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Form **990**

Dispartment of the Treasury Internal Revenue Service

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 2009

> Open to Public Inspection

A	For th	e 2009 calendar year, or tax year beginning APR 01, 2009, and	d ending	MAR 31,2010								
В	Check of	Please C. Name of organization, number and street, city, town, state, and ZIP co	de D Employer ide	entification number								
П	applicabl Address		59-	2045248								
Ħ	Name ch	Drief Thimppph Thu Goothi Acmitoli Collingti O	E Telephone nu	umber								
Н	Initial retu	type Gray Gray Gray Discourse		-633-4035								
Н	Terminat	Specific D O BOX 5342	Central									
Н	Amended	Insue-	1000.01.5	group return								
Н	Application		for affilia	·								
Ш	pending	684 ALLEGHENY SUN CITY CEN FL 33573		ates included?								
_	Tov. 04	empt status X 501(c)(3) (insert no) 4947(a)(1) or 527	` If "No", atta	chalist Vac Disa								
_			(see instruc	,								
	Websit			nption number								
		rganization	of formation	M State of legal domicile								
	art I											
		Briefly describe the organization's mission or most significant activities	D TUEME CO	EC TO								
a		ALL INCOME FROM SALES OF DONATED CLOTHING AND		ES TO								
ũ		FINANCING SCHOLARSHIPS AND CHARITABLE DONATIONS AND OPERATING										
Ĕ	1	EXPENSES										
Governance		Check this box If the organization discontinued its operations or disposed of more	than 25% of its-net a	1 .								
e S		Number of voting members of the governing body (Part VI, line 1a)		3 4								
es		Number of independent voting members of the governing body (Part VI, line	0 0 2010	4								
ž			* * ZUIII - I OII	5								
Activities &	l.	Total number of volunteers (estimate if necessary)		6 40								
•	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 $oxed{ ext{CGD}}$	EN ir 70	7a								
	b	Net unrelated business taxable income from Form 990-T, line 34	= 3 - 1	7b								
			Prior Year	Current Year								
ā	8	Contributions and grants (Part VIII, line 1h)	154.									
Revenue	9	Program service revenue (Part VIII, line 2g)	35619									
è	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1096									
4.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	594									
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37465									
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32801	5. 294670.								
	14	Benefits paid to or for members (Part IX, column (A), line 4)										
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3260	1. 33559.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)										
be	b	Total fundraising expenses, (Part IX, column (D), line 25) ▶										
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7866	4. 76862.								
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	43928	0. 405091.								
	19	Revenue less expenses Subtract line 18 from line 12	-6463	063021.								
	,		Beginning of Year	r End of Year								
ets o	20	Total assets (Part X, line 16)	301252	2. 246070.								
Asse	21	Total liabilities (Part X, line 26)										
Net Assets or	22	Net assets or fund balances Subtract line 21 from line 20	301252	2. 246070.								
	art II	Signature Block	- <u>-</u>	<u> </u>								
		Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statemen	nts, and to the best of my kn	nowledge								
		and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of wi	nich preparer has any knowl	edge								
Sig	an	Claime K Fibbe	08,	/05/2010								
He	-	Signature of officer	Date									
		LELAINE GIBBS TREASURE	R									
		Type or print name and title										
_		Preparer's Date	Check if	Preparer's identifying number (see instructions)								
Pai		signature 0 0 0 1 11 (C 9 0 1) 0 1 0 8 / 0 3 / 2 0 1 0	self- employed ▶ ∏	P00495640								
	eparer's	Firms name (or yours CONFIDENTIAL ACCOUNTING INC	EIN ▶	65-1070396								
Us	e Only	f self-employed), address, and ZIP+4 P O BOX 32 APOLLO BEACH FL 335		813-641-3603								
Ma	y the IF	RS discuss this return with the preparer shown above? (See instructions)		X Yes No								
		cy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2009)								

