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

Short Form
Return of Organization Exempt From Income Tax

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
VOLUNTEER HEALTH PROGRAM, LTD.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
C/O DELLA ROCCA 16 HAINES BLVD

City or town, state or country, and ZIP + 4
PORT CHESTER, NY 10573

D Employer identification number
13-3739708

E Telephone number
914-939-3845

F Group Exemption Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)**

G Accounting method: ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ WWW.VOLUNTEERHEALTHPROGRAM.ORG

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 133,083.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

RECEIVED
FEB 22 2011
OGDEN, UT
IRS - OSC

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	132,606.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	477.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a	
	b	Less: direct expenses other than fundraising expenses	6b	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ _____)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	133,083.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 3	10	120,912.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	3,500.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	3,069.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	3,687.
	17	**Total expenses** Add lines 10 through 16 ▶	17	131,168.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,915.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	16,981.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	632.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	19,528.

SCANNED MAR 16 2011

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	16,981.	22	19,528.
23	Land and buildings		23	
24	Other assets (describe ▶ _____)		24	
25	**Total assets**	16,981.	25	19,528.
26	**Total liabilities** (describe ▶ _____)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	16,981.	27	19,528.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 5

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 MEDICAL CARE SUPPLIES UTILIZED DURING MEDICAL MISSION - SEE ATTACHED

(Grants $ 120,912.) If this amount includes foreign grants, check here ▶ ☐ 28a 120,912.

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 120,912.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED	0.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ NY

42a The organization's books are in care of ▶ DARLENE DELLA ROCCA Telephone no. ▶ 914-939-3845

Located at ▶ 16 HAINES BLVD, PORT CHESTER, NY ZIP + 4 ▶ 10573

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

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

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Darlene DellaRocca Signature of officer — Date: Feb 14, 2011

▶ Darlene DellaRocca - President Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instr.)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶ Phone no. ▶

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

Form 990-EZ (2009)

932174
02-08-10

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) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
VOLUNTEER HEALTH PROGRAM, LTD.	13-3739708

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

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 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

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 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 ▶ ☐

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 organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	139,022.	157,872.	357,980.	194,854.	132,606.	982,334.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	139,022.	157,872.	357,980.	194,854.	132,606.	982,334.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 **Public support** (Subtract line 7c from line 6)						982,334.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	139,022.	157,872.	357,980.	194,854.	132,606.	982,334.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,033.	1,215.	977.	979.	477.	4,681.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,033.	1,215.	977.	979.	477.	4,681.
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.)						
13 **Total support** (Add lines 9, 10c, 11, and 12)	140,055.	159,087.	358,957.	195,833.	133,083.	987,015.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.53 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.43 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	.47 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	.57 %

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
FUND RAISING COSTS	3,609.
BANK CHARGES & FEES	78.
TOTAL TO FORM 990-EZ, LINE 16	3,687.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INCREASE IN MARKET VALUE	632.
TOTAL TO FORM 990-EZ, LINE 20	632.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 3

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
ILAC - SEE ATTACHED DOMINICAN REPUBLIC	NONE	120,912.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		120,912.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

SEE ATTACHED
SEE ATTACHED

ATTACHMENT Volunteer Health Program, Ltd

LIST OF OFFICERS, Directors, trustees, and Key Employees: 2009-2010 Tax Year

A Current Officer Name And Address	B Title, average hrs/week	C Compensation	D Benefits	E Expense/ allowances
Darlene Della Rocca 16 Haines Boulevard Port Chester, NY 10573	Chairperson Project coordinator 6 hours /week	-0-	-0-	-0-
Jule Silvi 218 Pondfield Road Bronxville, NY 10708	Vice President Operating room coordination 1 ½ hours/week	-0-	-0-	-0-
Terry Terraciano 9 Beach Tree Lane Pelham Manor, NY 10803	Treasurer & Prepares Eye glasses 2 hours / week	-0-	-0-	-0-
Anna Simoni 84 Blauvelt Street Teaneck, NJ 07666	Secretary,& Communications ½ hours /week	-0-	-0-	-0-
Robert Morello, MD 120 Warren Avenue New Rochelle, NY 10801	Medical Advisor, Coordinator 1/2 hour /week	-0-	-0-	-0-
Robert C. Della Rocca, MD 16 Haines Boulevard Port Chester, NY 10573	Medical Advisor ½ hour/week	-0-	-0-	-0-

