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Form **990**

Department 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)

2009

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

Open to Public Inspection

	A F	or the	2009 calendar year, or tax year beginning JUL 1, 2009 and endi	ng ال	<u>JN 30, 20</u>	10	
1	Вс	heck if	Please C Name of organization		D Employer idea	ntifica	tion number
	aį	plicable	use IRS WILLIAM M YARBROUGH FOUNDATION				
		Addres	ss label or lo. This management TOOO	ŀ			
	_	Name change	type		20	-03	82246
	F	Initial return		n/suite	E Telephone nur		02210
	\vdash	Termin	- Specific AGE TO TRATE DAY DD		•		41-0245
	\vdash	-Jated ∏Amend		'	G Gross receipts \$	<u>, , , , , , , , , , , , , , , , , , , </u>	1,674,065.
	-	Jreturn ∏Applic		<u> </u>			
	Ь	Jtion pendir			H(a) Is this a grou	•	
			· · · ·		for affiliates?		Yes X No
			SAME AS C ABOVE		H(b) Are all affiliate		
			empt status: X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527				st (see instructions)
			e: N/A		H(c) Group exem		
1			_	L Year o	t formation: 200	<u>3 M :</u>	State of legal domicile: IL
	Pa		Summary		00000000		
	ě		Briefly describe the organization's mission or most significant activities. TO SUPF				
	Governance		PROVIDE CARE AND EDUCATION TO CHILDREN, YOU				
	ern		Check this box 🕨 💹 if the organization discontinued its operations or disposed of	of more	than 25% of its ne	et asse	ets.
	Š	3	Number of voting members of the governing body (Part VI, line 1a)		-	3	4
	ص ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	3
	es	5	Total number of employees (Part V, line 2a)			5	20
	Activities &	6	Total number of volunteers (estimate if necessary)		_	6	0
	cti	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	-	-	7a	0.
	∢	1	Net unrelated business taxable income from Form 990-T, line 34		•	7b	0.
					Prior Year		Current Year
	A \	8	Contributions and grants (Part VIII, line 1h)		7,79	7.	4,689.
	Revenue	1	Program service revenue (Part VIII, line 2g)				
	Š	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		480,26	1.	333,880.
	ŭ	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,542,56		1,335,496.
		l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	•	2,030,62		1,674,065.
		i	Grants and similar amounts paid (Part IX, column (A), lines 1·3)		454,09	* + 	507,942.
		ĺ	Benefits paid to or for members (Part IX, column (A), line 4)	-		-	
	Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				· · · · · · · · · · · · · · · · · · ·
	ë	1	Professional fundraising fees (Part IX, column (A), line 11e)	-			
	×		Total fundraising expenses (Part IX, column (D), line-25)	-		_	
	ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) = O = 1V = O	<u> </u>	260,01		<u>395,900.</u>
			Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		714,10		903,842.
		19	Revenue less expenses. Subtract line 18 from lines 2		1,316,52	3.	770,223.
	Ses	l i	O MAY A ZON O	Beg	inning of Current Y	ear	End of Year
	sets	20	Total assets (Part X, line 16)		<u>10,411,59</u>		11,163,111.
	爨	21	Total liabilities (Part X, line 26)		21,86	4.	3,155.
	Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20 .		10,389,73	3.	11,159,956.
	Pa	ırt II	Signature Block				
2010			Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any known of the complete of t	ements, a	nd to the best of my kno	wledge	and belief, it is true, correct,
2			and complete occuration of which prepare has any kill	Owieuge			/ /
9	Sigi	n	Lang Eller			S /	12///
	Нег		Signature of officer		Date		
		_	LARRY ELISCO, TREASURER				
N			Type or print name and title				
			Preparer's Date	Che	ck if P	reparer's	s identifying number
\Box	Paid		signature	, self-	(s	seè instri	uctions)
Z	Prep	arer's	Firm's name (or CLIFTON GUNDERSON LLP	Light	oloyed		
Z		Only	yours if CEIFION GUNDERSON LEP		EIN ►		
SCANNED			address and			. / ^	00) 671 4500
\ddot{s}			ZIP+4 PEORIA, IL 61656-1835		Phone no.	<u> </u>	<u>09) 671-4500</u>
	May	the il	RS discuss this return with the preparer shown above? (see instructions)				X Yes No

WILLIAM M YARBROUGH FOUNDATION **% LAWRENCE ELISCO**

	990 (2009)	20-0382246 Page 2
Pai	rt III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: NONE	
2	Did the organization undertake any significant program services during the year which were not listed or	on.
_	the prior Form 990 or 990-EZ?	. Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program significant changes in how it conducts.	ervices? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program service	es by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the an	nount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	-
4a		2.)(Revenue \$
	TO SUPPORT ORGANIZATIONS WHICH PROVIDE CARE AND EDU	
	YOUTHS, AND YOUNG ADULTS WHO MAY BE NEGLECTED, ABUS	
	ASSIST PREGNANT WOMEN WITH ALTERNATIVES TO ABORTION	; TO EDUCATE
	COMMUNITIES TO BASIC CHRISTIAN TENETS	
	240 462	
4b	(Code) (Expenses \$ 349,462. including grants of \$) (Revenue \$
	SCIENTIFIC RESEARCH	
		F
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
		,
4d	Other program services (Describe in Schedule O)	-
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶\$ 857,404.	
ກລວກກ		Form 990 (2009)