Par	t IV Checklist of Required Schedules			
			Yes	No
1 `	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		X
5	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		X
6	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	1		
	Schedule D, Part I	6		X
7	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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	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 Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		,	
	If "Yes," complete Schedule D, Part V	10	i	Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		Х
•	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 16? 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 16? 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			
12	Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		Х
12A	Was the organization included in a consolidated, independent audited financial statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . 12A X	_		
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	. 1		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	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		X
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	16		X
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

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 Х 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 Х United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's 23 current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes," Χ 23 complete 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to guestion 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? X Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d 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 Χ 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 X 990EZ? If "Yes." complete Schedule L. Part I 25b . . Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 26 Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? Χ 27 If "Yes." complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties, directly or indirectly (see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds, conditions, and exceptions). Χ 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 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 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 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M ... 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Χ 32 If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Χ 34 III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Χ 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Χ 36 organization? If "Yes," complete Schedule R, Part V, line 2 . . . Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Χ and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19? 38 38

US990\$\$4

16	Statements Regarding Other IRS Filings and Tax Compliance			
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable	<u> </u>		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1. 1	v	I
	gaming (gambling) winnings to prize winners?	1c	X	
2a	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 2a	_	1	l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	11	1	l v
	this return?	. 3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	. 3b	_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			v
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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	1 - 1	1	l v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Λ
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
٥-	Prohibited Tax Shelter Transaction?	5c		<u> </u>
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
L	organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		71
U	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1 1	1	
	and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
•	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	1 1	'	l
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
-	benefit contract?	7e	1	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from 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)			
12a	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			

Page	ĸ

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instruc		"No"	
Secti	on A. Governing Body and Management	_	Yes	No
			I	
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct	<u> </u>		
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	ļ	X
	Does the organization have members of stockholders, or other persons who may elect one of more members	<u> </u>		
/ d		7.		X
	of the governing body?	7a 7b		$\frac{x}{x}$
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	/6		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following?	۔ ا	lvl	1
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			,,
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	l	_ X_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	11		X
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			i
	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1
	describe in Schedule O how this is done	12c		<u> </u>
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			1
а	The organization's CEO, Executive Director, or top management official?	15a		Х
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		'	
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	105		
	List the states with which a copy of this Form 990 is required to be filed			
	· · · · · · · · · · · · · · · · · · ·			
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest			
_	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	400	-	
	organization ▶ELAINE GIBBS 684 ALLEGH SUN CITY C FL 33573 813-633-	403	<u> </u>	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization'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'scurrent key employees. See instructions for definition of "key employee."
- 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 employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee (A) (B) (C) (D) (E)										(F)
Name and Title	Average	Positi	on (ch			hat ap	(vla	Reportable	Reportable	Estimated
Name and Tide	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JAY SPARKMAN PRESIDENT	4			X				0	0	0
PAT PELTON										0
VICE-PRES	3			X				0	0	<u> </u>
DAWN HENNEN SECRETARY	3			X_				0	0	0
ELAINE GIBBS TREASURER	12			X				0	0	0
				_						
						_				
										