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	**Employer identification number**
	VOLUNTEER HEALTH PROGRAM, LTD.	13-3739708
	Number, street, and room or suite no If a P O box, see instructions C/O DELLA ROCCA 16 HAINES BLVD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORT CHESTER, NY 10573	

Check type of return to be filed (file a separate application for each return):

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

DARLENE DELLA ROCCA

- The books are in the care of ▶ 16 HAINES BLVD - PORT CHESTER, NY 10573
  Telephone No. ▶ 914-939-3845 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2009, and ending JUN 30, 2010.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.** Form **8868** (Rev. 4-2009)

923831
05-26-09

VOLUNTEER HEALTH PROGRAM, ltd.

16 Haines Boulevard
Port Chester, NY 10573
Phone: (914) 939-3845
Fax: (914) 939-0115
E-mail: darlenedellarocca@gmail.com
http://www.volunteerhealthprogram.org

UPDATE 2010

Mission statement:

The Volunteer Health Program, Ltd. (VHP) is a nonprofit health care program, which focuses on primary medical and surgical eye care to under-served rural areas in Central America and the Dominican Republic. It is an integrated program offering high quality and accessible eye care to our Latin American neighbors. An essential part of our effort is to work in a close partnership with those who live and work in the region we are serving.

VHP is committed to offering educational support to health care providers in areas that we serve. Our mission group provides comprehensive on site diagnosis, surgical and medical treatment of eye disease. The distribution of corrective glasses for those in need is also an essential part of the program.

Physicians, nurses and trained eye screening volunteers are our most valued recourses. The superior knowledge and skills of this broad-based team and their compassionate concern for each patient's welfare is the basis for the Volunteer Health Program.

Background:

Honduras 1994 and 1995:

The Volunteer Health Program's first two eye care missions were in Gracious, Honduras. At the invitation of and in coordination with the efforts of a well-organized local nonprofit agency FEDECOH, we saw over 2000 patients each visit. There was a great need at this site; however, needed follow up care for our patients was difficult.

Dominican Republic 1995, 1996, 1998, 1999, 2000, 2001, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010 and planning 2011.

The second project site was started in 1995 with ILAC (Institute of Latin American Concern) in Santiago de los Caballeros, Dominican Republic. For the past 35 years, ILAC's health care services have been based on a true and integral commitment to the struggling campesinos (farmers) of the remote areas in the Dominican Republic. They service 210 communities and have trained over 265 local health care volunteers (Cooperadores) from these communities to assist in the primary health care and screening. The Cooperadores are trained by ILAC, with educational aids from VHP to select patients in need of eye care. They accompany patients to the ILAC Mission

headquarters, stay at their side during treatment and /or surgery and monitor their progress in the villages.

As the patients from the rural communities come in to the mission site for eye care they are registered, given an eye examination and corrective lenses as needed. Medical and surgical problems addressed and treated as needed. Each year we have treated close to 950 - 1000 pre-screened patients. We have been able to perform over 160 each visit. The majority of cases each year are cataract removals. Adult blindness secondary to mature cataract formation can be treated successfully, restoring useful vision to these patients. Many of the surgical cases are children with strabismus (crossing of the eyes). Other cases such as glaucoma, ocular tumors, congenital and traumatic deformities were also surgically treated. Through ILAC, we have worked in conjunction with local ophthalmologists that have helped with follow up care for the surgical patients.

Early in 2004 ILAC finished construction on their clinic/hospital at the mission site. We were the first to use this wonderful facility on our March/April '04 mission. This makes it much easier for our group and several others, in different disciplines, to offer their volunteer services to the people. This year our team of 64 professionals worked a week in March, seeing 1344 patients. We are preparing for our 15th mission at ILAC in March of 2011.