% LAWRENCE ELISCO 20-0382246 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C. Part II X 4 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 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 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Schedule D. Part III X 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide 9 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part IV X 9 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 X 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable X 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12 Schedule D, Parts XI, XII, and XIII. 12 X 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Did the organization maintain an office, employees, or agents outside of the United States? Х 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 or entity located outside the United States? If "Yes," complete Schedule F. Part II X 15 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 X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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20

X

complete Schedule G. Part III

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

Form 990 (2009) Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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 line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	!		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		_
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
		07		v
00	Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			+
_	instructions for applicable filing thresholds, conditions, and exceptions):		7.7	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	7
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		[
<u>·</u>	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
		Form	990 (2009)

Part V

				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	1a 7			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0	1 2		
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable gaming	W		Jan .
	(gambling) winnings to prize winners?	, .	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			, ,	٠ ١
	filed for the calendar year ending with or within the year covered by this return	2a 20			İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to $\emph{e-file}$ this return (see	instructions)	·		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by this return?	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b_		<u></u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other 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 I	Bank and			
_	Financial Accounts.		_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	**	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega Tax Shelter Transaction?	raing Pronibitea			ĺ
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization collect	5c		
Va	any contributions that were not tax deductible?	ie organization solicit	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or aifts	<u> </u>		
	were not tax deductible?	ions or gints	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	• • •			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services		**	
	provided to the payor?	-	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it we	as required			
	to file Form 8282?	. ,	7c		<u>X</u>
d	if "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal			ĺ
	benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		X
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	•	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceeded.	-			
	at any time during the year?	ess business noidings	8		ĺ
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a		1
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	10a			
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				1
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		<u> </u>
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		<u> </u>	<u> </u>
			Earm	990	IPDDS

% LAWRENCE ELISCO

20-0382246

Form 990 (2009) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

sec	tion A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body	4		
ь	Enter the number of voting members that are independent Determine the number of voting members that are independent. 1b	3		
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		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
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		<u>X</u>
6	Does the organization have members or stockholders?	_6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u>X</u>
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following.			
_	The governing body?	8a		<u>X</u>
b	Each committee with authority to act on behalf of the governing body?	8b		<u>X</u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Je c	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
40-	Describe exposition have level shorters by saches as Afflict of		Yes	No_
	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
4.4	and branches to ensure their operations are consistent with those of the organization?	10b	_	77
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	-	<u>X</u>
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		. ,	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0	-11	
	in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	1		
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		X
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		1	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶IL		-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ncial	
	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 organiz	ation 🕨		
	LARRY ELISCO - 847-941-0245			
	485 E HALF DAY ROAD, SUITE 250, BUFFALO GROVE, IL 60089			

Form 990 (2009)

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

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

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's current 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.

(A) Name and Title	(B) Average			Pos			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week		lnstitutional trustee	c all 1	Key employee	Highest compensated de employee	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
COL WILLIAM M. YARBROUGH									
CHIEF EXECUTIVE OFFICER	1.00	X		X	ļ		0.	0.	0
MAJOR CHARLES SMITH							_		
DIRECTOR	1.00	X		<u> </u>			 0.	0.	. 0
DONALD TENCONI							_	_	_
DIRECTOR	1.00	Х		<u> </u>			0.	0.	0
FATHER FRANK A. PAVONE	1 00								_
DIRECTOR	1.00	X	ļ	├—			 0.	0.	0
MICHAEL J. LEGAMARO	1 00			١,,					
ASSISTANT SECRETARY	1.00	┝		X	<u> </u>		 0.	0.	0
LARRY ELISCO TREASURER	1.00			x			0.	0.	0
									-
						-			
								-	

Form 990 (2009)

	(A) Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable			F) nated	
		hours per week	Individual trustee or director	institutional trustee	all		Highest compensated de employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	s	amou oth compe from organi and re	unt of her nsation in the ization elated zations	
														_
														_
											-			_
				ļ. <u>.</u>							_			
													-	
1b 2	Total Total number of individuals (including but compensation from the organization	t not limited to th	nose	liste	ed al	bov	e) wh	o r	eceived more than \$100	0,000 in reportable	0. e		0	0
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	y em	nplo	yee,	or i	highest compensated er	nployee on		3	es No	
4	For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab	le co ," <i>co</i>	mple	ete S	Sch	edule	J	for such individual			4	х	
5 Sec	Did any person listed on line 1a receive of the organization? If "Yes," complete Schotton B. Independent Contractors	edule J for such	pers	on				_				5	х	_
1	Complete this table for your five highest the organization	compensated in	depe	ende	ent c	ont	racto	rs t	that received more than	\$100,000 of com	pensa	tion fror	n 	
DR	(A) Name and busine MICHAEL SILVER	ss address							(B) Description of s	services	Co	(C) ompensa	ation	
	PE COLLEGE, HOLLAND, 1	MI 49423				,-	.		SCIENTIFIC R	ESEARCH		158	,440	•
														_
	200													_
2	Total number of independent contractors \$100,000 in compensation from the orga		not li	mıte	d to		se lis	stec	d above) who received m	nore than				_
											F	orm 99	0 (2009	 })

1335496.

