3	Ш	A hospital or coope	rative hospital service	e organization described	ın secti	on 170(l	<mark>ͻχ1χΑχ</mark>	iii).				
4		A medical research	ı organızatıon operate	ed in conjunction with a h	ospital d	describe	d in sec	tion 17	0(b)(1)(A)(iii) Er	nter the hospital's	
		name, city, and sta				- -	- -					
5		170(b)(1)(A)(iv). (C	Complete Part II)	of a college or university		•	-	_	nmental	unit des	scribed in section	
6	Ц			governmental unit descril								
7	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)											
8	닏	-		170(b)(1)(A)(vi). (Complet								
9	An organization that normally receives (1) more than 33-1/3 % 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 33-1/3 % 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	Ш	An organization org	ganized and operated	exclusively to test for pu	blic safe	ety See	section	509(a)	(4).			
11												
	a Type I b Type II c Type III — Functionally integrated d Type III — Other											
е												
Ĭ	ш	than foundation ma 509(a)(2)	nnagers and other tha	n one or more publicly so	upported	l organiz	zations	describe	ed in sec	tion 509	(a)(1) or section	
f		If the organization is check this box	received a written det	ermination from the IRS	that is a	Type I,	Type II	or Type	e III supp	orting o	organization,	
g		Since August 17, 2	006, has the organiza	ition accepted any gift o	r contrib	ution fro	om any o	of the fo	ollowing	persons	,7	
											Yes	No
		(i) a person who	directly or indirectly a	controls, either alone or t upported organization?	together	with pe	rsons de	escribed	d in (ii) a	nd (III)	11 g (i)	
			ber of a person desc	=							11g (ii)	—
		• •	•	n described in (i) or (ii) at	2010						11g (iii)	
h		• •	•	the supported organization							119 (111)	—
			(iı) EIN		T —	- 40-	63 D.d		6.00.10		6.00 A 0.00 of Cuppe	
	U.) Name of Supported Organization	(ii) Eliv	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed	s the ion in col i in your rning ment?	(v) Did you the organ col (ızatıon in (i) of	(vi) li organizati (i) organiz U S	on in col	(vii) Amount of Suppo	п
					Yes	No	Yes	No	Yes	No		
									<u> </u>			
			<u> </u>								 	
								<u>-</u>	 			
						ļ						
Γotal									1			

Par	t II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)		
	(Complete only if you check	ed the box on line	5, 7, or 8 of Part	1)					
Sec	tion A. Public Support								
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	103,638.	111,245.	116,238.	158,115.	168,802.	658,038.		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.		
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						0.		
4	Total. Add lines 1-through 3	103,638.	111,245.	116,238.	158,115.	168,802.	658,038.		
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)						0.		
6	Public support. Subtract line 5 from line 4						658,038.		
Sec	tion B. Total Support					 _			
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4	103,638.	111,245.	116,238.	. 158,115.	168,802.	658,038.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	223,100.	317,740.	278,443.	-245,798.	-4,170.	569,315.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV		439.				439.		
11	Total support. Add lines 7 through 10						1,227,792.		
12	Gross receipts from related activ	rities, etc (see ins	structions)			12	2,253,364.		
	First five years. If the Form 990 organization, check this box and	stop here	<u> </u>	d, third, fourth, c	or fifth tax year as	a section 501(c)	(3)		
	tion C. Computation of Pu								
	Public support percentage for 20 Public support percentage from 2	• ,	• • • • • • • • • • • • • • • • • • • •	e 11, column (f)		14 15	53.6 % 42.5 %		
16 a	33-1/3 support test – 2009. If the	e organization did qualifies as a put	not check the box	on line 13, and	the line 14 is 33-	1/3 % or more, c	heck this box ► X		
t	33-1/3 support test – 2008. If the and stop here. The organization	e organization did	not check a box	on line 13, or 16a	, and line 15 is 33	3-1/3% or more, (_		
17 <i>a</i>	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	test, check this	box and stop her	e. Explain in Par	t IV how		
t	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 organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
18	Private foundation. If the organi		=	·		-	. —		
BAA							90 or 990-EZ) 2009		

Schedule A (Form 990 or 990-EZ) 2009 WOMAN'S FOUNDATION INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

	CIII Gapport Gonedais io		^	555.1611 561	/(~/(-/			
Sec	(Complete only if you che tion A. Public Support	cked the box on I	ine 9 of Part I)					·
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	(a) 2000	(0) 2000	(6) 2007	(u) 2000	(6)200		(i) Total
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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							
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2							
	and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
	Add lines 7a and 7b				<u> </u>			
8	Public support (Subtract line					ļ		
	7c from line 6)				<u> </u>	<u> L. </u>		
	tion B. Total Support							
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included inline 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)							
	Total support. (add Ins 9, 10c, 11, and 12)				<u> </u>	<u> </u>		···
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secor	nd, third, fourth,	or fifth tax year as	s a section 5	01(c)(3)) ▶□
	tion C. Computation of Pul							
	Public support percentage for 20			ne 13 column (f)			15	
	Public support percentage from 2	•	''	ie 13, coluitiii (1),	μ.	}	16	
	tion D. Computation of Inv						10	
	Investment income percentage for				ımn (fi)		17	
18	Investment income percentage for		• • •	•	4141 (1 <i>7)</i>	}	18	
	33-1/3 support tests – 2009. If the				is more than 33.1/3	ا 1 and line		
	more than 33-1/3%, check this b 33-1/3 support tests – 2008. If the	ox and stop here ne organization di	 The organization Id not check a box 	n qualifies as a p c on line 14 or 19	ublicly supported of a. and line 16 is r	organization nore than 33	3-1/3%,	and line 18
	is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organi	zation	*
	Private foundation. If the organi	zation did not che						or 990-EZ) 2009
RAA			TEEAMON	00115110	C ~	bodulo A (E	arm aun	A C UULL - /\ 2010

Schedule	A (Forn	n 990 or	990-EZ) 2009	WOMAN	<u>''S</u>	FOUNI	DATION	INC.		72-0884051	_Page 4
Part IV	Sup	plemer	ntal Int	formati	on. Cor	mple	ete this	part to	provide	the explanations	required by Part II, lir information. See instru	ne 10;
	Part	II, IIne	1/a c	or 170;	and Pa	11	i, iine	12. Prov	/ide any	other additional	information. See instru	ictions.
•												
									- -			
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				. _	-			_		-	-	-

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer Identification number WOMAN'S FOUNDATION INC. 72-0884051 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements. 2_b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 🕨 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 WOMA	N'S FOUNI	DATION INC.		72-088	84051	Page 2			
Part III Organizations Mainta			orical Treasures, o						
3 Using the organization's acquisition it items (check all that apply)		and other records, che	ck any of the following		· · · · · · · · · · · · · · · · · · ·				
<u>}</u>	Public exhibition d Loan or exchange programs								
b Scholarly research c Preservation for future gener	otions	e Other							
 c Preservation for future gener 4 Provide a description of the organ Part XIV 		lections and explain ho	w they further the organ	nization's exempt purpo	se in				
5 During the year, did the organiza assets to be sold to raise funds r	ition solicit or ather than to	receive donations of ar be maintained as part	t, historical treasures, of the organization's co	or other similar llection?	Yes	No			
Part IV Escrow and Custodia					90. Part I	V. line			
9, or reported an amo	unt on For	m 990, Part X, line	21.						
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	in, or other intermediary	for contributions or other	ner assets not	Yes	No			
b If 'Yes,' explain the arrangement	in Part XIV a	and complete the follow	ing table						
				<u> </u>	Amount				
c Beginning balance				1c					
d Additions during the year				1d					
e Distributions during the year				1e					
f Ending balance				1f					
2a Did the organization include an a		rm 990, Part X, line 21	7		Yes	No			
b If 'Yes,' explain the arrangement									
Part V Endowment Funds Co	mplete if o	rganization answer	ed 'Yes' to Form 9	<u>90, Part IV, line 10</u>					
	(a) Current	t year (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four y	rears back			
1 a Beginning of year balance									
b Contributions									
c Net Investment earnings, gains, and losses									
d Grants or scholarships									
 Other expenditures for facilities and programs 									
f Administrative expenses									
g End of year balance					<u>_l</u> .				
Provide the estimated percentage	e of the year	end balance held as							
a Board designated or quasi-endow	vment ►	<u> </u>							
b Permanent endowment ►	8								
c Term endowment ►	%								
3a Are there endowment funds not a organization by	n the posses	sion of the organization	that are held and admi	nistered for the	Ye	s No			
(i) unrelated organizations					3a(i)				
(ii) related organizations					3a(ii)				
b If 'Yes' to 3a(ii), are the related of	organizations	listed as required on Si	chedule R?		3b				
4 Describe in Part XIV the intended	d uses of the	organization's endowm	ent funds						
Part VI Investments-Land, B				, line 10.					
Description of investment		(a) Cost or other basis (investment)		(c) Accumulated Depreciation	(d) Book	Value			
				·					

1 a Land 1,141,339. 1,141,339. **b** Buildings c Leasehold improvements 55,695. 54,936. 759. **d** Equipment -44,147. 4,331. e Other 100,903. 52,425. 1,146,429. Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

BAA

Schedule **D** (Form 990) 2009

Total (Column (b) must equal Form 990, Part X, col (B) Inne 25)

Federal Income Taxes

CAFETERIA PLAN LIABILITIES

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34,569.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 WOMAN'S FOUNDATION INC.	72-0884051	Page 4
Par	t XI · Reconciliation of Change in Net Assets from Form 990 to Financial Statements		·
1	Total revenue (Form 990, Part VIII,column (A), line 12)		704,697.
2.	Total expenses (Form 990, Part IX, column (A), line 25)		627,076.
3	Excess or (deficit) for the year Subtract line 2 from line 1		77,621.
4	Net unrealized gains (losses) on investments		474,667.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		474,667.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		552,288.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	704,697.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
c	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	704,697.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
c	: Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).	5	704,697.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
1	Total expenses and losses per audited financial statements	1	627,076.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities 2a		
t	Prior year adjustments 2b		
c	Other losses 2c		
C	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	627,076.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b.		
Ł	Other (Describe in Part XIV)		
	: Add lines 4a and 4b	4c	
$\overline{}$	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	627,076.
Par	t XIV Supplemental Information		
line :	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this mation	IV, lines 1b and part to provide a	2b, Part V, any additional
		-	
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Schedule D. (Form 990) 2009 WOMAN'S FOUNDATION INC. Part XIV. Supplemental Information (continued)	72-0884051	Page 5
Part XIV- Supplemental Information (continued)		
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SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

OMB No 1545-0047 2009

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Employer identification number 72-0884051 WOMAN'S FOUNDATION INC FORM 990, PART III, LINE 1 - ORGANIZATION MISSION THE CORPORATION IS ORGANIZED AND IS OPERATED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES RELATING TO THE PROMOTION OF THE PHYSICAL, EMOTIONAL AND MENTAL WELL-BEING OF WOMEN AND CHILDREN, INCLUDING IN FURTHERANCE OF SUCH PURPOSES, THE FURNISHING OF SUCH SERVICES TO PROSPECTIVE PARENTS AND THE PUBLIC IN GENERAL IN SUCH AREAS AS PRE-NATAL CARE, CHILDBIRTH AND PARENTING; SPONSORING PUBLIC DISCUSSION GROUPS, FORUMS, PANELS, LECTURES AND SIMILAR EDUCATIONAL PROGRAMS RELATING TO CHILDBIRTH, CHILDCARE, AND PARENTING; SPONSORING TRAINING AND CONTINUING EDUCATION PROGRAMS FOR NURSES, PHYSICIANS AND HEALTH CARE PROFESSIONALS IN THE AREA OF DISEASES AND MENTAL CONDITIONS AFFECTING WOMEN AND/OR CHILDREN AND RELATED MEDICAL AND HEALTH CARE; AND SUCH OTHER ACTIVITIES AS MAY PROMOTE THE GENERAL PURPOSES STATED ABOVE. FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE NO DOCUMENTS AVAILABE TO PUBLIC.