			_							
							-			

	Section A. Onicers, Directors,	irustees,	VEA EL	irbioa	ee5 ,	alic	riigii	C31 1	Compensated Empi	byees (continued)			-
	(A)	(B) Average	Poort.	on (ch	(C		hat an	nlv	(D) Reportable	(E) Reportable	Fe	(F) timate	Ч
	Name and title	hours per						$\overline{}$	compensation	compensation		imate iount c	
		week	걸릴	nstı	Officer	(ey	취호	Former	from	from related	1	other),
		WEEK	l e e	tutic	ĕ	e B	loy	ᅙ	the	organizations		pensat	tion
			Individual trustee or director	Institutional trustee		Key employee	e 0		organization	(W-2/1099-MISC)		om the	
		ŀ	l st	ā		yee	mpe		(W-2/1099-MISC)	(**-2/1033-141100)		anızatı	
			ee	ste			sne		(**-2) 1033-101100)		1	l relate	
				U			Highest compensated employee					nızatı	
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_													
1b	Total .	I	<u> </u>		<u>'</u>	!	L		0	0		0	_
_	Total number of individuals (including but i	not limited	to thos	e liste	d ab	ove) who	rece	ived more than \$100	,000 in reportable co	mpensa	tion	
	from the organization >											Yes	No
3	Did the organization list anyformer officer,	director or	truste	e, key	emp	oloye	ee, or l	high	est compensated				1
	employee on line 1a? If "Yes," complete So	chedule J f	or such	ındıv	idua	ıl	•				3		X
4	For any individual listed on line 1a, is the s								-				
	the organization and related organizations	greater tha	an \$150	0,000	? If "	Yes	," com	plete	e Schedule J for such	1	1.	1	ب ا
_	individual	-						٠.		•	4	1	Х
5	Did any person listed on line 1a receive or services rendered to the organization? If "					-			-		5	'	l x
Sa	ction B. Independent Contractors	res, comp	iete Sc	nedui	e J 1	01 5	uch pe	:1501		<u> </u>			<u> </u>
1	Complete this table for your five highest co	mpensate	d indep	ende	nt co	ntra	ictors t	hat	received more than \$	\$100,000 of			
compensation from the organization (A) (B)										((C)	_	
	Name and busines	s address							Description of s	services	Compensation		
								_					_
			_				-	<u> </u>					
													
2	Total number of independent contractors (ncluding b	ut not l	imited	l to t	hose	e listed	abo	ove) who received m	ore than			

\$100,000 in compensation from the organization >

			AITH SOCIA	L ACTION	COUNCIL OF	7	59-2045	248 Page 9
Part	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
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campai Membership dues Fundraising event Related organizati Government grants (contributions) All other contributions, gi grants, and similar amou not included above Noncash contributions	1b 1c 1d 1e 1fts, nts 1f	1655.				
S E	h	included in lines 1a-1f Total. Add lines 1	\$		1655.			
		Total. Add lines I	a-11 .	Business Code				
Program Service Revenue	2a _ b _ c _ d _							
am	e _			11111110	226042			
rogu	f	All other program		NNSHOP	336043. 336043.	336043.		
	3 4	other similar amou	e (including dividends		4372.	4372.		
	5	Royalties .		. •				
	6a b c	Gross Rents Less rental expenses Rental income or (loss) Net rental income	(i) Real	(II) Personal	1	1		I
	7a b	Gross amount from sales of assets other than inventory . Less cost or other basis and sales expenses	(i) Securities	(II) Other	·	,		
	С	Gain or (loss)						•
	d	Net gain or (loss)		•				
Other Revenue	8a b c	Gross income from fundr (not including \$ of contributions reported See Part IV, line 1 Less direct expen Net income or (los	on line 1c) 8 a	ents •	1	į		
	9a	Gross income from						
	b c	activities See Part Less: direct expen Net income or (los		ies 🕨	ı	1		
	10a b c	Gross sales of inverteurns and allowal Less cost of good	entory, less nces a s sold b s) from sales of inven		l	l		
	11a							
	ь							
	С							
	d	All other revenue	•					
	e	Total. Add lines 1			- 1	· · · · · · · · · · · · · · · · · · ·		
	12	9c, 10c, and 11e	dd lines 1h, 2g, 3, 4, 5	, 6d, 7d, 8c, ►	342070.	340415.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete of				
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
	b, 9b, and 10b of Part VIII.		expenses_	general expenses	expenses
1	Grants and other assistance to governments and	101670	101670		
	organizations in the U.S. See Part IV, line 21	191670.	191670.		
2	Grants and other assistance to individuals in	10000	10000		
	the U.S. See Part IV, line 22	103000.	103000.		
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 .				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages .	30947.	30947.		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits .	· · · · · · · · · · · · · · · · · · ·		_	
10	Payroli taxes	2612.	2612.		
11	Fees for services (non-employees).			-	
а	Management	:			
b	Legal				
c	Accounting	775.	775.		
d	Lobbying	,,,,,			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
	Other	823.	823.	·	
g 12		479.	479.		
12	Advertising and promotion .	2383.	2383.		
13	Office expenses	2303.	2303.		
14	Information technology				
15	Royalties .	25636.	25636.		
16	Occupancy	23636.	23636.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				<u>. </u>
22	Depreciation, depletion, and amortization	2048.			
23	Insurance	5750.	5750.	<u> </u>	<u> </u>
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)				
а	CONTRACT LABOR	7539.	7539.		
b	LICENSES & FEES	351.	351.		
С	REPAIRS	429.	429.		
d	SALES TAX	22982.	22982.		
е	UTILITIES	7667.	7667.		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	405091.	403043.		
26	Joint Costs Check here ▶ If following				
	SOP 98-2. Complete this line only if the org.				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
BCA		hts reserved	US990\$10 Rev 1		Form 990 (2009)