Other areas that we have helped Ophthalmologists work are: Jerusalem, in 2002, '03, '04, '05 and 2006, working with St. Johns Eye Hospital for 10 days each November or January. We supported the Philippine mission as they worked for one week, 2003, '04, '05, '06, '07, '08, '09 and 2010..

This is a sincere THANK YOU note as well. We are most grateful for the support that we have received from all; donating and surgical supplies, pharmaceuticals, used eyeglasses, used medical equipment and the monetary support. Our need is to purchase items that are not received in donation and pay for shipping supplies to the site. Each participating pays for his or her own airfare and expenses during the mission.

It is essential that this network continue. We feel that those who help with the mission here, in their many different ways, are as much a part of the team as the volunteers that travel to the host country sites. Those of us that have worked with these special patients can attest to their deep gratitude. Many patients have expressed wishes of "Gods Blessings and Thanks" or "I cannot pay you but God will repay you".

It is important to hear from you. We continue to need support. We remain committed to delivering eye care to the under-served and considered it a privilege to do so.

Darlene Della Rocca, R.N., Co-founder, Chair,
Project manager

Robert C. Della Rocca, M.D., Co-F=founder/coordinator

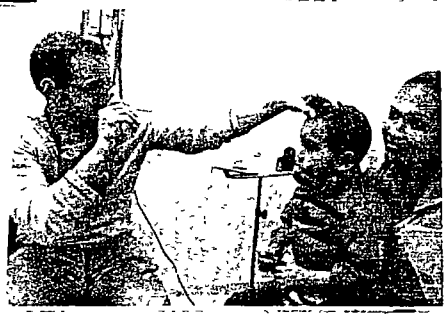
Jule Silvi, R.N., Vice Chair and project coordinator

Robert Morello, M.D., Medical advisor/ coordinator

Cycle For Sight 2010

VOLUNTEER HEALTH PROGRAM, LTD

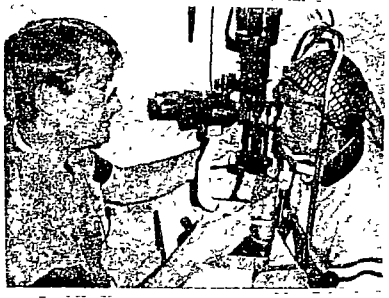
Eye care for the under served

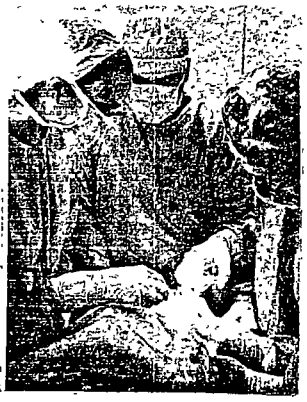


We wish to express our deep appreciation for your generosity. You have helped provide eye care to those unable to afford medical and surgical care. These are the farces of some we have served.

"Blessing to you and thank you"

Volunteer Health Program, Ltd.





O'Connor Davies Munns & Dobbins, llp
ACCOUNTANTS AND CONSULTANTS

Accountants' Review Report

Board of Trustees
Volunteer Health Program, Ltd.

We have reviewed the accompanying statement of financial position of Volunteer Health Program, Ltd. ("VHP") as of June 30, 2010 and the related statements of activities and cash flows for the year then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. All information included in these financial statements is the representation of the management of VHP.

A review consists principally of inquiries of company personnel and analytical procedures applied to financial data. It is substantially less in scope than an audit in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, we do not express such an opinion.

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with generally accepted accounting principles.

O'Connor Davies Munns & Dobbins, LLP

Harrison, New York
January 26, 2011

ATTACH COPY OF FINANCIAL Statement

500 Mamaroneck Avenue, Harrison, New York 10528 914.381.8900 tel 914.381.8910 fax www.odmd.com

Volunteer Health Program, Ltd.