Schedule O (Form 990) 2009 Name of the organization	Page 2
Name of the organization	Employer identification number
WOMAN'S FOUNDATION INC.	72-0884051
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Schedule **O** (Form 990) 2009

2009	SCH	EDULE			- SUP			'AL IN	IFORM <i>A</i>	ATIO		AGE 088405
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PART II, LIN			2009		2008		2007		2006		2005	
OTHER		TOTAL §		0. \$		0. \$		0. \$	439 439	÷		0.

PHONE: 988-1816

FAX: 988-5613

${\bf 2009\text{-}2010~BOARD~OF~DIRECTORS~ROSTER}$

www.womansfoundation.com

STAFF:			
	Dianna Leger	Executive Director Email: dianna@womansfoundation com	
	Rose Cormier	Health Information Center (HIC) Coordinator Email: rose@womansfoundation.com	
	Taryn Daigle	Continuing Education Program Coordinator Email: taryn@womansfoundation.com	
	Jada Littleton	Community Education Coordinator Email: jada@womansfoundation.com	
	Mary Landry	Assistant Program Manager Email: mary@womansfoundation.com	
PRESIDENT			
Kenneth Brown MD	3212 S Fieldspan Rd Duson LA 70529	B: 981-7206 BF: 981-3493 H: 981-7174 C: 344-1217 E-mail brown7671@bellsouth.net	Exec
VICE PRESIDENT			
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Judy Kennedy	PO Box 2320 Lafayette LA 70502	B: 593-9902 BF: 593-9903 H: 232-3584 HF: 264-1196 C: 278-1393 E-mail: jrklaw@bellsouth.net	Exec Nominating
TREASURER			
Jeanne Billeaud	Suite 203 900 S College Rd Lafayette LA 70503	B: 233-6315 BF: 232-2486 H: 988-3213 C: 280-2549 E-mail: jeanne@billeaudcpa.com	Exec Finance

PHONE: 988-1816

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2009-2010 BOARD OF DIRECTORS ROSTER

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119 Kimball Dr Lafayette LA 70508	B: 981-3869 F: 981-9211 H: 981-3869 C: 501-4442 E-mail: 19bwoc64@bellsouth.net	Education
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Suite 102 4630 Amb Caffery Pkwy Lafayette LA 70508	B: 989-2322 BF: 981-0183 H: 984-9416 E-mail: jboustany@msn com	Finance CME Scholarship
514 West Brentwood Blvd Lafayette LA 70506	B: 482-5645 BF: 482-5649 H: 984-9911 C: 789-3345 Email abb9538@louisiana.edu	Finance CME Scholarship
P.O. Box 26 Erath LA 70533	BF: 261-6568 BF: 289-7258 H: 937-5312 C: 256-2113 Bp: 989-6583 E-mail: donnajoan@prodigy.net	Exec Nominating Education
137 Evangeline Drive Lafayette LA 70501	B: 261-6770 BF: 261-6779 H: 237-4446 HF: 2616779 C: 280-5400 E-mail: daisymob@aol.com	Exec Education
Suite 302 4630 Amb Caffery Pkwy Lafayette LA 70508	B: 984-1155 BF: 988-2070 H: 984-5339 C: 278-0870 E-mail: kenxrup@cox.net	Finance CME
	Lafayette LA 70508 110 Wicklowe Road Lafayette LA 70503 Suite C8 1720 Kaliste Saloom Rd Lafayette LA 70508 4640 Amb Caffery Pkwy Lafayette LA 70508 Suite 102 4630 Amb Caffery Pkwy Lafayette LA 70508 514 West Brentwood Blvd Lafayette LA 70506 P.O. Box 26 Erath LA 70533 137 Evangeline Drive Lafayette LA 70501 Suite 302 4630 Amb Caffery Pkwy	H: 981-3869 C: 501-4442

PHONE: 988-1816 FAX: 988-5613 **2009-2010 BOARD OF DIRECTORS ROSTER**

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Debra Crowe MD	Suite 102	B: 989-2322 BF: 981-0183	CME
	4630 Amb Caffery Pkwy	H: 988-4480 HF: 988-1021	Education
	Lafayette LA 70508	C: 298-9001	
		E-mail debracrowe@bellsouth.net	
Dalta Gary	304 Silverbell Pkwy	H: 233-2110 HF: 233-2110	Bylaws
	Lafayette LA 70508	C: 280-6148 E-mail. dljgary@aol.com	Education
Phebe Hayes PhD	ULL College of Gen	B: 482-6725 BF: 482-6617	Bylaws
	Studies	H: 369-9688 C: 519-3957	Education
	PO Box 41872	E-mail: phayes@louisiana.edu	
	Lafayette LA 70504		
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Michael Judice MD	Suite 102	B: 989-2322 BF: 981-0183	Exec
	4630 Amb Caffery Pkwy	H: 981-6941 C: 288-1212	CME
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		E-mail: mkjudice@cox.net	
Paulette Landry	325 Lippi Blvd	B: 482-5464 H: 234-6510	Education
	Lafayette LA 70508	C: 280-4767	Scholarship
		E-mail: pglandry@bellsouth.net	
** Lawrence L Lewis III	P.O. Drawer 3507	B: 237-2660 BF: 266-1232	Finance
	Lafayette LA 70502-	H: 233-9082 C: 278-7420	Bylaws
	3507	E-mail: lewisl@onebane.com	
Joan Marshak MD	P O Box 88030	B: 521-9113 BF: 521-9142	Scholarship
	Lafayette LA 70598- 8030	H: 988-4431	
Donald E Mickal MD	4640 Amb Caffery Pkwy	B: 984-1050 BF: 984-8776	Exec
	Lafayette LA 70508	H: 981-6547 C: 280-6972	Nominating
Monique Monteilh MD	4640 Amb Caffery Pkwy	B: 984-1050 BF: 984-8776	CME
1	Lafayette LA 70508	H: 216-9833 C: 344-5144	
		Bp: 266-0970	
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			T
William Pelletier MD	206 E Farrell Rd Lafayette LA 70508	B: 989-8795 BF: 989-8766 H: 993-8282 E-mail: pelletier@fwhcla.com	Scholarship
Ronald J Prejean	1318 Camellia Blvd Lafayette LA 70503	B: 406-1099 BF: 866-787-5753 H: 984-3637 HF: 984-3698 C: 713-504-4630 E-mail. ron@prejeancompany.com	Exec Finance Nominating
Juliette "Tina" Stefanski MD	BW3 Suite 100 825 Kaliste Saloom Rd Lafayette LA 70508	B: 262-5311 BF: 262-5237 H: 262-5619 HF: 262-5264 C: 581-5847 E-mail. jstefans@dhh.la.gov	CME
John Storment MD	206 E Farrell Rd Lafayette LA 70508	B: 989-8795 BF: 989-9728 or 989-8766 H: 234-5340 C: 257-7450 Email: storment@fwhcla.com	СМЕ
Joseph B Wolf	Aluminum & Stainless Inc PO Box 3484 Lafayette LA 70502	B: 837-4381 BF: 837-5439 H: 261-1283 C: 349-2645 E-mail: jwolf@aluminumandstainless.com	Exec Bylaws Nominating
James Zehnder MD	206 E Farrell Rd Lafayette LA 70508	B: 989-8795 BF: 989-8766 H: 981-1455 C: 257-7454 Bp: 266-0917	Nominating CME
Kathy Bobbs Women's & Children's Hospital Ex-Officio	4600 Amb Caffery Pkwy Lafayette LA 70508	B: 521-9101 BF: 521-9102 H: 412-6181 C: 288-2518 E-mail: kathy.bobbs@hcahealthcare.com	Scholarship

The President serves as ex-officio member on all committees.

** Woman's Foundation, Inc.'s legal counsel is Mr. Lawrence Lewis, III

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Department of the Treasury Internal Revenue Service			▶ Se	e Separate Inst	tructions.	▶ Attach this f	form to	your re	turn.		Attachments Sequence No 67
Name(s) shown on r	eturn			Business or activity	to which this form relates				Identifying number	
WOM	AN'S F	OUNDATIO	N INC.							7	2-0884051
Pa					Property Under mplete Part V before y						
1					er limit for certain busir					1	250,000
2				J	e (see instructions)					2	1,386
3										3	800,000
4					If zero or less, enter -					4_	
5			year Subtr	act line 4 from li	ine 1 If zero or less, e	nter -0- If married	filing s	eparatel	у,	5	250,000
6	see instri		ption of proper	.		(b) Cost (business us	e antvi	(c)	Elected cost	1 3	
		(a) Descri	ipilon or prober			To Cost (business us	se omvi	\	Lieuted cost		
7	Listed pr	operty Enter t	he amount	from line 29	•	•	7				
8	Total ele	cted cost of se	ection 179 p	roperty Add an	nounts in column (c), li	nes 6 and 7				8_	
9	Tentative	e deduction E	nter the sma	aller of line 5 or	line 8					9_	
10	Carryove	er of disallowed	d deduction	from line 13 of	your 2008 Form 4562	•				10_	0
11	Business	s income limita	tion. Enter	the smaller of b	usiness income (not le	ss than zero) or lii	ne 5 (s	ee instru	ctions)	11	250,000
12		•			10, but do not enter mo		<u> </u>	 .	·	12	0
13					nes 9 and 10, less line		13	ļ			
Not					o <i>perty Instead, use Pa</i> ner Depreciation (Do I		sted pro	perty.)	See instruc	tions.)	
14					erty (other than listed pi		Service	durina	·	i i	
		ear (see instru		· ·	·					14	693
15	Property	subject to sec	tion 168(f)(1) election						15	
16		preciation (inc	***	•						16	128
Pai	rt III 🛮 M	ACRS Depre	ciation (Do	not include lis	sted property.) (See in	structions)					·
					ection A			-		. —	0.041
17					n tax years beginning b			•		17	2,841
18		e electing to gr asset accounts			ervice during the tax ye	ear into one or mo	re		ightharpoonup		
	Sellerar	ection B - Ass	sets Placed	in Service Du	ring 2009 Tax Year U	sing the General	Depre	ciation S	System	-	
		ication of property		(b) Month and year placed in service	(C) Basis for depreciation (business/investment use onlysee instructions)	(d) Recovery period		Convention	(f) Metho	d	(g) Depreciation deduction
19a	3-year pr	roperty				3 yrs.		HY			
<u>b</u>	5-year pr	roperty			693	7 7	ļ	HY	200	DB_	139
c	7-year pr	roperty				7 yrs.	<u> </u>	HY			
<u>d</u>	10-year ı	property		ļ		10 yrs.		HY			
e	15-year			ļ		15 yrs.	-	HY			
_ <u>f</u> _	20-year ı			}	-	20 yrs.	+-	HY HY	0,1		
<u>g</u>	25-yearı				-	25 yrs	+		S/L		
h	property	tial rental				27 5 yrs 27 5 yrs.		<u>MM</u> MM	S/LS/L		
	<u> </u>	dential real				39 yrs		MM	S/L		
'	property	iciliai reai				39 yrs.		MM	S/L		
		ection C - Ass	sets Placed	in Service Du	ring 2008 Tax Year U						
20a	Class life								S/L		
b	12-year					12 yrs			S/L		
С						40 yrs	ļ	MM	S/L		L
Pa	tIV s	ummary (Se	e instructio	ns)							
21		roperty Enter				•				21	
22	Total. A	dd amounts fr	om line 12,	lines 14 through	n 17, lines 19 and 20 in ps and S Corporations	column (g), and l	ıne 21.	Enter he	ere and	22	3,801
23		• •	-		ring the current year, e			T		<u> </u>	
23	1 01 0336	is shown abov	o uno piaci	J JUI VIOC UU	g and demonit year, t	and portion	1	ı			i