Par	ξX	Balance Sheet			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1000.	1	1000
	2	Savings and temporary cash investments	300252.	2	245070
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Sch. L.		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	1		
		Part II of Schedule L		6	
v.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use .		8	
¥ ∣	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
ļ	11	Investments - publicly traded securities		11	
l	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	=	13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets		14	
İ	15	Other assets See Part IV, line 11		15	
Ì	16	Total assets Add lines 1 through 15 (must equal line 34)	301252.	16	246070
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	-11
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ţį	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified			
Ë		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
ł	26	Total liabilities Add lines 17 through 25	_	26	
		Organizations that follow SFAS 117, check here		'	 -
.		complete lines 27 through 29, and lines 33 and 34.			
Se	27	Unrestricted net assets		27	
la l	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
Net Assets or Fund Balances	-	Organizations that do not follow SFAS 117, check here			
ᆫ		and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ا کے	32	Retained earnings, endowment, accumulated income, or other funds	301252.	32	246070
Š	33	Total net assets or fund balances	301252.	33	246070
	34	Total liabilities and net assets/fund balances	301252.	34	246070

Form **990** (2009)

3b

Form 990 (2009)

If "Yes," did the organization undergo the required audit or audits?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Nai		of the organization							er identi				
				N COUNCIL OF					-204				
	art		Public Charity S			•		See ins	tructions				
The	org			e it is (For lines 1 through 11,									
1	Ц		·	ciation of churches described in	section '	170(b)(1)(A)(i).						
2	Ш	A school described in:	section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Ц	A hospital or a cooper	ative hospital service	organization described insecti	on 170(b	o)(1)(A)(i	ii)						
4	Ш	A medical research or	ganization operated i	n conjunction with a hospital d	escribed	sectio	n 170(b)	(1)(A)(iii) Enter t	he hosp	ıtal's nar	ne,	
	\Box	city, and state							-				
5	Ш	•		a college or university owned o	or operat	ed by a	governm	ental ur	ut descrit	oed moec	tion		
	_	170(b)(1)(A)(iv). (Com	plete Part II)										
6	Ц	A federal, state, or loc	al government or gov	ernmental unit described insec	tion 170	(b)(1)(A)	(v).						
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	Ц	· ·		(b)(1)(A)(vi) (Complete Part II.	•								
9	X	-	*	more than 33 1/3 % of its supp							SS		
		receipts from activities	related to its exempt	t functions - subject to certain e	exception	ns, and (2) no mo	ore than	33 1/3 %	of its			
		support from gross inv	estment income and	unrelated business taxable inc	ome (le:	ss sectio	n 511 ta	x) from	business	es			
				1975 Sessection 509(a)(2) (0	•		•						
10	Ц	0	•	clusively to test for public safe	•								
11	Ш	•	•	clusively for the benefit of, to p					-				
		•		d organizations described in se						ction			
		`—```		type of supporting organizatio					7				
		a Type I	b ∐ Type II	c Type III - Fu				d [, ,,	II - Othe	r		
е	Ш		•	nization is not controlled directly									
		•	_	nd other than one or more pub	licly sup	ported o	rganizati	ons des	cribed in	section			
_		509(a)(1) or section 50	` '. '		- .								
f		-		nination from the IRS that it is	a Type I,	Type II	or Type I	III suppo	rting				
		organization, check th							•		•		L
g		•	· -	n accepted any gift or contribu		-			sons		1		