Statement of Financial Position

June 30, 2010

ASSETS	
Cash	$ 4,076
Investments	15,452
	$ 19,528
NET ASSETS	
Unrestricted	$ 19,528

See accompanying notes and accountants' review report

Volunteer Health Program, Ltd.

Statement of Activities

Year Ended June 30, 2010

REVENUE	
Contributions	$ 57,100
In-kind contributions	517,774
Interest	477
Unrealized gain on investments	634
Total Revenue	575,985
EXPENSES	
Donated supplies	75,506
Donated professional services	442,268
Contributions	500
Supplies and equipment	40,869
Shipping	3,000
Professional fees	3,500
Bank charges	78
Travel	4,037
Office expense	69
Fundraising	3,609
Total Expenses	573,436
Change in Net Assets	2,549
NET ASSETS	
Beginning of year	16,979
End of year	$ 19,528

See accompanying notes and accountants' review report

Volunteer Health Program, Ltd.

Statement of Cash Flows

Year Ended June 30, 2010

CASH FLOWS FROM OPERATING ACTIVITIES	
Change in net assets	$ 2,549
Adjustments to reconcile change in net assets to net cash from operating activities	
Unrealized gain on investments	(634)
Net Cash from Operating Activities	1,915
CASH FLOWS FROM INVESTING ACTIVITIES	
Purchases of investments	(329)
Proceeds from sale of investments	1,000
Net Cash from Investing Activities	671
Change in Cash	2,586
CASH	
Beginning of year	1,490
End of year	$ 4,076

See accompanying notes and accountants' review report

Volunteer Health Program, Ltd.

Notes to Financial Statements

1. Organization

The Volunteer Health Program, Ltd. ("VHP") provides volunteer eye care in the Dominican Republic through contributions of money and donated medical supplies and equipment. Nurses provide examinations and eye wear for those who need it. VHP was formed with the primary goal of improving people's healthcare by providing visual health services.

VHP is qualified as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code and, accordingly, is not subject to federal income taxes. The Internal Revenue Code has qualified VHP as an organization that is not a private foundation as defined in Section 509(a) of the Internal Revenue Code.

2. Summary of Significant Accounting Policies

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Classes of Net Assets

Net assets are classified based on the existence or absence of donor-imposed restrictions. VHP's net assets are neither permanently nor temporarily restricted by donor-imposed restrictions and are classified as unrestricted.

Fair Value of Financial Instruments

VHP follows Financial Accounting Standards Board guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable inputs and are used to the extent that observable inputs do not exist.

Investments Valuation

Investments are carried at fair value.

2. Summary of Significant Accounting Policies *(continued)*

Investment Income Recognition

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Realized and unrealized gains and losses are included in the determination of income.

Contributions

All contributions are considered available for unrestricted use, unless specifically restricted by the donor or subject to other legal restrictions. VHP's policy is to report as unrestricted support, contributions with donor-imposed restrictions when the restrictions are met in the same year that the contributions are received.

In-kind Contributions

In-kind contributions services are recorded as income and expense at fair market compensation levels for the services rendered or goods received.

Accounting for Uncertainty in Income Taxes

VHP recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Management has determined that VHP had no uncertain tax positions that would require financial statement recognition or disclosure. VHP is no longer subject to audits by the applicable taxing jurisdictions for periods prior to June 30, 2007.

Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is January 26, 2011.

3. Investments

At June 30, 2010, investments consist of mutual funds valued using Level 1 inputs.

4. In-kind Contributions

VHP receives donations of eyeglasses, medical supplies and medications from various corporations. The total of these in-kind contributions for the year ended June 30, 2010 was $75,506. Professional services are donated to VHP for various medical surgeries, anesthetics and eye examinations. The total of these donated services for the year ended June 30, 2010 was $442,268.

5. Functional Expenses

Expenses relating to volunteer eye care services to residents of the Dominican Republic for the year ended June 30, 2010 are as follows:

Program	$ 563,180
Administrative and general	6,647
Fundraising	3,609
	$ 573,436