Form 4562 (2009)

	property used Note: For any ve through (c) of Sec	for enter hicle for whi ction A, all o	tainment, ich you are of Section B	recreat using the land Sect	ion, or ar standard m tion C if api	nuseme uleage rat olicable	ent.) e or dedi		expense	, сотр	olete or			
	tion A - Depreciation and							24b If "Y				utton?	Vac	ГТы
	Do you have evidence to sup (a) ype of property Date	port the busir (b) place in	(c) Business investmen	,	(d) st or other	Ba depr	(e) sis for eciation siness/	(f) Recovery	(g) Meth		(h) Depreciation		Yes (i Elec sectio	cted
		ervice	use percenta		basis	inve	stment	period	Conver	ntion	De	duction	CO	
25	Special depreciation allow	ance for qu	alified liste	d property	placed in s	ervice du	ring the t	ax						
26	year and used more than Property use more than 5	50% in a qu 0% in a qua	ialified busi lified busin	ness use (ess use	see instruc	ctions)				25	<u></u>			
			%											
				<u>%</u> %		+								
27	Property use 50% or less	ın a qualifie	L ed business			<u> </u>		 			<u> </u>			
				%					S/L-					-
			ļ	%					S/L-				_	
			<u> </u>	_%		4		 	S/L-	T				
28	Add amounts in column (Add amounts in column (h), lines 25	through 27	Enter the	total here	and on lin	e 21, pag	ge 1	•	28	<u> </u>	—Т	29	<u> </u>
				Section	B - Inform	nation on								
Cor	nplete this section for veh	cles used b	y a sole pro	oprietor, pa	artner, or of	ther "more	than 5%	6 owner," or	related p	erson	If you	provide	ed vehicles	to
you	r employees, first answer									1				
30	Total bus /investment miles	Vehi	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	driven during the year (do no include commuting miles)	t												
31	Total commuting miles driven during the year													
32	Total other personal (non-	<u>, </u>												
33	commuting) miles driven Total miles driven during			 	-					+-			+	
-	the year Add lines 30						No Yes No Yes No							
	through 32	Yes	No	Yes	No	Yes	No	Yes	No	Υe	es	No	Yes	No
34	Was the vehicle available for personal use during off-duty													
35	hours? Was the vehicle used		 	 						1	-		+	
	primarily by a more than 5%													
36	owner or related person? Is another vehicle available													
_	for personal use?													
	wer these questions to de	termine if y	ou meet an	or Employ exception	yers Who I to comple	Provide V ting Section	ehicles to on B for v	for Use by rehicles use	Their Em d by emp	ploye loyees	es s who a	are not	more than 5	5%
													Yes	No
37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting,													
38	Do you maintain a writ													
20	See the instructions fo Do you treat all use of					915, OF 1%	or more	owners			• •		 	
39	Do you treat all use of Do you provide more t	•		•		ınformatıo	n from w	nur employe	ses about	the us	se of th			
40	vehicles, and retain the		-		·					ine us	SC 01 111			
41	Do you meet the requi	ements cor	ncerning qu	alified auto	omobile de	monstratio	on use? (See instruc	tions) I vehicles		•		<u> </u>	L
Pa	art VI Amortization		9, 40, 01 <u>41</u>	15 165, 0	O HOL COM	nete Secti	ON B IOI	ine covered	Verneres	_				
			(b)			(c)		(d)		(e)		(f)		
	(a) Description of cos	s				ortizable		Code		Amortization period or		Amortiza	ation	
			be	begins		amount		section		percentage		for this y	rear	
42	Amortization of costs t	hat begins c	during your	2009 tax y	<u>rear (see in</u> I	structions)			ı		<u> </u>		
			-											
43	Amortization of costs t	hat hegan h	efore vour	2009 tay 1	l ear					I	- · · -	. 43		
44	Total. Add amounts i	_	•	- ·		to report		·	<u></u> .			44		



Suite 100 4630 Ambassador Caffery Pkwy Lafayette, LA 70508 Office 337/988-1816 Fax 337/988-5613

www womansfoundation com

WOMAN'S FOUNDATION, INC. PROGRAMS AND SERVICES

The Woman's Foundation was established in 1980 after a group of local physicians determined there was a need for a specialty hospital to serve the needs of women in the Lafayette community. The Foundation became the recipient of a land donation that eventually became the home of Women's & Children's Hospital in 1983. The hospital leases the property from the Foundation and these funds provide the resources needed to support the work of the Foundation.

The Foundation operates to promote the total well-being of women and their families. The vision of the Foundation is to serve as the center of excellence providing education that promotes the total well-being of women and their families through collaborations and partnerships focusing on expertise and credibility.

The following series of programs and services allow the Foundation to achieve and fulfill this purpose:

Continuing Medical Education (CME)

The Woman's Foundation Inc. sponsors continuing medical education activities for Louisiana physicians as identified by educational needs. The primary target audience is that group of medical professionals who practice in the area of diseases and medical conditions affecting women and their families.

The general types of activities conducted by the CME Department include special conferences, lectures, recurring conferences, study group activities and special seminars. The CME program goal is to promote changes in practice methods and improve patient outcomes.

Health Information Center (HIC)

The Health Information Center provides current information on a variety of health and wellness topics so that wise health care decisions can be made. All materials are available for public distribution, free of charge and without referral or appointment. Age appropriate videos and pamphlets, as well as an online health and wellness database, are available for use by the general public. The HIC staff regularly make presentations to various organizations in an effort to inform the community of the services offered at the center, which averages about 250 visitors each month.

Regional Grants Program

In support of the organization's mission, a regional grants program was established in 1988. Funding is awarded on a competitive basis to support programs and initiatives which serve to enhance the health and quality of life for women and children. Applications are available upon request and funding is awarded in January and July of each year. As a part of providing funds to community efforts, the foundation also funds nursing student scholarships at University of Louisiana - Lafayette and LSU - Eunice. In 2005, Woman's Foundation was named "Outstanding Philanthropic Organization" by the Planned Giving Council of Acadiana.

Public Education

The Foundation also sponsors related forums, lectures and educational programs for the community on topics of concern. Current on-going programs include sessions on puberty, college preparedness for high school juniors, legal rights and responsibilities for young parents and baby-sitter training. WFI also sponsors the annual week-long Women's Health Expo and coordinates the efforts of the community based Healthy Lifestyle Coalition.

In 2004, the Newborn Exhibit at Women's & Children's Hospital opened. This artistic seascape gallery is filled with personalized tiles of fish to commemorate the birth of any baby ever born at Women's & Children's Hospital. Proceeds from the sale of the commemorative fish support the community education programs.

Revised May 2009 F\DATA\WPDOCS\WF\WFI Forms\PGMSERV2 do, asc

Woman's Foundation, Inc. Grant Program

Yearly Summary Report

Grant Requests	Amount of Grant Request	Amount Funded	Project Name/Use of Funds
FY 1988-89			
Budget - \$2,000			
Amount Awarded-unknown		}	
*incomplete records			
FY 1989-90			
Budget - unknown Amount Awarded-unknown			
*incomplete records	1		
FY 1990-91 Budget - \$60,000 Amount Awarded-\$12,000			
Lafayette Cares	\$4,000		AIDS education program for women and children.
Lafayette Parish	\$21,500		Free services to hearing impaired children.
Hearing Impaired Program			3 - F
Solid Rock Foundation	\$5,000		Funding for homeless and pregnant teens.
*incomplete records	40,000		
FY 1991-92			
Budget - \$5,000		}	
Amount Awarded-\$5,000			
Lafayette Education Foundation (LEF)		\$5,000	Mini-grants for Lafayette Parish Public School teachers based on established criteria-health education and wellness.
FY 1992-93	<u></u>	 	
Budget - \$11,000		1	
Amount Awarded-\$5,000		1	
LEF		\$5,000	Mini-grants for teachers.
FY 1993-94			
Budget - \$5,000		1	
Amount Awarded-\$1,400			
LEF		\$1,397	Mini-grants for teachers.
FY 1994-95			
Budget - \$5,000			
Amount Awarded-\$2,000			
LEF		\$2,000	Mini-grants for teachers.
			1

^{*}incomplete records - unable to find information in minutes on file in office

Grant Requests	Amount of Grant Request	Amount Funded	Project Name/Use of Funds
FY 1995-96			
Budget - \$5,000			
Amount Awarded-\$4,100	ļ	<u> </u>	
LEF *incomplete records on other grants		\$820	Mini-grants for teachers.
FY 1996-97		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Budget - \$5,000	İ		
Amount Awarded-\$5,970			
LEF	\$28,752	\$4,300	Mini-grants for teachers.
Family Tree	\$1,880		Summer youth program.
Acadiana High School	\$240		"Baby Think It Over" doll-Request referred to LEF.
SMILE	unknown		Informational video resource center.
Partnership for A Healthier Laf. *incomplete records	\$5,000		Community forums.
FY 1997-98			
Budget - \$15,000			
Amount Awarded-\$15,000			
LEF	\$15,399	\$6,449	Mini-grants for teachers.
Children's Museum	\$5,000	\$5,000	Brochure racks/holders - health pamphlets, coloring books
			and supplies.
Faith House	\$2,500	\$2,500	Donation to building fund.
La Perinatal/Maternal Child Health Foundation	\$4,000	\$1,051	Expenses related to state-wide conference.
Domestic Abuse Interv. Project	\$1,000	-0-	Fund raising event sponsorship.
Lafayette Junior Leadership	\$15,000	-0-	Total program sponsorship/student sponsorships.
Partnership for a Healthier Laf	\$5,000	-0-	Developmental assets of youth survey.
FY 1998-99			
Budget - \$37,500			
Amount Awarded-\$28,690 LEF	\$37,779	\$7,391	Mini-grants for teachers.
USL Student Health Service	\$5,000	\$7,391	Information videos/pamphlets & equip.
Children's Museum	\$5,000	\$2,900 \$950	Information pamphlets/coloring books.
W&C Mammography Unit	\$5,500	\$5,000	Request withdrawn by WCH
VITA-Roar	\$4,500	\$4,500	"Reach Out & Read" program at UMC.
Camp Bon Coeur	\$5,000	\$5,000	Sponsorship of campers.
USL College of Nursing	\$3,383	\$3,383	"Wellness Wednesday's"
Grief Center of SW La	\$5,000	\$2,000	Funding for facilitated support groups.
Maison de Mere	\$4,910	\$2,500	Purchase of educational materials & videos.