		• • •		rols, either alone or together w	ith perso	ns desc	ribea in (,II)			44-0	Yes	No
		• •	• •	ne supported organization?	•		•				11g(i)		
		(ii) A family member of	•		•		•				11g(ii)		<u> </u>
				scribed in (i) or (ii) above?			•	•			11g(iii)		l
<u>h</u>				supported organization(s)	T		1		1 631	- 41	(-41)	\ · · ·	
	(i)	Name of supported	(ii) EIN	(iii) Type of organization	` '	ne organ-	(v) D		(vi) l		' '	\mour	
		organization		(described on lines 1-9	ization		notify	the		ation in	Su	ıpport	
				above or IRC section	(i) listed		organiza		col				
				(see instructions))	gove	_	col (i) supp		orgai				
						,			in the				
		-			Yes	No	Yes	No	Yes	No			_
					 	 	-						_
_			 			 		 					
					 	1							
			 		 	 	-		-				_
					}								
_			<u> </u>	<u> </u>			I	L	1				
Tot	a 1												

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support								
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and		(2)	(-/	, , , , , , , , , , , , , , , , , , ,	(=, ====			
•	membership fees received (Do not	i							
	include any "unusual grants ")		1895.	581.	1545.	1655.	5676.		
2	Gross receipts from admissions, merchan-								
_	dise sold or services performed, or facilities								
	furnished in any activity that is related to								
	the organization's tax-exempt purpose	236720.	250434.	251120.	356193.	336042.	1430509.		
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 .								
6	Total. Add lines 1 through 5	236720.	252329.	251701.	357738.	337697.	1436185.		
7 a	Amounts included on lines 1, 2, and 3								
	received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line								
	13 for the year								
С	Add lines 7a and 7b .								
8	Public support (Subtract line 7c from line 6)						1436185.		
Sec	tion B. Total Support								
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
9	Amounts from line 6	236720.	252329.	251701.	357738.	337697.	1436185.		
10a	Gross income from interest, dividends,								
	payments received on securities loans,								
	rents, royalties and income from similar								
	sources	6067.	11680.	16713.	10965.	4372.	49797.		
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30,1975								
С	Add lines 10a and 10b	6067.	11680.	16713.	10965.	4372.	49797.		
11	Net income from unrelated business								
	activities not included in line 10b, whether								
	or not the business is regularly carried on .								
12	Other income Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part IV)	.,					1.405.000		
	Total support. (Add lines 9, 10c, 11, & 12)						1485982.		
14	First five years. If the Form 990 is for the orga	anization's first, s	econd, third, fou	rth, or fifth tax ye	ar as a section t	001(c)(3)	. □		
	organization, check this box and stop here				· · <u>- · · </u>	•			
	tion C. Computation of Public Support					4.0	06 65 %		
	Public support percentage for 2009 (line 8, co		•			15	96.65 %		
	Public support percentage from 2008 Schedul				· <u> </u>	16	96.76 %		
	tion D. Computation of Investment I			(6)		7-1	3.35 %		
	17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))								
	Investment income percentage from 2008 School 22.4/2.9/			44. and line 45 ::	 	/2 % and line 1	3.24 %		
198	a 33 1/3 % support tests - 2009. If the organization are more than 33 1/3 %, shock this hay and st			•					
	not more than 33 1/3 %, check this box and ste			· · · · · ·	- · ·		▶ X		
D	33 1/3 % support tests - 2008. If the organization not more than 33 1/3 %, shock this box and						ind line 18		
20	is not more than 33 1/3 %, check this box and	•	-				· [H		
20	Private foundation. If the organization did not	cneck a pox on	iiiie 14, 19a, or 1	ษอ, cneck this bo	ox and see instru	เนนบทร	▶		