1674065.

1,669,376.

Form 990 (2009)

d All other revenue

12

932009 02-04-10

e Total. Add lines 11a-11d

Total revenue. See instructions.

Part IX | Statement of Functional Expenses

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

	Section 501(c)(3) All other organizations must compl	and 501(c)(4) organizat			(D)
		(A)	(B)	(C)	(D). (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	507,942.	507,942.	<u></u>	
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	10 027		10 027	
b	Legal	10,037.		10,037.	
C	Accounting	15,012.		15,012.	
_d	· · · · · · · · · · · · · · · · · · ·	- 1			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	328.		328.	
12	Advertising and promotion	340.		320.	
13	Office expenses Information technology				
14	Royalties				
15	Occupancy				
16 17	Travel	7,997.		7,997.	
18	Payments of travel or entertainment expenses	,,,,,,,,		1,0010	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			-	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			7	
23	Insurance			-	
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	FOR SCIENTIFIC RESEARCH	349,462.	349,462.		
a b	ADMINISTRATIVE	7,200.	347,402.	7,200.	
C	RESEARCH MATERIALS	5,044.		5,044.	
d	BANK SERVICE CHARGES	692.		692.	
e	POSTAGE	128.		128.	
f	All other expenses	120.		120.	
25	Total functional expenses. Add lines 1 through 24f	903,842.	857,404.	46,438.	0.
26	Joint costs. Check here		001,404	40,400.	<u> </u>
20	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	İ			
	educational campaign and fundraising solicitation				
					

Form 990 (2009) **% LAWRENCE ELISCO** 20-0382246 Page 11 Part X Balance Sheet (A) End of year Beginning of year Cash - non-interest-bearing 1 11,873. 2 Savings and temporary cash investments 2 26,252. 3 Pledges and grants receivable, net 3 $\overline{7.721}$ Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 10,146,231 10,872,997. Notes and loans receivable, net 7 Assets Inventories for sale or use 8 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 Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 253,493. 256,141. 15 15 10,411,597. 11.163.111. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 21,864 3,155. 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 iabilities Payables to current and former officers, directors, trustees, key employees. 22 highest compensated employees, and disqualified persons. Complete Part II 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 21,864 26 Total liabilities. Add lines 17 through 25 26 3,155. Organizations that follow SFAS 117, check here

X
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 10,389,733. 11,159,956. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30

Form 990 (2009)

11,159,956.

11,163,111.

31

32

34

10,389,733. 33

10,411,597.

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

•			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		•	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:	1		
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990 (2009

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

WILLIAM M YARBROUGH FOUNDATION

% LAWRENCE ELISCO

Employer identification number 20-0382246

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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 X 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. **b** Type II c X Type III - Functionally integrated e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f $\overline{\mathbf{x}}$ supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? X 11g(i) X (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	in col. (i) la	organization sted in your document?	organizat	ion in col.	(vi) ls organizatio (i) organizatio U.S.	on in col. ed in the	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
SALVATION			ì						
ARMY OF IL,	36-2167910	12	X	·	X		X		238,696.
PRIESTS FOR									
LIFE	94-3123315	5	X	ļ	X		X		50,000.
THE									
CHILDREN'S S	68-0156098	12	X		Х		Х		10,000.
]		
IHOP	74-2938029	12	X		X		Х		12,000.
SOUTH SIDE									
MISSION	37-0663572	12	X		Х		X		25,608.
Total			1		1		1		412,144.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

SEE PART IV FOR LINE 11 CONTINUATION

932021 02-08-10

(Complete only if you checke				,~,, ,,,,,,,,,,,,, an	~ 1, σ(n)(1)(m)(!	•••
Section A. Public Support		<u>· · · · · · · · · · · · · · · · · · · </u>				
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and		1-1-1	, , ,			(1) 10121
membership fees received. (Do not						:
include any "unusual grants.")					•	
2 Tax revenues levied for the organ-					 	-
ızatıon's benefit and either paid to		İ			i	
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						
	1					
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4 ection B. Total Support				L	<u> </u>	
alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(-I) 2009	(~) 2000	(O Total
7 Amounts from line 4	(a) 2003	(0) 2000	(6) 2007	(d) 2008	(e) 2009	(f) Total
_			 			<u> </u>
,						
dividends, payments received on			1	-		
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						
Other income Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)		<u> </u>				
1 Total support. Add lines 7 through 10		<u> </u>		L		
2 Gross receipts from related activities		•			12	
3 First five years. If the Form 990 is for		's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	. –
organization, check this box and stoection C. Computation of Pub		rcontago	 -			▶∟
			. 1 (0)			
4 Public support percentage for 2009			column (t))		14	
5 Public support percentage from 200				. :	15	-
6a 33 1/3% support test - 2009.If the	=			14 is 33 1/3% or m	nore, check this bo	x and
stop here. The organization qualifies		_		•		▶∟
b 33 1/3% support test - 2008.If the	-			line 15 is 33 1/3%	or more, check th	is box
and stop here. The organization qua	alifies as a publicly	supported organiz	zation			▶∟
7a 10% -facts-and-circumstances te	_					
and if the organization meets the "fa					rt IV how the organ	nization
meets the "facts-and-circumstances	test The organization	ation qualifies as a	publicly supporte	d organization .		▶□
b 10% -facts-and-circumstances te	st - 2008. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
more, and if the organization meets	the "facts-and-circi	umstances" test, c	heck this box and	stop here. Explaii	n in Part IV how the	e
organization meets the "facts-and-ci	rcumstances" test.	. The organization	qualifies as a publ	icly supported org	anization .	▶□
8 Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instruction	ıs_ ▶□
				Scho	edule A (Form 990	or 990-EZ) 20