^{*}incomplete records - unable to find information in minutes on file in office

Page 3

Grant Requests	Amount of Grant Request	Amount Funded	Project Name/Use of Funds
FY 1998-99 (continued)			
VITA-Family Literacy Pgm	\$4,275	-0-	Cash match for funding from Dollar General Literacy Fnd.
Lafayette Junior Leadership	\$15,000	-0-	Total program sponsorship/student sponsorship.
Prevent Child Abuse - LA	\$5,000	-0-	Support for "First Steps" program at UMC.
Laf Community Health Clinic	\$5,000	-0-	Women's clinic night sponsorship.
Gail House Adoption Service	\$4,500	-0-	Vinyl billboards in Lafayette area promotion adoption.
Diocese of Lafayette-Office of Religious Education	\$5,000	-0-	Human sexuality program for teenagers and parents.
Family Tree	\$5,000	-0-	"FAST" training program.
LSU Medical Center-UMC	\$4,060	-0-	Student research project-alcohol abuse in women.
LSU Medical Center-UMC	\$4,116	-0-	Rehab for women who are HIV+ w/neurocognitive deficits.
Acadiana Symphony Chorus	\$5,000	-0-	Sponsorship of concert for individuals grieving.
FY 1999-00 Budget - \$37,500 Amount Awarded-\$29,081.14			
Grief Center	\$4,960	\$3,400	Outreach coordinator/new brochure printing/support group
			coordinator.
Camp Bon Coeur	\$5,000	\$2,500	Sponsorship of two campers.
DARE Program	\$3,624	-0-	Funding for 3 officers to attend national conference.
Laf Comm Health Clinic	\$5,000	\$832	Two months of drug expenses.
American Heart Association	\$5,000	-0-	Seed packets/flyers promoting Garden for Women.
LEF	\$16,707	\$4,787	Mini-grants for teachers.
LEF-Teacher Awards Program	\$5,000	-0-	Sponsorship of program to honor special teachers.
Family Tree	\$5,000	\$3,780	"FAST" team training.
American Cancer Society	\$5,000	\$3,500	Sponsor keynote speaker for Breast Health Symposium.
Lafayette Volunteer Lawyers	\$500	-0-	Provide assistance with temp. restraining orders.
Big Brothers/Big Sisters	\$4,268	\$700	Video tapes/pamphlets/booklets. Resource materials/videos for meditation room.
Faith House	\$5,000	-0- \$600	1
La Speech Lang./Hearing	\$1,000	\$300	Funding for keynote speaker for annual meeting. Educational materials for Young Parents To Be resource
UL School of Nursing	\$5,000	φ300	center at health unit.
Extra Mile/SLESAC	\$5,000	\$5,000	Educational materials/videos for survivors of rape/incest/ sexual abuse.
Acadiana Safety Association	\$5,000	-0-	"Risk Watch" safety program for pre-K through 8th.
Children's Museum	\$1,360	\$1,360	Pamphlets/coloring books.
UL School of Nursing	\$3,965	-0-	Obesity management in school age children program.
UL Police Dept.	\$5,000	-0-	Crime/alcohol/safety prevention program.
CASA	\$2,320	\$2,320	Volunteer training program.

Page 4

Grant Requests	Amount of Grant	Amount Funded	Project Name/Use of Funds
	Request	ļ	
FY 2000-01			
Budget - \$37,500			
Amount Awarded- \$35,301			
LEF	\$12,742.70	\$4933	Mini-grants for teachers.
UL Child/Family Studies Dept	\$3,496	-0-	Sickle cell disease parent education program.
Lafayette Parish School District	\$5,000	-0-	Parent training to develop lit.skills in pre-school children.
UL College of Nursing	\$4,999.05	\$2000	Resource Ctr/Young Parent To Be at health unit & Genesis.
UL College of Nursing	\$5,000	\$5000	Speaker honorariums for end of life conference.
Catholic Charities of NO	\$3,000	\$3000	Volunteer training/education for people with HIV/AIDS
Laf Comm on Needs of Women	\$5,000	\$2400 \$2500	Printing of "resource directory for women/children". Books/videos/resource materials for character development.
Bayou Girl Scout Council	\$5,000	I '	•
Children's Museum of Acadiana	\$2500 \$5000	\$2500 -0-	Pamphlets/Coloring Books. Training course for infant care givers and family members.
The First Three Years	\$4418	\$4418	Satellite support group in Azalea Park for children/teens.
Grief Center of SW Louisiana	\$5,000	-0-	Breast feeding station.
SW La AHEC	\$5,000	-0-	Contract medical services for resident women/children.
Claire House (Women & Child)	\$5,000	\$2500	Car seats for poor and low income families.
Acadiana Safety Association Camp Bon Coeur	\$5,000	\$1250	Sponsorship of local campers. (4)
Faith House	\$5,000	-0-	On-site medical clinic for resident women/children.
VITA	\$4,800	\$4800	Family reading program.
Susan G. Komen Race for Cure	\$5,000	-0-	Race sponsorship.
Susual G. Romen Race for Cure			
FY 2001-2002			
Budget - \$36,000			
Amount Awarded- \$40,903.08	611 202 (0	#10.053.50	No. 1 de Contraction
LEF	\$11,392.60	\$10,073.58 \$2500	Mini grants for teachers.
Acadiana Safety Association	\$5,000	\$2300 -0-	Purchase of 100 child safety seats for low income families. Grant for disaster relief fund.
American Red Cross	\$5000 \$5000	-0- -0-	Free prescription medications from drug co. for low income.
ASSIST Agency	\$2913.50	\$2913.50	Training sessions for community volunteers.
CASA of Acadiana	\$5000	\$5000	Intervention services for incarcerated parents/children.
Family Tree First Three Years	\$5000	- 0-	Training sessions for infant/toddlers caregivers.
Ossun Elementary	\$860	\$860	"Adopt a Grandparent" program for 5 th grade students.
St Landry-Evangeline SA Ctr	\$5000	\$1056	Educational materials for victims of sexual assault/abuse.
St Martin Par Sch Health Centers	\$5000	\$5000	Educational materials for health fair for students.
Camp Bon Coeur	45000	45000	Educational materials for neural fair for statemen.
Boys & Girls Club	\$5000	-0-	Sponsorship of local campers. (2)
Nurse Home Visitation Program	\$5000	\$4500	Funding for salaries of staff for life skills program for girls.
SWLAHEC - Learning Resource	\$5000	-0-	Purchase of books and developmental toys.
Family Tree	\$4858.58	-0-	Subscriptions for Ob/Gyn journals at resource center.
Family Violence Intervention	\$3000	-0-	Supplies/materials for "Fussy Baby Clinic".
UMC - Promote Breastfeeding	\$5000	\$4500	Salaries for staff in educational empowerment group.
Civio Francisco Brancisco Billion	\$5000	\$4500	Videos/textbooks/educational materials for program.

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Grant Requests	Amount of Grant Request	Amount Funded	Project Name/Use of Funds
FY 2002-03	1		
Budget - \$30,000			
Amount Awarded- \$30,001.66			
LEF	\$17,390.00	\$9,426.66	Mini-grants for teachers.
UL College of Nursing	\$4035	\$1000	Continuing education program for nurses.
CASA of Acadiana	\$3,357.50	\$1900	Training for CASA volunteers.
The Family Tree	\$3,062.25	-0-	Materials for "Fussy Baby" clinic for at risk moms.
Children's Museum of Acadiana	\$2,458.86	\$2600	Pamphlets/booklets for museum.
Acadiana Therapeutic Riding	\$3410	-0-	Purchase of therapeutic riding equipment for disabled.
Friends of Claire House Inc	\$5000	-0-	Medical services for women/children.
Laf Comm Health Care Clinic	\$5000	\$2500	Children's dental hygiene clinic.
Community Foundation of Acad.	\$5000	-0-	Funding for administrative position and computer software
PASA-Performing Arts Society	\$5000	-0-	Funding for "Girl Power" collaboration.
Acadiana Safety Association	\$3000	-0-	Purchase of infant carriers.
Miles Perret Cancer Center	\$5000	\$5000	Books, videos and card catalog database for cancer center.
New Start Center	\$5000	-0-	Contract counselors - support group for abused women.
Alzheimer's Assoc. of Acadiana	\$4895	-0-	Services and supplies for healing touch educational series.
Bayou Girl Scout Council	\$5000	\$2500	Service/supply for career exploration camp for older girls.
Boys & Girls Club of Acadiana	\$4800	\$3300	Funding for bus transportation to Granberry Club.
Alzheimer's Assc of Acadiana	\$1960	-0-	Educational sessions to teach healing touch techniques.
Laf Comm on Needs of Women	\$4000	\$1775	Printing of resource directory.
Camp Bon Coeur	\$5000	-0-	Family camp sponsorship and supplies.
SW La. AHEC	\$2500	-0-	Interactive, educational tobacco use prevention project.
FY 2003-2004 Budget - \$22,000			
Amount Awarded- \$21,999.64	616 022 94	\$8,619.64	Mini azonta for tanaham
LEF	\$16,023.84	\$8,019.04 -0-	Mini-grants for teachers.
Virtues Institute of Acadiana	\$5,000	\$2500	Program for youth to promote virtues.
Bayou Girl Scout Council	\$5,000	-0-	Workshop for at-risk middle school girls on real life skills. Funding for bus transportation to Granberry Club.
Boys and Girls Clubs of Acadiana	\$4,950	\$967	Educational sessions to promote healthier lifestyles.
Northside High School Health Ctr	\$1,000	\$1112	Educational sessions to promote healther mestyles. Educational session for teachers/students on vision skills.
L Leo Judice Elementary	\$1,112 \$2,400	\$2400	Educational program designed to empower victims.
Family Violence Intervention Pgm The Extra Mile		-0-	Educational materials.
	\$2,500 \$3412.69	-0-	
Boys and Girls Clubs of Acadiana	•	-0-	Performance related equipment, stereos, and cameras.
CASA of Acadiana	\$2156.25 \$5000	-0-	Volunteer training program. Life skills classes for survivors of domestic violence.
Faith House		-0-	
St. Landry-Evang. Sex Assault Ctr	\$5000	\$2239	Community education and outreach.
Salvation Army	\$5000	\$2239 -0-	Purchase of school uniforms for needy children.
Southern Mutual Help Assoc.	\$5000	-0- -0-	Print and distribute "predatory lending" booklets.
Southwest La. AHEC	\$5000	\$4162	Diabetes education for second grade students.
ULL College of Nursing	\$4162		Educational materials for students visiting elderly/others.
The Women's Center	\$5000	-0-	Educational materials for counseling and education pgrm.