			0432	40 Page	4_
Pai	Reconciliation of Change in Net Assets from Form 990 to Financial Statement	1 1		240 070	_
,1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		342,070.	_
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		405,091.	÷
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		(63,021.	<u>)</u>
4	Net unrealized gains (losses) on investments	4	-		
5	Donated services and use of facilities	5			
6	Investment expenses	6			_
7	Prior period adjustments	7			
8	Other (Describe in Part XIV)	8			
9	Total adjustments (net) Add lines 4-8	9		762 021	_
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	.4	(63,021.	<u>/</u>
	Reconciliation of Revenue per Audited Financial Statements With Revenue per	1 176			
1	Total revenue, gains, and other support per audited financial statements	۱ ۰	1		_
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments				
b	Recoveries of prior year grants				
C	Other (Describe in Part XIV)				
d	Add lines 2a through 2d		20		
е 3	Subtract line 2e from line 1	ŀ	2e 3		_
	Amounts included on Form 990, Part VIII, line 12, but not on line1.	I	٠	······································	
4	Investment expenses not included on Form 990, Part VIII, line 7b				
a b	Other (Describe in Part XIV)				
C	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	ŀ	5		_
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Retur	'n	-
1	Total expenses and losses per audited financial statements		1		_
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	·			_
a	Donated services and use of facilities		ĺ		
b	Prior year adjustments	$\neg \neg$			
c	Losses reported on Form 990, Part IX, line 25				
d	Other (Describe in Part XIV)	一			
e	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1	İ	3		_
4	Amounts included on Form 990, Part IX, line 25, but not on line1	į			_
а	Investment expenses not included on Form 990, Part VIII, line 7b	-			
b	Other (Describe in Part XIV)				
С	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)		5		_
Par	t XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	1b a	nd 2b,	Part V, line 4,	_
Part 2	X Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any ad-	dition	ial infor	mation	
					_
					_
					—
					—
				<u> </u>	—
					_
					_
					_

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Complete if the organization answered "Yes," of Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047 2009

٠,

Open to Public Inspection

Employer identification number

59-2045248

ŝ

⊠ Yes

General Information on Grants and Assistance INTERFAITH SOCIAL ACTION COUNCIL OF Part I 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants for the grants or assistance, and the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more Part II

than \$5,000. Use Part IV and Schedule I-1 (Form 9)	art IV and Sche		90) if additional space is needed	is needed	of each call more than \$2,000. One of this box in the one recipient received in the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the se		
1 (a) Name and address of	(p) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-cash (f) Method of valuation	(f) Method of valuation	(g) Description of	(h) Purpose of grant
organization or government		section	grant	assistance	(book, FMV, appraisal,	non-cash assistance	or assistance
		ıf applıcable			other)		
OF SO FLORID	(
33620- FL	159-3102112		.000,82		CASH		SCHOLARSHI
LIA PROJECT	1						
GRAY S 33609- FL TZ	T20-8776228		10,000.		CASH		BOYS GIRLS
SCC SECURITY PATRO							
PEBBLE 33573- FL S5	S59-2169618		7,500.		CASH		SECURITY
OUR LADYS PANTRY							
US HWY 33598- FL W5	FL W53-0196617		10,000.		CASH		FEED NEEDY
KIDS AGAINST HUNGE					C .		
9TH AV 34206- FL B8	B84-1640830		10,000.		CASH		FEED KIDS
KIDS PLACE							
LITHIA 33511- FL B2	B26-2757636		25,000.		CASH		CHILDREN
LIFEPATH HOSPICE							•
UPPER 33570- FL R2	R20-5276870		50,000.		CASH		HOSPICE CA
RCMA ACADEMY							
US HWY 33570- FL R5	R59-1221966		25,000.		CASH		MINORITIES
					-		

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

Part III

Page 2 . . .