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			(6) 233	107=00	(0) 2000	(i) rotar
membership fees received. (Do not						
include any "unusual grants.")						
		<u></u>	 		 	
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						ļ
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-			-			
ization's benefit and either paid to						
or expended on its behalf				Ì		
· -		 	-			
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge			-		_	
6 Total. Add lines 1 through 5			ļ		 	
7a Amounts included on lines 1, 2, and			!			
3 received from disqualified persons					<u> </u>	
b Amounts included on lines 2 and 3 received			1			
from other than disqualified persons that			ļ	1		
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			İ			
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support			<u> </u>	-	<u> </u>	
- · · · · · · · · · · · · · · · · · · ·	(a) 2005	(h) 2006	(=) 2007	(4) 2000	(-) 0000	40 T-4-1
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6		 -			 	
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties		1			İ	
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses		İ		ļ		
acquired after June 30, 1975						
c Add lines 10a and 10b						- '
11 Net income from unrelated business						
activities not included in line 10b,		İ				
whether or not the business is		1				
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)			L		<u> </u>	
14 First five years. If the Form 990 is for t	he organization'	's first, second, thi	rd, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here						▶□
Section C. Computation of Public	: Support Pe	ercentage				
15 Public support percentage for 2009 (lin	ie 8, column (f) c	divided by line 13,	column (f))		15	-
16 Public support percentage from 2008 S	Schedule A, Par	t III, line 15		•	16	
Section D. Computation of Invest						<u> </u>
17 Investment income percentage for 200					17	
	•	•	rie 10, coluitii (i))			
18 Investment income percentage from 20		•	an lua 4.4 1.1	. 45 : **	18	
19a 33 1/3% support tests - 2009. If the o						I / is not
more than 33 1/3%, check this box and		_	· · · · · · · · · · · · · · · · · · ·	•		. ▶∟
b 33 1/3% support tests - 2008. If the o	rganization did	not check a box oi	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box ands	top here. The orga	anızatıon qualıfıes a	as a publicly supp	orted organization	. ▶□
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ir	nstructions	. ▶□
line 18 is not more than 33 1/3%, chec 20 Private foundation. If the organization		-	•	nis box and see ir	•	0 or 990-

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the tion in col in your g docur	organiza- l. (i) listed overning nent?	organizat	u notify the tion in col. r support?	(vi) Is organizatio (i) organizatio U.S.	ed in the 📗	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
STHER HOUSE	37-0804158	12	х	-	х		x		24,840
INTO THE ARK	24-4477517	12	x		x		X		21,000
CLEMENT				_				-	
HUMBARD MINI		5	<u> </u>	ļ	X		Х		5,000
THOMAS MORE				!					
COLLEGE	<u>61-0448560</u>	5	X		Х		X		25,000
									<u> </u>
									
									
				 -					
	%					ļ	<u> </u>		
			ļ				 		
		_							
			<u> </u>						
			ļ						
		_							

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization WILLIAM M YARBROUGH FOUNDATION

% LAWRENCE ELISCO

Employer identification number

	* LAWRENCE ELISCO	15 1 01 0' 'I F I	20-0382246
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	96.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	ised funds
•	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	• • — —
J	for charitable purposes and not for the benefit of the donor o		•
	impermissible private benefit?	donor advisor, or for any other purpose	Yes No
Pai		approximation appropriate "Vac" to Form 000	
		·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p	· —	istorically important land area
	Protection of natural habitat	Preservation of a cei	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	_	2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06	2d
3	Number of conservation easements modified, transferred, rel		ne organization during the tax
-	year▶	,	3
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	***************************************	
•	violations, and enforcement of the conservation easements if	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	•	•
7	Amount of expenses incurred in monitoring, inspecting, and	=	
8	Does each conservation easement reported on line 2(d) above		
0		re satisfy the requirements of section 17	Yes No
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
Da	conservation easements t III Organizations Maintaining Collections o	f Art Historical Tracquires or (Other Cimiler Assets
Fa		•	Juner Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	· · · · · · · · · · · · · · · · · · ·
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and i	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	tems	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	ince sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	r research in furtherance of public service	ce, provide the following amounts relating to
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$ 0.
	(ii) Assets included in Form 990, Part X		\$ <u>0.</u> \$ <u>193,400.</u>
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	
_	the following amounts required to be reported under SFAS 1		J . F
а	Revenues included in Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part X	•	\$
b	, 100000 moladod in Form 000, Fait A	·	Ψ
	**** * - * * - * * -	· · · · · · · · · · · · · · · · · · ·	······································