Grant Requests	Amount of	Amount	Project Name/Use of Funds
	Grant	Funded	
	Request		
FY 2004-05			
Budget - \$22,000			
Amount Awarded- \$20,112.86		<u> </u>	
LEF	\$14,546.26	\$9,012.86	Mini-grants for teachers.
Boys and Girls Club	\$5,000	\$5,000	Structured fitness program for 2 clubs in Lafayette Parish. Purchase of pamphlets and coloring books.
Children's Museum	\$2,500	\$2,500	Print supplement on awareness of teen pregnancy.
Gannett La Charitable Projects	\$5,000	-0-	Life skills development program for girls.
Girl Scouts - Bayou Council	\$3,000	\$3,000	Developments of games for mentally retarded children.
La Special Olympics	\$2,500 \$3,250	-0-	Purchase of patient education pamphlets.
ULL - Student Health Services	\$3,230	\$600	r defines of patient education pumpiness.
FY 2005-2006			
Budget - \$22,200]		
Amount Awarded- \$22,193.33			
LEF	\$21,267.20	\$10,193.33	Mini-grants for teachers.
Salvation Army	\$5000	-0-	Purchase of new pants and/or shirts for school uniforms.
La Assoc Educ Homeless Child	\$5000	\$4725	Uniforms and school supplies for homeless children.
Women's Center of Lafayette	\$5000	-0-	Affirming consultations and material assistance.
Christmas in April - Acadiana	\$5000	-0-	Home rehab for 4 elderly and/or disabled female.
CASA of Acadiana Inc	\$1500	-0	Event to raise awareness of child abuse and neglect.
Acadiana Legal Services	\$5000	\$3775	Purchase educational materials on domestic violence.
Lafayette Community HCC	\$5000	\$3500	Technology upgrade for free pharmacy.
Camp Bon Coeur	\$4000	-0-	Event for families who have children with heart defects.
FY 2006-2007	· · · · · · · · · · · · · · · · · · ·		
Budget - \$32,500			
Amount Awarded - \$29,027.44			
LEF	\$17,034.37	\$10,027.44 -0-	Mini-grants for teachers.
Acadiana Legal Service	\$5000	-0-	Psychological/Medical evaluations plus litigation cost.
Boys & Girls Club of Acadiana	\$5000	- 0-	Bus transportation, team uniforms, sports equip.
Lafayette Parish Bar Foundation	\$5000	\$5000	Litigation expenses for low income families.
La Assn for Edu of Homeless	\$5000		Uniforms/school supplies for homeless children in Lafayette Parish.
Children and Youth	\$12,000	\$4000	Literacy initiative in schools to increase reading skills.
Lafayette Education Foundation Lafayette Parish Bar Foundation	\$5000	\$5000	Funds for cost of reports to help w/action against abusers.
Stuller Place	\$5000	\$5000 -0-	Purchase 125 forensic rape kits for sexual assault victims.
The Extra Mile	\$4800	-0-	Speaker expenses for rally for children.
THE EXILA WINC	\$7000		Speaker expenses for rany for clinia cir.
FY 2007-2008			
Budget - \$22,500			
Amount Awarded - \$22,011.49	\$20,952.21	\$7,211.49	Mini-grants for teachers
LEF Dia Prothore Dia Sistere	\$20,852.21 \$5000	\$7,211.49	Mini-grants for teachers. Girls Leadership Conference – speaker fees.
Big Brothers Big Sisters Healthy Lifestyle Choices	\$10,458	\$10,000	School based curriculum to increase health knowledge and
Treating Enestyle Choices	\$10,430	•	impact behavior in areas of violence prevention, nutrition,
	Į		fitness, safety and substance abuse.
Salvation Army of Lafayette	\$5000	-0-	Purchase school uniforms for needy families.
LEF Model Grant – Bye Bye	\$1800	\$1800	Mini-grant for teachers on life skill strategies
Bully	#1000		Brane tot compliate ou me alan admediate

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· Page 7

Grant Requests	Amount of Grant Request	Amount Funded	Project Name/Use of Funds
FY 2008-2009 Budget - \$ -0- Amount Awarded- \$ -0-			
No grants were awarded in FY 2008-2009			
FY 2009-2010 Budget - \$ -0- Amount Awarded- \$ -0-			
No grants were awarded in FY2009-2010			

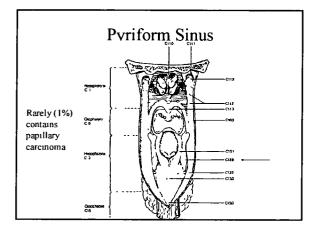
ATTACHMENT 1 – CME ACTIVITIES

WOMAN'S FOUNDATION INC CONTINUING MEDICAL EDUCATION PROGRAM ACTIVITY REPORT 2009 DIRECTLY SPONSORED ACTIVITIES

TITLE OF ACTIVITY LOCATION	LOCATION	DATE	CREDIT HOURS	PHYSICIAN (IN-STATE)	PHYSICIANS (OUT-OF-STATE)	NON- PHYSICIAN PARTICIPANTS	COMMERICAL SUPPORT RECEIVED
Pediatrics Grand Rounds	Lafayette, LA	05/11/09	1	16	0	\$	No
Pediatric Grand Rounds	Lafayette, LA	04/01/06	1	61	0	1	No
Pediatric Grand Rounds	Lafayette, LA	06/02/09	1	22	0	2	No
Pediatric Grand Rounds	Lafayette, LA	08/19/09	1	13	0	3	No
Pediatric Grand Rounds	Lafayette, LA	10/12/09	1	61	0	1	No
TOTAL			5	89	0	12	

Painful Thyroid Glands

- · Acute thyroiditis
 - Rare
 - Bacterial infection with leukocytosis and "shift to the
 - Requires antibiotics
 - May involve a pyriform sinus tract
- · Sub acute thyroiditis
 - Often follows viral illness
 - Lymphocytosis found
 - A stage of hyperthyroidism is common
 - Anti-inflammatory medications are used



Thyroid Disorders

- Physiology
- · Congenital hypothyroidism
- · Acquired Hypothyroidism
- Hyperthyroidism
- Nodules
- · Thyroid Cancer
- Controversies

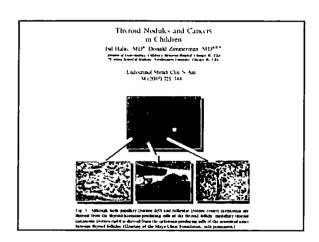
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WOMAN'S FOUNDATION INC CONTINUING MEDICAL EDUATION PROGRAM ACTIVITY REPORT 2009 JOINTLY SPONSORED ACTIVITIES

1																7	·-··							<u> </u>	<u> </u>				Ī
COMMERCIAL	SUPPORT	RECEIVED	NO	ON	ON	ON	NO	NO	NO	ON		ON		ON	ON		ON		NO	ON	ON	ON	ON	ON	ON ON	ON	YES	ON	CZ
NON-	PHYSICIAN	PARTICIPANTS	4	6	2	4	15	3	9	25		8		16	14		9		8	þ	E	12	10	7	10	3	17	12	3
PHYSICIANS	(OUT-OF-	STATE)	0	0	0	0	0	0	0	3		2		0			0		0	0	0	0	2	0	0	0	0	0	0
PHYSICIAN	(IN-STATE)		8	4	7	6	3	7	6	53		41		5	36		22		7	6	9	2	40	6	9	∞	24	4	7
CREDIT	HOURS		1	1	1	1	1	1	1	5.25		4.75		1	5.50		1.50		1	1	1	1	6.25			1	1	1	_
DATE			1/14/09	1/21/09	1/28/09	2/11/09	60/61/7	60/57/7	3/11/09	60/£1/£		3/14/09		60/81/8	3/21/09		3/22/09		3/25/09	60/80/4	4/22/09	4/23/09	5/02/09	5/13/09	5/20/09	5/27/09	6/05/09	6/18/09	6/24/00
LOCATION			Lafayette, LA	Lafayette, LA	Lafayette, LA	Lafayette, LA	Lafayette, LA	Lafayette, LA	Lafayette, LA	Lafayette, LA		Lafayette, LA		Lafayette, LA	New Orleans, LA		New Orleans, LA		Lafayette, LA	Lafayette, LA	Lafayette, LA	Lafayette, LA	Lafayette, LA	Lafayette, LA	Lafayette, LA	Lafayette, LA	New Orleans, LA	Lafayette, LA	Lafavette I.A
TITLE OF ACTIVITY			Oncology Conference	Neuro Grand Rounds	Oncology Conference	Oncology Conference	Neuro Grand Rounds	Oncology Conference	Oncology Conference	30th Annual La ACOG	Conference	30th Annual La ACOG	Conference	Neuro Grand Rounds	LA Society of	Anesthesiologists	LA Society of	Anesthesiologists	Oncology Conference	Oncology Conference	Oncology Conference	Neuro Grand Rounds	Pediatric Jambalaya VI	Oncology Conference	Neuro Grand Rounds	Oncology Conference	Pediatric Coding Seminar	Neuro Grand Rounds	Oncology Conference

in Children In Children MD*be Isl Hala, MD* Donald Zimmerman MD*be Prison of Coloraday, Children Mount Royal Chings II Cla Patric School of Matter. No houseman controls (Dongs II Cla VIRE 11 TEA. . . p17 14482



Treatment of Thyroid Carcinoma in Childhood

- · Extent of surgical removal is controversial
 - Total thyroidectomy and selective lymph node excision remains the best method of local control of thyroid cancer
 - Total thyroidectomy facilitates the use of postoperative radiolodine to detect occult metastases as well as its use as ablative treatment of recurrent disease, reducing the morbidity of reoperative neck surgery
 - Hormonal replacement with L-thyroxine may, in some cases, suppress residual thyroid function or tumor growth
 - GINGALEWSKI and NEWMAN, MD J Surg. Oncol 2006,94 748-752

20

WOMAN'S FOUNDATION INC CONTINUING MEDICAL EDUCATION PROGRAM ACTIVITY REPORT 2009 JOINTLY SPONSORED ACTIVITIES (continued)