US990I\$2

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number

INTERFAITH SOCIAL ACTION COUNCIL OF 59-2045248 THE CORPORATE TREASURER REVIEWS THE MONTHLY AND ANNUAL PAGE 6 LINE 11 FINANCIAL STATEMENTS WITH ALL PARTIES AND HAS THEM APPROVED WHEN THE FORM 990 IS COMPLETED THE TREASURER REVIEWS IT WITH THE ACCOUNTANT AND THEN IT IS FILED

Form **4562**

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No 67

Identifying number Business or activity to which this form relates Name(s) shown on return INTERFAITH SOCIAL ACTION COUNCINTERFAITH NEARLY NEW SHOP 59-2045248 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 250,000. 1 Maximum amount See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property) (See instructions) 2,048. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depr (b) Month and (g) Depreciation (d) Recovery (e) (f) Method (a) Classification of property yéar placed in (business/investment use Convention deduction period service only - see instructions) 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. ММ Residential rental 27 5 yrs S/L MM 27 5 yrs S/L property Nonresidential real 39 yrs MM S/L MM S/L property Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System Class life 12-year 12 yrs S/L 40-vear 40 yrs MM S/L Summary (See instructions) Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

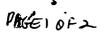
For assets shown above and placed in service during the current year, enter the

2,048.

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INTER FAITH SOCIAL HOTION COUNCIL OF SUN CITY CENTER, INC 2009 - SCHOLARSHIP RECIPIENTS

NAME	COLLEGE	CK#	AMOUNT
2009		-#±	
43 Mc FNTOSH, SHOWN	ERWIN TECH	1430	2,000.00
530 BarreDA, RENATO	40 of FloRIDA	1465	1,000.00
6-22 WEICH, SHONTORIG	U. of Central FL	1477	2,000.00
7 20 DAVIS CATHERINE	Hcc	81494	2.000.06
Gallan, miquel	HCC	1,	2000
Tatiann, Restrepo	HCC.		2000
FRANK ROTGER.	HCC	T of Reserve	2000
VILLANUEVA TYAR	HCC	3000.	2000
720 RANKIN, LINDSEY		195	2000.
SHONIK, STEVEN	4*		2000
SZALANSKI, CHRIST,	"		2000
Zipperer, CRYSTOLL	••	l.	2000
720 ENGlish, CHelsey	U. of Certificat	FL 1496	2,000
HARRIS, MEGAN	٠,		2000
WelcH, SHONTORIA	•		2000-
7-20 BEATTY, MCLANIC	FL Gulf Coas	T 1497	20001
DAVIS, BRITTANY	1,		2000
HARDIN, TAYLOR	11		2000
720 CHRISTOPHER, JENNIFER	e FL. AVM	1498	1000'
JENKIN, BYRON	ţ,		2,000
M. RON, DANY	O.	1.	2,000
7-20 19 4,000,00 U.	of So. FLORIDA	1499	28,000
	of Tampa		2.000.
7-20 Leepen, Keling	1.		2.001,00



INTERFAITH SOCIAL ACTION COUNCIL OF SUN CITY CENTER, INC.,

GRANTS -- APRIL 1, 2009 THROUGH MARCH 31, 2010

2009 - APRIL

2010 - MARCH

\$2,170.00
\$4,000.00
\$5,000.00
\$25,000.00
\$3.200.00

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FOTAL GRANTS (DONATIONS) AND SCHOLARSHIPS \$294.670.00