Schedule D (Form 990) 2009

		NCE ELISCO					<u> 20-03</u>			ige 2
Par	t III Organizations Maintaining C	collections of A	rt, Historical	Treasures, o	r Othe	r Simila	ır Asse	ts (conti	nued)	
`3	Using the organization's acquisition, accessi	on, and other record	ls, check any of	the following that	are a sig	gnificant ι	ise of its	collection	ıtem:	5
	(check all that apply):									
а	X Public exhibition	d	I Loan or	exchange prograi	ms					
b	Scholarly research	е	Other							
С	Preservation for future generations		_	_						
4	Provide a description of the organization's co	ollections and explai	n how they furth	er the organizatio	n's exen	npt purpo	se in Parl	XIV.		
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be mi							Yes	X	No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if organizatio	n answered "Yes	" to Forn	n 990, Pai	t IV, line	9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contribu	tions or other ass	sets not i	ncluded		•		
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table.				•			
	, ,	•	Ü					Amount		
С	Beginning balance					1c				
d	Additions during the year	• •	• •	•		1d				
e	Distributions during the year		•		•	1e				
f	Ending balance	•		-	••	1f				
2a	Did the organization include an amount on F	orm 990. Part X. line	21?	•	•			Yes	-	No
	If "Yes," explain the arrangement in Part XIV								_	
Par			swered "Yes" to	Form 990, Part I	V, line 10).			-	
		(a) Current year	(b) Prior year			d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance				1,			(-)	7	
b	Contributions									
c	Net investment earnings, gains, and losses									
q	Grants or scholarships									
ء	Other expenditures for facilities	_	-							
•	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	as-			-	:			
_ a	Board designated or quasi-endowment	,,,,	%							
b	Permanent endowment	<u> </u>	_^							
c	· · · · · · · · · · · · · · · · · · ·									
3a	Are there endowment funds not in the posse	· -	ation that are he	ld and administer	red for th	e organiz	ation			
-	py.	or and organia				o.ga	u	Γ	Yes	No
	(i) unrelated organizations							3a(i)	703	110
	(ii) related organizations	•						3a(ii)		
h	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedule B?		•			3b		
4	Describe in Part XIV the intended uses of the					•		(00)		
Par	rt VI Investments - Land, Building			990. Part X. line 1	10.					
L	Description of investment	(a) Cost or o		Cost or other		cumulate	d	(d) Bool	cvalue	
	Boson priori or invocationis	basis (investi	, , ,	isis (other)		reciation	"	(u) 200.	· vuid	
12	Land			· , ,						
	Buildings									
	Leasehold improvements									
	Equipment		 							
	Other									
	I. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Parl	X, column (B). I	ne 10(c))						0.

Schedule D (Form 990) 2009

20-0382246 Page 3

		ee Form 990, Part X, line 12.		
	scription of security or category including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	uation: arket value
ınancıal derivati	ves			
losely-held equi	ity interests			
ther				
				
ntal (Col (h) mus	st equal Form 990, Part X, col (B) line 12.)			
Part VIII Inv	estments - Program Related.	See Form 990 Part X line 13		
			(c) Method of value	lation
(a) D	Description of investment type	(b) Book value	Cost or end-of-year ma	
		+		
		 		
			<u> </u>	·
		 		
				·
				· · · · · · · · · · · · · · · · · · ·
 			-	
	st equal Form 990, Part X, col (B) line 13.)			· · · · · · · · · · · · · · · · · · ·
Part IX Ot	her Assets. See Form 990, Part X, lin	e 15		
	(a) Description		(b) Book value
otal (Column (h) must equal Form 990. Part Y. col./B) lu	na 15 l		
	b) must equal Form 990, Part X, col (B) lir her Liabilities. See Form 990, Part X			
	her Liabilities. See Form 990, Part X	, line 25	Amount	
Part X Ot	her Liabilities. See Form 990, Part X (a) Description of liability	, line 25	Amount	
Part X Ot	her Liabilities. See Form 990, Part X (a) Description of liability	, line 25	Amount	
Part X Ot	her Liabilities. See Form 990, Part X (a) Description of liability	, line 25	Amount	
Part X Ot	her Liabilities. See Form 990, Part X (a) Description of liability	, line 25	Amount	
Part X Ot	her Liabilities. See Form 990, Part X (a) Description of liability	, line 25	Amount	
Part X Ot	her Liabilities. See Form 990, Part X (a) Description of liability	, line 25	Amount	
Part X Ot	her Liabilities. See Form 990, Part X (a) Description of liability	, line 25	Amount	
Part X Ot	her Liabilities. See Form 990, Part X (a) Description of liability	, line 25	Amount	
Part X Ot	her Liabilities. See Form 990, Part X (a) Description of liability	, line 25	Amount	
	her Liabilities. See Form 990, Part X (a) Description of liability	, line 25	Amount	
Part X Ot	her Liabilities. See Form 990, Part X (a) Description of liability	, line 25	Amount	