COMMEDCIAL		_	NO NO	NO	ON		ON	NO	ON	YES	YES		YES		ON	NO NO	NO	ON	NO	NO	NO	YES	NO	NO	NO	NO	CZ	
NCN	PHYSICIAN	3	14	4	0		9	∞	9	7	17		9		18	4	8	09	09	3	10	6	9	4	6	3	6	
DITVETCTANC	(OUT-OF-	0	0	0	0		0	0	0	4	4		3		0	0	0	0	0	0	0	2	0	0	0	0	0	
DITYCICIAN	(IN-STATE)	10	9	6	7		10	11	11	19	49		52		3	7	9	3	3	8	7	18	6	8	3	6	5	
TIGHT	HOURS		-	1	1		1	1	1	3.50	5.25		3.50		1	1	1	3.75	7.00	1	-	5.25	1	-	1	1		
TA TE	DAIE	60/80/2	7/15/09	7/22/09	7/24/09		8/12/09	8/26/09	60/60/6	60/11/6	9/12/09		60/21/6		60/91/6	9/23/09	60/08/6	10/08/09	10/09/09	10/14/09	10/12/09	10/25/09	10/28/09	11/11/09	11/18/09	12/09/09	12/11/09	00,000
MOLENOOT	LOCATION	Lafavette, LA	Lafavette, LA	Lafayette, LA	Opelousas, LA		Lafayette, LA	Lafayette, LA	Lafayette, LA	Baton Rouge, LA	Baton Rouge, LA		Baton Rouge, LA		Lafayette, LA	Lafayette, LA	Lafayette, LA	Lafayette, LA	Lafayette, LA	Lafayette, LA	Lafayette, LA	Lafayette, LA	Lafayette, LA	Lafayette, LA	Lafayette, LA	Lafayette, LA	Lafayette, LA	
	IIILE OF ACIIVIII	Oncology Conference	Neuro Grand Rounds	Oncology Conference	OGH Pediatric Grand	Rounds	Oncology Conference	Oncology Conference	Oncology Conference	LaAAP Pediatric Potnourri XVIII	LaAAP Pediatric	Potpourri XVIII	LaAAP Pediatric	Potpourri XVIII	Neuro Grand Rounds	Oncology Conference	"Breaking Bad News"	2009 "Ecole du Coeur"	2009 "Ecole du Coeur"	Oncology Conference	Neuro Grand Rounds	CME Fall Focus	Oncology Conference	Oncology Conference	Neuro Grand Rounds	Oncology Conference	- Neuro Grand Rounds	

Solitary Thyroid Nodule

- · Ominous finding
 - 1-1.5% of children have nodules
 - 0.5-3% of childhood malignancies are thyroid malignancies

Solitary Thyroid Nodule

- · Main Carcinomas
 - Papillary more common than Follicular carcinoma
 Radiation exposure predisposes patient
 - If medullary carcinoma of the thyroid is diagnosed, search for MEN 2 A (MTC pheochromocytoma and parathyroid adenoma) or 2 B (MTC, pheochromocytoma and mucosal neuromas, ganglioneuromatosis of the gastrointestinal tract, and a Marfanoid habitus)

Solitary Thyroid Nodule

- If medullary carcinoma of the thyroid is diagnosed:
 - Evaluate for pheochromocytoma
 - · Evaluate for mutation of ret oncogene
 - Follow-up after excision by measuring calcitonin in the pentagastrin stimulated state
 - Familial MCT without risk of pheochromocytoma is alternative diagnosis

	-	,	
 			•

ATTACHMENT 1 - CME ACTIVITIES

TOTAL CREDIT HOURS OFFERED IN 2009	ı	92.50	(10)
TOTAL PHYSICIANS PARTICIPANTS	ı	2/	(%10) 0//
NON-PHYSICIAN PARTICIPANTS	ı	489	489 (39%)
TOTAL ATTENDANCE		1259	

F:UATA\WPDOCS\CME\LSMS\Pgm\Summarles\PGMS09-10.doc

Community Education Department Population Service Chart Year-To-Date

	Body Talk	Safe	PAL	College	Expo	HLC	Total
Year		Sitter		Survival			
1997	452			1			452
1998	923						923
1999	822	Ī					822
2000	968						968
2001	913]					913
2002	741	150					891
2003	1283	217	_				1283
2004	1028	185	129	50	250		1642
2005	1091	217	184	45	295	45	1877
2006	1476	197	213	37	598	161	2682
2007	1566	225	290	35	650	124	2890
2008	1881	200	286	39	581	55	3042
2009	2174	178	290	32	515		3189
2010		1					0
2011	1						0
2012							0
2013							0
2014							0
2015							0
2016							0
Total	15318	1569	1392	238	2889	385	15322

4797 Form

Department of the Treasury

Sale of Business Property

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b(2))

Attach to your return.

See Separate Instructions.

OMB No 1545-0184

2009

Attachments

Nan	ne(s) shown on return MAN'S FOUNDATION INC.	to your return.			parate instruction	Identifyi	ng nun	
	Enter here the gross proceeds from the	sale or exchang	e of real estate	reported to you for	2009 on Form(s) 1	099-S		
	(or a substitute statement) that you will						1	
	Part I Sales or Exchanges of Prop				ry Conversions F	rom Other Th	an Cas	sualty or
_	Theft - Most Property Held	More Than 1 Yea	ar (See Instruc	tions.)				
	(a) Description of property	(b) Date acquired (mo , day, yr,)	(C) Date sold (mo , day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisistion	(f) Cost of other basis, properties of section (f) cost of the cos	olus and	(g) GAIN or (LOSS) for entire year Subtract (f) from the sum of (d) and (e)
2	Summary of all Part I assets	various	various		43,607		1,147	-540
		ļ						_
		ļ						
_	0	<u> </u>	<u> </u>	<u> </u>	_		Т 3	
3 4		les from Form 62	252. line 26 or 3	 7			4	
5							5	
6	Gain, if any, from line 32, from other to	han casualty or th	neft .				6	<u> </u>
							7	-540
7	Combine lines 2 through 6 Enter gail Partnerships (except electing large				vs t the gain or (loss)	following		-540
	the instructions for Form 1065, Sched	lule K, line 10or F	orm 1120S, Sc	hedule K, line 9 Ski				
	Individuals, partners, S corporation from line 7 on line 11 below and skip I 1231 losses, or they were recaptured on the Schedule D filed with your retu	lines 8 and 9 If lii in an earlier year	ne 7 is a gain a r, enter the gain	nd you did not have from line 7 as a lon	ro or a loss, enter any prior year sec ig-term capital gair	ction		
8					7	10	8	
9							9	
	line 9 is more than zero, enter the am capital gain on the Schedule D filed w				i nom line 9 as a ic	ng-term		
	Capital gain on the Schedule 5 filed w	nar your return (,				
								
ŀ	Part II Ordinary Gains and Los	ses						
_			1.4071.4					
10	Ordinary gains and losses not include	ed on lines 11 thro	ougn 16 (incluai	e property neia i ye T	ar or iess)			
		 		<u> </u>				
		+		-				
		+			 			
_	Lace if any from line 7 column (a)		I	<u> </u>			11	-540
	Loss, if any, from line 7 column (g)Gain, if any, from line 7 or amount fro	 m line 8 if applic	ahle			•	12	
13			45.0	·	•		13	
14		es 35 and 42a	•				14	
15	Ordinary gain from installment sales f	rom Form 6252,	ine 25 or 36				15	
16	Ordinary gain or (loss) from like-kind	exchanges from I	Form 8824				16	
17							17	-540
18				appropriate line of y	your return and ski	p lines		
_	a and b below For individual returns If the loss on line 11 includes a loss fi			(h)(u) enter that no	rt of the loss here			
а	Enter the part of the loss from income	e-producing prope	erty on Schedul	e A (Form 1040), lin	ne 28, and the part	of		
	the loss from property used as an em	ployee on Sched	ule A (Form 10	40), line 23. Identify	as from "Form 47	'97,	18a	

b Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a Enter here

and on Form 1040, line 14

Part III Gain From Disposition of P	roper	ly Under Sections	1245, 1250, 1	252,	1254, and 125	55	
19 (a) Description of section 1245, 1250, 1	252, 125	54, or 1255 property			(b) Date acquir (mo, day, yr)		(c) Date sold (mo , day, yr)
Α							
В							
C		· ·					
D							
These columns relate to the properties on lines 19A through 19D.	•	Property A	Property B		Property C		Property D
20 Gross sales price (Note See line 1 before completing)	20						
21 Cost or other basis plus expense of sale	21						
22 Depreciation (or depletion) allowed or allowable	22						
23 Adjusted basis Subtract line 22 from line 21	23				<u> </u>		
24 Total gain Subtract line 23 from line 20	24						
25 If section 1245 property:	25-						
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or line 25a	25b						
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291 a Additional depreciation after 1975(see instructions)	26a						
b Applicable percentage multiplied by the	-00						-
smaller of line 24 or line 26a (see instructions)	26b						
C Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f	26g						
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being complete for a partnership other than an electing large partnership)							
a Soil, water, and land clearing expenses	27a						
b Line 27a mult by applicable percentage (instr.)	27b						
c Enter the smaller of line 24 or 27b	27c						
28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural							
deposits, and mining exploration costs (see instr.)	28a						
b Enter the smaller of line 24 or 28a 29 If section 1255 property:	28b				<u> </u>		
a Applicable percentage of payments excluded from income under section 126 (see instr.)	29a						
b Enter the smaller of line 24 or 29a (see instr)	29b						
Summary of Part III Gains. Complete p		columns A through D th	rough line 29b befo	ore go	ing to line 30		. <u>-</u>
30 Total gain for all properties Add property col	umns A	through D, line 24	•		•	30	
31 Add property columns A through D, lines 25th	o, 26g, 2	7c, 28b, and 29b Enter	here and on line 1	13		31	
32 Subtract line 31 from line 30 Enter the portion other than casualty or theft on Form 47	97, line 6	5				32	
Part IV Recapture Amounts Under (See instructions)	Section	ons 179 and 280F	(b)(2) When B	usin	ess Use Drop	s to s	50% or Less
					(a) Section 179		(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciat	on allow	able in prior years		33			
34 Recomputed depreciation See instructions	•	• •		34			
35 Recapture amount Subtract line 34 from line	33. See	the instructions for wh	ere to report .	35			