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

02-01-10

	dule D (Form 990) 2009			<u> </u>	0382246	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial S	tatement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,674	<u>,065.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		903	,842.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			,223.
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 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		770	,223.
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With Reve	nue pe	er Return		
1	Total revenue, gains, and other support per audited financial statements			. 1	1,674	,065.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,674	,065.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					_
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b			4c		0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	· · · · · · · · · · · · · · · · · · ·		5	1,674	,065.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	enses	per Retu		
1	Total expenses and losses per audited financial statements			1	903	,842.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		-			
а	Donated services and use of facilities	2a				
b	Pnor year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	903	,842.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			+		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	903	,842.
Pa	rt XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	I, lines 1a and 4; Pa	art IV, lin	es 1b and 2	b, Part V, line	4, Part
	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp			-		
<u>PA</u>	RT III, LINE 4: THE ART COLLECTION IS COMPE	RISED OF F	<u>rnia</u>	INGS A	AND	
SCI	JLPTURES THAT ARE STILL IN THE CREATION AND	O DEVELOPM	ENT	PROCES	ss. Whi	EN
TH	EY ARE COMPLETED, THEY WILL BE USED FOR PUR	BLIC EXHIE	BITIC	N TO I	FURTHER	THE
	7.7.7.7.7.7. D. 3.7.7. D. 7.7.7. A. 7.7.7. D. 7.7.7.					
RE.	LIGIOUS-BASED PURPOSES OF THE FOUNDATION.					
						*
					 -	

Employer identification number 20-0382246 Open to Public Inspection OMB No 1545-0047 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Name of the organization WILLIAM M YARBROUGH FOUNDATION

\$ LAWRENCE ELISCO

Part | General Information on Grants and Assistance Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	uoi	ı
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use	stance? ocedures for moni	toring the use of grant i	of grant funds in the United States	J States			X Yes	
art II	Governments an	d Organizations in the	United States. C	omplete if the orga	inization answered "Y	es" to Form 990, Part	IV, line 21, for any	
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$5,000. Check this	s box if no one recipien	t received more th	an \$5,000 Use Pa	rt IV and Schedule I-1	(Form 990) if addition	al space is needed	_,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	1
יד פס אאמי ווסיומיוזיוס								1
401 NE ADAMS								
PEORIA, IL 61603	36-2167910	501(C)(3)	238,696,	88,131,			MINISTRY	
МОН				_				
3535 E RED BRIDGE RD								
KANSAS CITY, MO 64137	74-2938029	501(C)(3)	12,000.	0			MINISTRY	
								1
CHILDRENS SKIN DISEASE FOUNDATION								
712 BANCROFT RD ST 511								
WALNUT CREEK, CA 94598	88-0126098	501(C)(3)	10,000,	0			RESEARCH	,
PRIESTS FOR LIFE								
187 NEUTON AVE								
PORT CHESTER, NY 10573-2403	94-3123315	501(C)(3)	50,000	0.			MINISTRY	
SOUTH SIDE MISSION								
112/ S LARAMIE				_				
PEORIA, IL 61605	37-0663572	501(c)(3)	25,608,	6,785.			MINISTRY	
מסווטה מחומם								
PO BOX 837								
PEORIA, IL 61652	37-0804158	501(C)(3)	24,840.	0.			MINISTRY	
2 Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations					A	
3 Enter total number of other organizations							•	
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions fo	or Form 990.				Schedule I (Form 990) 2009	

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Schedule I (Form 990) 2009 & LAWRENCE ELISCO

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

20-0382246

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
			-		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: GRANTS	ARE	ESTRICTED	UNRESTRICTED CONTRIBUTIONS	ONS TO	
ORGANIZATIONS SUPPORTED BY THE FOU	THE FOUNDATION.				
			-		
			-		

Schedule I (Form 990) 2009

SCHEDULE I-1 (Form 990) Department of the Treasury Internal Revenue Service		Continua Attach to Fo	Continuation Sheet for Schedule I (Form 990) Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.	edule I (Form 99C tional information art II or Part III.)) n for		OMB No. 1545-0047 2009 Open to Public Inspection
ation	YARBROUGE E ELISCO	WILLIAM M YARBROUGH FOUNDATION & LAWRENCE ELISCO	N			Employe 2	Employer identification number 20-0382246
	Assistance to Go	vernments and Orgar	uzations in the Un	ited States (Sche	dule I (Form 990), Par	ן וו:)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTO THE ARK 13215 13TH STREET GRANDVIEW, MO 64030	24-4477517	501(C)(3)	21,000,	0			MINISTRY
CLEMENT HUMBARD MINISTRIES P.O. BOX 778 HOT SPRINGS, AR 71902		501(C)(3)	5,000,	0			MINISTRY
THOMAS MORE COLLEGE 333 THOMAS MORE PARKWAY CRESTVIEW HILLS, KY 41017	61-0448560	501(C)(3)	25,000	0			EDUCATION
				-			
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice	, see the Instructions	for Form 990.				Schedule I-1 (Form 990) 2009

SCHEDULE L

(Form 990 or 990-EZ)

epartment of the Treasury

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2009
Open To Public

Department of the Treasury Internal Revenue Service or Form 990-EZ, Part V, line 38a or 40b.