Form 4797 (2009) WOMAN'S FOUNDATIO							Page 2
Part III Gain From Disposition of F	Propert	y Under Sections	s 1245, 1250, 1 -	252,	1254, and 125	5	
19 (a) Description of section 1245, 1250, 1	(b) Date acquir (mo, day, yr)	ed	(c) Date sold (mo , day, yr)				
A							
В							
<u> </u>							
D							
These columns relate to the properties	▶	Property	Property		Property		Property
on lines 19A through 19D.	1 00	A	В		с	-	D
20 Gross sales price (Note See line 1 before completing)	20		-				<u>-</u> .
21 Cost or other basis plus expense of sale	22		<u> </u>				
22 Depreciation (or depletion) allowed or allowable 23 Adjusted basis Subtract line 22 from line 21	23						
24 Total gain Subtract line 23 from line 20	24	- · · ·- ·-			· · · · · · · · · · · · · · · · · · ·		
25 If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or line 25a	25b						
26 If section 1250 property: If straight line							
depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291							
a Additional depreciation after 1975(see instructions)	26a						
b Applicable percentage multiplied by the							
smaller of line 24 or line 26a (see instructions)	26b						
C Subtract line 26a from line 24 If residential rental							
property or line 24 is not more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1970							
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)	26f						
	l i						
g Add lines 26b, 26e, and 26f	26g	 					
27 If section 1252 property: Skip this section if y	<u> </u>						
did not dispose of farmland or if this form is being complet for a partnership other than an electing large partnership)	f			i			
a Soil, water, and land clearing expenses	27a						
b Line 27a mult by applicable percentage (instr.)	27b						
c Enter the smaller of line 24 or 27b	27c						
28 If section 1254 property:							
a Intangible drilling and development costs, expend itures for development of mines and other natural	1						
deposits, and mining exploration costs (see instr.)	28a						
b Enter the smaller of line 24 or 28a	28b						
29 If section 1255 property:							
a Applicable percentage of payments excluded from	1 1						
income under section 126 (see instr.)	29a						
b Enter the smaller of line 24 or 29a (see instr)	29b						_
Summary of Part III Gains. Complete p	roperty c	columns A through D th	nrough line 29b bef	ore go	ing to line 30		
						00	
30 Total gain for all properties. Add property co	lumns A	through D, line 24	•	•		30	
		7 001 1001 5 1				24	
31 Add property columns A through D, lines 25						31	
32 Subtract line 31 from line 30. Enter the portion other than casualty or theft on Form 47		•	m 4684, line 33 Er	iter tne	e portion	32	
Part IV Recapture Amounts Under			(h)(2) When B	uein	ee Hee Drons		50% or Less
(See instructions)	Section	7115 179 and 2001	(D)(Z) WITEH B	uSili	ess use brops	, iO .	00 /0 OI LESS
(See manuchons)		· · · · · · · · · · · · · · · · · · ·			(a) Section		(b) Section
					(a) Section 179		280F(b)(2)
22 Control 170 avance dedication of description	ion allaw	rable in prior vecto	ĺ	33			\-/\-/
33 Section 179 expense deduction or deprecial34 Recomputed depreciation See instructions	ion allow	abie ili pilor years	•	34			
35 Recapture amount Subtract line 34 from lin	 e 33 See	the instructions for w	here to report .	35			

Form

(99)

Department of the Treasury Internal Revenue Service

Sale of Business Property

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b(2))

Attach to your return. ▶ See Separate Instructions.

▶ Attach to your return.

OMB No 1545-0184

2009

Attachments Sequence No 27

WO	MAN'S FOUNDATION INC.					72-088		
1	Enter the gross proceeds from sales or	exchanges repo	rted to you for 20	09 on Form(s) 109	99-B or 1099-S (or	<u> </u>		
	substitute statement) that you are include	ding on line 2, 10	, or 20 (See instr	uctions)	·	1		
P	art I Sales or Exchanges of Prop	erty Used in a 1	rade or Busines	s and Involuntar	ry Conversions Fro	om Other Tha	ın Ca	sualty or
	Theft - Most Property Held !	More Than 1 Yea	r (See Instruction	ons.)				
	(a) Description of property	(b) Date acquired (mo , day, yr,)	(C) Date sold (mo , day, yr,)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements expense of sa	and	(g) GAIN or (LOSS) Subtract (f) from the sum of (d) and (e)
2	CARPETING	05/01/87	01/31/10		1,476	2	,016	-540
	REFINISHING	05/01/87	01/31/10		250		250	
	PLANTS & ACCESSORIES	05/01/87	01/31/10		266		266	
	MICROWAVE	03/25/87	01/31/10		350		350	
3	Gain, if any, from 4684, line 43	•					3	
4	Section 1231 gain from installment sal	les from Form 62	52, line 26 or 37	•		,	4	
5	Section 1231 gain or (loss) from like-k	ınd exchanges fr	om Form 8824		•		5	
6	Gain, if any, from line 32, from other th	nan casualty or th	neft .				_6_	
7	Combine lines 2 through 6 Enter gair	n or (loss) here, a	and on the approp	nate line as follov	ws .		7	
	Partnerships (except electing large instructions for Form 1065, Schedule I				the gain or (loss) fo lines 8, 9, 11, and 1			
	Individuals, partners, S corporation from line 7 on line 11 below and skip li 1231 losses, or they were recaptured on the Schedule D filed with your retur	ines 8 and 9 If li in an earlier year in and skip lines	ine 7 is a gain an , enter the gain fr 8, 9, 11, and 12 b	d you did not have om line 7 as a lon pelow		I		
8 9	Nonrecaptured net section 1231 losse Subtract line 8 from line 7 If zero or le If line 9 is more than zero, enter the a long-term capital gain on the Schedul	ess, enter -0- If li mount from line & e D filed with you	ine 9 is zero, ente 3 on line 12 belov ir return (see inst	er the gain from lir v and enter the ga		~	9	
P	art Ordinary Gains and Los	ses (see instruc	tions)					
10	Ordinary gains and losses not include	d on lines 11 thro	ough 16 (include j	property held 1 ye	ar or less)			
				·				
_								
11	Loss, if any, from line 7		<u> </u>				11	
	Gain, if any, from line 7 or amount from	n line 8 if applica	able				12	
	Gain, if any, from line 31	.,о с, црре.				Ì	13	
	Net gain or (loss) from Form 4684, line	es 35 and 42a				į	14	
	Ordinary gain from installment sales fr		ne 25 or 36				15	
	Ordinary gain or (loss) from like-kind e			_			16	·
	Combine lines 10 through 16	.xonangos nom r	0 002 1				17	
	For all except individual returns, enter	the amount from	line 17 on the an	propriate line of v		•		
	lines a and b below For individual returns, enter				roto and only	}	-	·
а	If the loss on line 11 includes a loss fro				t of the loss here E	nter	\rightarrow	
	the part of the loss from income-produ loss from property used as an employed	ee on Schedule A	(Form 1040), lin	e 23 Identify as f		e	100	
b	18a " See instructions	17, excluding the	loss, if any, on li	 ne 18a Enter here	 e and on Form 1040	·),	18a	

Form-

Sale of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b(2))

OMB No 1545-0184

2009

Attachments Sequence No 27

Department of the Treasury Internal Revenue Service (99) Attach to your return. Under Sections 1/9 and 28UF(D(2)) Attach to your return. See Separate Instructions.				S.	Attachments Sequence No 27				
Nam	e(s) shown on return	<u></u>					Identify		
WO	MAN'S FOUNDATION	N INC.					72-08		
1	Enter the gross proceeds	from sales or	exchanges repo	rted to you for 20	09 on Form(s) 10	99-B or 1099-S (or			
	substitute statement) that	you are includ	ding on line 2, 10	, or 20 (See instr	ructions) .			1	
Р			•	Frade or Busines ar (See Instruction		ry Conversions Fr	om Other T	han Ca	sualty or
	(a) Description of property		(b) Date acquired (mo , day, yr,)	(C) Date sold (mo , day yr,)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, pli improvement expense of	us its and	(g) GAIN or (LOSS) Subtract (f) from the sum of (d) and (e)
2	VIDEO TAPES		08/13/87	01/31/10		110		110	
	DESK & CHAIR		10/26/87	01/31/10		398		398	
	PORTABLE VCR/MON	ITOR	06/29/90	01/31/10		1,612		1,612	
	VCR CASE		06/20/90	01/31/10		126		126	
3	Gain, if any, from 4684, I	ine 43 .						3	
4	Section 1231 gain from i		es from Form 62	252, line 26 or 37				4	
5	Section 1231 gain or (los	s) from like-k	ınd exchanges fr	om Form 8824				5	
6	Gain, if any, from line 32	, from other th	nan casualty or th	neft				6	
7	Combine lines 2 through	6 Enter gair	n or (loss) here, a	and on the approp	oriate line as follo	ws		7	
	Partnerships (except el					the gain or (loss) fo			
	Individuals, partners, S from line 7 on line 11 bel 1231 losses, or they wer on the Schedule D filed v	ow and skip li e recaptured i	nes 8 and 9 If I in an earlier year	ine 7 is a gain an , enter the gain fr	d you did not hav rom line 7 as a lor				
8 9	Nonrecaptured net section Subtract line 8 from line If line 9 is more than zer long-term capital gain or art Ordinary Gain	7 If zero or le o, enter the an the Schedule	ess, enter -0- If I mount from line t	ine 9 is zero, ente 3 on line 12 belov ir return (see inst	er the gain from li v and enter the ga		w 	9	
10					property held 1 ve	ear or less).			-
	Ordinary gams and losse	3 1101 111010000	T	l l	property note 1 ye	1			· -
-				 					·
_	_		 						
_						+			
_	_		<u></u>	<u> </u>				1 44	
	Loss, if any, from line 7					•		11	
	Gain, if any, from line 7 of	or amount from	n line 8, if applica	able				12	
	Gain, if any, from line 31	4004 1	05 and 40a	•				13	
	Net gain or (loss) from F							14	
	Ordinary gain from instal				•			15	<u> </u>
	Ordinary gain or (loss) from		xchanges from F	orm 8824	•			16	
	Combine lines 10 throug					•		17	
18	For all except individual i					our return and skip			
_	lines a and b below. For if the loss on line 11 includes	individual retu	irns, complete lin	les a and b below	/ \/w\ ontor that no:	rt of the loss here	ntor		
а	the part of the loss from i						ii(C i		
	loss from property used a						ie	18a	

b Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a Enter here and on Form 1040,

18b

Pa 5

Form

Department of the Treasury

Internal Revenue Service

Sale of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b(2))

▶ See Separate Instructions ▶ Attach to your return.

OMB No 1545-0184

2009

Attachments Sequence No 27

Name(s) shown on return Identifying number WOMAN'S FOUNDATION INC. 72-0884051 1 Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (See instructions) Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (See Instructions.) (f) Cost or other (e) Depreciation (g) GAIN or (LOSS) (b) Date acquired (C) Date sold (d) Gross allowed or basis, plus Subtract (f) from the allowable since improvements and (mo , day, yr,) (mo , day, yr,) sales price of property sum of (d) and (e) expense of sale acquisition COMPUTER DESK 07/31/90 01/31/10 228 228 COMPUTER 08/15/90 01/31/10 7,681 7,681 01/24/91 01/31/10 688 688 TABLE TOP DISPLAY CYPRESS UNITS 05/31/92 01/31/10 989 989 3 Gain, if any, from 4684, line 43 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 6 Gain, if any, from line 32, from other than casualty or theft 7 Combine lines 2 through 6 Enter gain or (loss) here, and on the appropriate line as follows Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below 8 Nonrecaptured net section 1231 losses from prior years (see instructions) Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) Ordinary Gains and Losses (see instructions) 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less) 11 11 Loss, if any, from line 7 12 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 13 Gain, if any, from line 31 14 Net gain or (loss) from Form 4684, lines 35 and 42a . 14 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 17 Combine lines 10 through 16 17 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below a If the loss on line 11 includes a loss from Form 4684, line 39, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a 18a " See instructions b Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a Enter here and on Form 1040,

18b

line 14

Form-

Department of the Treasury Internal Revenue Service (99)

Sale of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b(2)) return. ▶ See Separate Instructions.

► Attach to your return.