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

Name of the organization WILLIAM M YARBROUGH FOUNDATION

Inspection vi

	AWRENC							2	<u> 20-03</u>	8224	6	
Part I Excess Benefit		•		•		-	• •					
Complete if the orga	nization ansv	vered "Yes	on Form	990, Part IV, I	ine 25a or	25b, or For	m 990-E	Z, Part	V, line 40	Ob.		
(a) Name of disc	qualified pers	son			(b) [Description (of transa	ction			(c) Corr	
				-		· · · · · · · · · · · · · · · · · · ·			_		Yes	No
				<u> </u>	······································							
 												
2 Enter the amount of tax imposection 49583 Enter the amount of tax, if ar			_	·		s during the 	year un	der	► \$ ► \$			
Part II Loans to and/or	r From Int	arastad	Parsons		_							
Complete if the orga					lina 26 or	Form 000 E	7 Dorti	/ line 21	20			
(a) Name of interested person and purpose	1	o or from	(c) Ongi	nal principal mount		ance due	(e)	in ult?	(f) App	proved pard or nittee?	(g) W agreer	
	То	From					Yes	No	Yes	No	Yes	No
									ļ			
			ļ				_		ļ	ļ		
			-	-	•					ļ		
												
	 			 					 	 		
 Total			1	▶ \$			 	i	 	1		L
Part III Grants or Assis	tance Ber	nefiting I	ntereste		s.						l	
Complete if the orga	nization ansv	vered "Yes	on Form	990, Part IV,	line 27.							
(a) Name of interested	person		(b) Relat	onship between	een interes ganization		and			nount an		f
				- 								
 								_				
									-			
Part IV Business Trans	actions In	volvina	Interest	ed Person								
Complete if the orga						8b. or 28c						
(a) Name of interested			Relationsh	nip between in nd the organiz	terested	(c) Amo		(d)	Descript transact		(e) Sha organiz rever	aring of ation's lues?
					1						Yes	No.
ZANFEL LABORATOR	ES	OF	FICER	OF ZAN	FEL L	1,669	,376	.RO	(ALTI	ES A		Х
		-	_				,	-				<u> </u>
							,					
	 -										 	
				<u></u>							 	
LHA For Privacy Act and Paper	work Reduc	tion Act N	otice. see	the				Schedu	le L (For	m 990 o	r 990-F	z) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

Instructions for Form 990 or 990-EZ.

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2009
Open to Public Inspection

Name of the organization

WILLIAM M YARBROUGH FOUNDATION & LAWRENCE ELISCO

Employer identification number 20-0382246

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MAY BE NEGLECTED, ABUSED, ABANDONED; TO ASSIST PREGNANT WOMEN WITH
ALTERNATIVES TO ABORTION; TO EDUCATE COMMUNITIES TO BASIC CHRISTIAN
TENETS; TO CONDUCT SCIENTIFIC RESEARCH TO DISCOVER TREATMENTS FOR SKIN
DISEASES
FORM 990, PART VI, SECTION A, LINE 8A: THERE IS NO WRITTEN DOCUMENTATION
DUE TO THE SMALL SIZE OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 8B: DUE TO THE SIZE OF THE
ORGANIZATION, THERE ARE NO COMMITTEES SET UP.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY
LAWRENCE ELISCO (TREASURER, SECRETARY), MICHAEL LAGAMARO (ASSISTANT
SECRETARY), AND THE CONTROLLER BEFORE THE RETURN IS SIGNED AND FILED.
FORM 990, PART VI, SECTION B, LINE 12C: CONFLICTS OF INTEREST ARE NOTED
BEFORE BOARD MEETINGS AND THE CONFLICTED MEMBER OF THE GOVERNING BODY
EXCUSES HIMSELF FROM ALL DISCUSSION WITH WHICH HE HAS A CONFLICT OF
INTEREST. FOR EXAMPLE, THE BOARD MINUTES REFLECT WHEN A MEMBER OF THE
GOVERNING BODY REMOVES HIMSELF FROM SUCH DISCUSSIONS.
THE CEO AND DIRECTORS OFFER THEIR
SERVICES ON A VOLUNTEER BASIS. THE FOUNDATION PAYS ZANFEL \$7,200 EACH YEAR
FOR THE SUPPORT SERVICES AND ACCOUNTING WORK THAT ARE PROVIDED TO THE
FOUNDATION. THE FOUNDATION PAYS REGULAR HOURLY RATES FOR THE ACCOUNTING LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