OMB No 1545-0184

2009

Attachments Sequence No 27

	Identifying r NOMAN'S FOUNDATION INC. Identifying r 72-08840							
1	Enter the gross proceeds from sales or	exchanges repo	rted to you for 20	009 on Form(s) 1099)-B or 1099-S (or	<u> </u>		
	substitute statement) that you are include						1	
	art I Sales or Exchanges of Prop Theft - Most Property Held M	erty Used in a 1	rade or Busine	ss and Involuntary		rom Other T	han Ca	sualty or
	(a) Description of property	(b) Date acquired (mo , day, yr,)	(C) Date sold (mo , day, yr,)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, pl improvement expense o	us nts and	(g) GAIN or (LOSS) Subtract (f) from the sum of (d) and (e)
-2	CYPRESS TABLE	05/31/92	01/31/10	_ ,	425		425	
<u>-</u>	PLANTS	05/31/92	01/31/10		444		444	
	DESIGN CONSULTANT	05/31/92	01/31/10		1,625		1,625	
	CHAIR	05/31/92	01/31/10		193		193	
3	Gain, if any, from 4684, line 43		•	<u> </u>			3	
4	Section 1231 gain from installment sal	es from Form 62	252. line 26 or 37	·	•		4	
5	Section 1231 gain or (loss) from like-ki						5	
6	Gain, if any, from line 32, from other th						6	
	,	•						
7	Combine lines 2 through 6 Enter gain	or (loss) here, a	and on the appro	priate line as follows			7	
	Partnerships (except electing large instructions for Form 1065, Schedule l				e gain or (loss) f nes 8, 9, 11, and	-		,
8	Individuals, partners, S corporation from line 7 on line 11 below and skip li 1231 losses, or they were recaptured on the Schedule D filed with your retur Nonrecaptured net section 1231 losse	nes 8 and 9 If lines an earlier year in and skip lines in strom prior year.	ine 7 is a gain ar , enter the gain f 8, 9, 11, and 12 s (see instruction	nd you did not have a from line 7 as a long- below ns)	-term capıtal gaır	ction 1	8	-
9	Subtract line 8 from line 7 If zero or le If line 9 is more than zero, enter the a long-term capital gain on the Schedule	mount from line 8	3 on line 12 belo	w and enter the gain	7 on line 12 belo i from line 9 as a	ow	9	
Р	art I Ordinary Gains and Los							
10	Ordinary gains and losses not included	on lines 11 thro	ough 16 (include	property held 1 year	or less)			
		Ĭ	I					
_								
_		-						
_								
	Loop of any from loop 7						11	
	Loss, if any, from line 7 .	n linn O. if annlini	nblo		•	•	12	-
	Gain, if any, from line 7 or amount from	п ппе в, п аррпса	able				13	
	Gain, if any, from line 31 Net gain or (loss) from Form 4684, line			•	•	•	14	
	Ordinary gain from installment sales fr		ing 25 or 36		• •		15	
				• •	•	• •	16	
	Ordinary gain or (loss) from like-kind e	xchanges from r	-OIIII 8824	•	•		<u> </u>	·
	Combine lines 10 through 16 .						17	
	For all except individual returns, enter lines a and b below. For individual returns	rns, complete lin	es a and b belov	N				
а	If the loss on line 11 includes a loss fro	m Form 4684, li	ne 39, column (b	o)(II), enter that part o	of the loss here	Enter		
	the part of the loss from income-produloss from property used as an employed 18a." See instructions	cing property on se on Schedule A	Schedule A (Foi A (Form 1040), li	rm 1040), line 28, an ne 23 Identify as fro 	id the part of the im "Form 4797, I	ne 	18a	
	Dedetermine the same or (less) on line	17 avaludina tha	loce if one on	line 10a Enter here	and an Earm 10	10		

Form.

Department of the Treasury Internal Revenue Service

Sale of Business Property

(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b(2))

Attach to your return. ▶ See Separate Instructions.

▶ Attach to your return.

OMB No 1545-0184

2009

Attachments Sequence No 27

	ne(s) shown on return MAN'S FOUNDATION INC.						ying nun 88405:	
1	Enter the gross proceeds from sales or	exchanges repo	rted to you for 20	009 on Form(s) 1099	9-B or 1099-S (or			
	substitute statement) that you are include	ding on line 2, 10	, or 20 (See insti	ructions)			1	·
P	Sales or Exchanges of Prop Theft - Most Property Held M				Conversions F	om Other	Than Cas	sualty or
	(a) Description of property	(b) Date acquired (mo , day, yr,)	(C) Date sold (mo , day, yr,)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost o basis, p improveme expense	olus ents and	(g) GAIN or (LOSS) Subtract (f) from the sum of (d) and (e)
2	COMPUTER WORKSTATION	05/31/92	01/31/10		1,771		1,771	-
_	DIGITAL INSIGHT -	11/16/94	01/31/10		10,404		10,404	-
_	COMPUTER (DIGITAL	06/21/96	01/31/10		2,776		2,776	· · ·
_	Slide Generator	02/16/98	01/31/10		7,075		7,075	
3	Gain, if any, from 4684, line 43						3	
4	Section 1231 gain from installment sal	es from Form 62	252. line 26 or 37	•	•		4	· •
5	Section 1231 gain or (loss) from like-k						5	
6	Gain, if any, from line 32, from other th					•	6	
•								
7	Combine lines 2 through 6 Enter gair	or (loss) here, a	and on the appro	priate line as follows	s		7	
	Partnerships (except electing large instructions for Form 1065, Schedule I	partnerships) a K, line 10, or Fori	nd S corporatio m 1120S, Sched	ns. Report thule K, line 9 Skip lii	ne gain or (loss) fi nes 8, 9, 11, and		·	
	Individuals, partners, S corporation from line 7 on line 11 below and skip li 1231 losses, or they were recaptured on the Schedule D filed with your return	ines 8 and 9 If I in an earlier year 'n and skip lines	ine 7 is a gain ar , enter the gain f 8, 9, 11, and 12	nd you did not have rom line 7 as a long below	or a loss, enter the any prior year se i-term capital gair	ction		
8 9	Nonrecaptured net section 1231 losse Subtract line 8 from line 7 If zero or le If line 9 is more than zero, enter the a	ess, enter -0- If I	ine 9 is zero, ent	er the gain from line	7 on line 12 belo	ow	8	
	long-term capital gain on the Schedul						9_	
P	art Ordinary Gains and Los							
10	Ordinary gains and losses not include	d on lines 11 thro	ough 16 (include	property held 1 yea	r or less)			
_					1			
_					·			
					 			
_		 	 · -		1			
_		1		<u> </u>	<u> </u>		11	
	Loss, if any, from line 7		-1-1-	•			12	
	Gain, if any, from line 7 or amount from	n line 8, if applica	adie		•		13	
	Gain, if any, from line 31				• •	•	14	<u>-</u> .
	Net gain or (loss) from Form 4684, line		05 00	•				
	Ordinary gain from installment sales fr				•		15	
16	Ordinary gain or (loss) from like-kind e	exchanges from f	Form 8824	•			16	
	Combine lines 10 through 16 .			•			17	
18	For all except individual returns, enter lines a and b below. For individual returns				ur return and skip	•		
a	If the loss on line 11 includes a loss fro	om Form 4684. li	ne 39, column (b)(II), enter that part	of the loss here	Enter		
a	the part of the loss from income-produ	cing property on	Schedule A (For	m 1040), line 28, ar	nd the part of the			·
	loss from property used as an employed 18a." See instructions	ee on Schedule /	A (Form 1040), lii	ne 23 Identify as fro	om "Form 4797, lı 	ne	18a	
	Padatarmina the gain or (loss) on line	17 eveluding the	loss if any on l	ine 18a Enter here	and on Form 104	10		

18b

Pa 8

Form•

4797

Department of the Treasury

Internal Revenue Service

Sale of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b(2))

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2009

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	e(s) shown on return MAN'S FOUNDATION INC.						ying nur 88405:	
1	Enter the gross proceeds from sales or	exchanges repo	rted to you for 20	009 on Form(s) 1099	9-B or 1099-S (or			
	substitute statement) that you are include	ting on line 2, 10	, or 20 (See inst	ructions)			1	
P	Sales or Exchanges of Prop	•		•	Conversions F	rom Other	Than Ca	sualty or
	(a) Description of property	(b) Date acquired (mo , day, yr,)	(C) Date sold (mo , day, yr,)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost o basis, p improveme expense	lus ints and	(g) GAIN or (LOSS) Subtract (f) from the sum of (d) and (e)
2	Digital Insight Computer	11/11/98	01/31/10		2,107		2,107	•
	Dell Computer	03/29/04	01/31/10		425		425	
	Dell Computer	03/29/04	01/31/10		1,094		1,094	
	Dell Computer	03/29/04	01/31/10		1,094		1,094	
3	Gain, if any, from 4684, line 43						3	
4	Section 1231 gain from installment sal	es from Form 62	252. line 26 or 37			•	4	
5	Section 1231 gain or (loss) from like-k						5	
6	Gain, if any, from line 32, from other th	*					6	
_								
7	•	, .		-			7	
	Partnerships (except electing large instructions for Form 1065, Schedule I				ie gain or (loss) f nes 8, 9, 11, and		·	
	Individuals, partners, S corporation from line 7 on line 11 below and skip li 1231 losses, or they were recaptured on the Schedule D filed with your retur	nes 8 and 9 If I n an earlier year	ine 7 is a gain ar r, enter the gain f	nd you did not have a from line 7 as a long		ction		
8	Nonrecaptured net section 1231 losse	s from prior vear	s (see instruction	ns)			8	-
9	Subtract line 8 from line 7 If zero or le	ess, enter -0 If I	ine 9 is zero, ent	er the gain from line	7 on line 12 belo	ow		
	If line 9 is more than zero, enter the a long-term capital gain on the Scheduli	mount from line t e D filed with you	8 on line 12 belo ır return (see ins	w and enter the gain tructions)	from line 9 as a		9	
Р	art I Ordinary Gains and Los						•	
10	Ordinary gains and losses not included	d on lines 11 thro	ough 16 (include	property held 1 year	r or less)			
_		T	i					
_								
			 					
		<u> </u>	L	L			11	
	Loss, if any, from line 7					•	12	
	Gain, if any, from line 7 or amount from	n line 8, if application	able		•	•		
	Gain, if any, from line 31			•	•		13	
	Net gain or (loss) from Form 4684, line				•		14	
	Ordinary gain from installment sales fr				•		15	
16	Ordinary gain or (loss) from like-kind e	exchanges from F	Form 8824		•		16	
17	Combine lines 10 through 16 .			•			17	
18	For all except individual returns, enter				ur return and skij	ס		
	lines a and b below. For individual retu	ırns, complete lır	nes a and b belo	w				
а	If the loss on line 11 includes a loss from					Enter		-
	the part of the loss from income-produ					100		
	loss from property used as an employed 18a." See instructions	se on Scheaule /	4 (FOIIII 1040), II	ne 23 Identity as Iro	ли голи 4/9/, I	iiie	18a	
b	Redetermine the gain or (loss) on line	17, excluding the	loss, if any, on	line 18a Enter here	and on Form 104	40,		