WILLIAM M YARBROUGH FOUNDATION & LAWRENCE ELISCO

Employer identification number 20-0382246

AND LEGAL SERVICES OFFERED BY LARRY ELISCO (TREASURER & SECRETARY) AND
MICHAEL LEGAMARO (ASST SECRETARY), RESPECTIVELY.
FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANACIAL STATEMENTS MAY BE
OBTAINED BY WRITTEN REQUEST TO THE FOUNDATION'S OFFICE.
FORM 990, PART XI, LINE 2C:
THE BOARD IS INFORMED ON IMPORTANT AUDIT MATTERS, INCLUDING THE
FINANCIAL STATEMENT RESULTS AND MANAGEMENT LETTER COMMENTS. LARRY
ELISCO, TREASURER, AND WILLIAM YARBROUGH, CEO, OVERSEE THE AUDIT.
CLIFTON GUNDERSON WAS CHOSEN AS THE AUDITOR BASED UPON THE FIRMS SIZE,
EXPERTISE, REPUTATION, AND FAMILIARITY WITH THE FOUNDATION.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: ZANFEL LABORATORIES
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
OFFICER OF ZANFEL LABORATORIES IS OFFICER OF THE WILLIAM YARBROUGH FND.
(C) AMOUNT OF TRANSACTION \$ 1669376.
(D) DESCRIPTION OF TRANSACTION: ROYALTIES AND INTEREST
(E) SHARING OF ORGANIZATION REVENUES? = NO

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection

OMB No 1545-0047

Employer identification number 20-0382246

Direct controlling

End-of-year assets Total income ▼ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) ► Attach to Form 990. WILLIAM M YARBROUGH FOUNDATION Primary activity % LAWRENCE ELISCO Name, address, and EIN of disregarded entity Name of the organization Part

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Part II

Schedule R (Form 990) 2009				ce, see the Instructions for Form 990.	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
			-		
	12	501(C)(3)	CALIFORNIA	SKIN DISEASE	CREEK, CA 94598
				CHILDREN WHO SUFFER FROM	68-0156098, 712 BANCROFT RD ST 511, WALNUT
				FOCUS ON UNIQUE PROBLEMS OF	CHILDREN'S SKIN DISEASE FOUNDATION -
	5	501(C)(3)	NEW YORK	PRO-LIFE ACTIVITIES	PORT CHESTER, NY 10573
			-		187 NEUTRON AVE
					PRIESTS FOR LIFE - 94-3123315
	12	501(C)(3)	ILLINOIS	RELIGION	PEORIA, IL 61603
			-	ADVANCEMENT OF CHRISTIAN	401 NE ADAMS
					SALVATION ARMY OF ILLINOIS - 36-2167910
entity	status (if section 501(c)(3))	section	foreign country)		of related organization
Direct controlling	Public charity	Exempt Code	Legal domicile (state or	Primary activity	Name, address, and EIN
3	(0)	(P)	(၁)	(Q)	(a)
					סיק אים יויסין אים יויסין אים יויסין אים יויסין אים יויסין אים יויסין אים יויסין אים יויסין אים יויסין אים יויסין

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

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WILLIAM M IARBROUGH FOUNDAIL % LAWRENCE ELISCO

Schedule R (Form 990) 2009

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

20-0382246

General or managing partner? Percentage ownership \$00. Yes Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 9 Code V-UBI amount in box 720 of Schedule -K-1 (Form 1065) Ö Share of end-of-year assets ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets Œ Type of entity (C corp., S corp., or trust) <u>e</u> CORP Share of total income (d)
.| Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) II <u>છ</u> 28 Direct controlling entity Primary activity ਉ TC DRUGS Legal domicile (state or foreign country) છ Primary activity 9 ZANFEL LABORATORIES, INC - 37-1379493 Name, address, and EIN of related organization 485 E HALFDAY RD SUITE 250 Name, address, and EIN of related organization BUFFALO GROVE IL 60089 (a) 932162 07-21-10 Part IV

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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	IV?	
a Receipt of (I) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		Ta X
b Gift, grant, or capital contribution to other organization(s)		1b X
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		Td X
e Loans or loan guarantees by other organization(s)		1e
f Sale of assets to other organization(s)		# X
g Purchase of assets from other organization(s)		1g X
		th X
i Lease of facilities, equipment, or other assets to other organization(s)		÷ ×
j Lease of facilities, equipment, or other assets from other organization(s)		1j
k Performance of services or membership or fundraising solicitations for other organization(s)	٠	+
I Performance of services or membership or fundraising solicitations by other organization(s)		
m Sharing of facilities, equipment, mailing lists, or other assets		
n Sharing of paid employees		The X
o Reimbursement paid to other organization for expenses		10 X
p Reimbursement paid by other organization for expenses		dt X
q Other transfer of cash or property to other organization(s)		10 X
		1r X
2 if the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ps and transaction thresholds	
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) ROYALTY INCOME	∢	1,335,496.
I	•	0.00
(2) INTEREST INCOME	A	333,842.
(3) NOTE RECEIVABLE	О	10,872,997.
(4)		
(9)		
(9)		
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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(d)	(c)	(D)	(e)	9	(a)	3
		: :)				
Name, address, and EIN	Primary activity	Legal domicile (state or foreign	section 501(c)(3)	Share of end-or-	tionate	amount in box 20	managing
, Salab		country)	Yes No			of Schedule K-1 (Form 1065)	1 -
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