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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)

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

OMB No 1545-0047 2009 Open to Public (Market)

	A	For the 2009 (calendar year, or tax year beginning $11/01/09$, and ending $06/30/10$		
		Check if applicable	Please C Name of organization	D Emple	oyer identification number
	□ '	Address change	use IRS Masbia	٠, ا	1022521
	\Box	Name change	print or Doing Business As		1923521
	\equiv	initial return	type. Number and street (or P O box if mail is not delivered to street address) Room/suite See P. O. Box 191181		none number
	\equiv			-972-4446 eiots 484,627	
	Ħ,	Termination	Specific Instruct City or town, state or country, and ZIP + 4 tions. Brooklyn NY 11219	G Gross reco	eipts\$ 404,027
		Amended return	-1		
		Application pendin	affiliat	a group return for es? Yes X No	
			H(b) Are al	l affiliates Yes No	
			P. O. Box 191181 Brooklyn NY 11219		attach a list (see instructions)
				- " ''`'	, attack a not food moradana,
		Tax-exempt sta	atus X 501(c) (3) ◀ (Insert no) 4947(a)(1) or 527 www.masbia.org	H(c) Groun	exemption number
			www.thatspla.org ion X Corporation Trust Association Other ► L Year of formation		M State of legal domicile NY
			Summary		
	<u> </u>	4 Profit	describe the organization's mission or most significant activities		
	۵	1 Briefly	operate a kitchen to serve free meals to the needy in the	commur	ity
	Š	10	operate a resource so votvo best mental		7
	E	1			
	Activities & Governance	a Obsali	this box I if the organization discontinued its operations or disposed of more than 25% of its new	et assets	
	Ö		er of voting members of the governing body (Part VI, line 1a)	3	5
	රේ ග		er of voting members of the governing body (Fart VI, line 1a) er of independent voting members of the governing body (Part VI, line 1b)	4	5
	iţi			5	8
	Ę	ł	number of employees (Part V, line 2a)	6	1000
	ĕ	6 Total n	number of volunteers (estimate if necessary)	7a	
		/a lotal g	pross unrelated business revenue from Part VIII, column (C), line 12-	7b	0
Ģį		b Net un	irelated business taxable income norm rollings remover		Current Year
SCANNED		8 Contrib		13,408	484,627
	Ĭ		am service revenue (Part VIII, line 2g)		
3	Revenue		ment income (Part VIII, column (A), lines 3, 4, and 7d)		
E.	æ	11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c; and 11e)		
•				3,408	484,627
NOF				18,540	216,810
Z		ľ	its paid to or for members (Part IX, column (A), line 4)		
B	S			7,823	177,274
Z	Expenses		sional fundraising fees (Part IX, column (A), line 11e)		
2011	æ	l .	undraising expenses (Part IX, column (D), line 25) ▶ 101,855	是这些	运动和运动。
3	û	l .		37,810	505,356
				4,173	899,440
		19 Reven		9,235	-414,813
	Assets of Balances		Beginning of C	urrent Year	End of Year
	Ssel	20 Total a	assets (Part X, line 16)	0,545	106,311
	det A	21 10tain	abilities (Part X, line 26)	2,109	262,688
	23	22 Net as	sets or fund balances Subtract line 21 from line 20 25	8,436	-156,377
	50 E.		Signature Block		
		ļ	Inder penalties of penury, I declare that I have examined this return, including accompanying schedules and statement being the true person and appropriate Personal Penalty and American Penalty and American Penalty and American Penalty and Penalt	ents, and to t	he best of my knowledge
	۰.		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of	which prepare	r has any knowledge
	Sig		account of the	5/2	23/2011
	He	re	Signature of officer	Date	
			Alexander Rapaport Director of	Progr	am Services
			Type or print name and title		
	Pal		Preparer's Date Chec	k if	Preparer's identifying number (see instructions)
		parer's	Ignature Jacob Glick 05/23/11 self-	oyed 🕨 📘	P00179392
		e Only F	Irm's name (or yours Jacob Glick, CPA PC	EIN ▶	
		_ f	self-employed), 3611 14th Ave Ste 613	Phone	
	NA-		ddress, and ZIP+4 Brooklyn, NY 11218-3750	no 🕨	718-972-0187
	Ear	the IKS disc	cuss this return with the preparer shown above? (see instructions)		X Yes No
	DAA	rivacy Act	and Paperwork Reduction Act Notice, see the separate Instructions.		Form 990 (2009)

Statement of Program Service Accomplishments Part III

1 8	Briefly	describe	the	organization's	mission
-----	---------	----------	-----	----------------	---------

To oper	ate a kitchen to	o serve free meals to	the needy in the c	ommunity
the prior Fo	anization undertake any significa rm 990 or 990-EZ? scribe these new services on So	ant program services during the year which w	vere not listed on	Yes X No
3 Did the organizers?		nake significant changes in how it conducts,	any program	Yes X No
Section 501	(c)(3) and 501(c)(4) organization	s for each of the organization's three largest ins and section 4947(a)(1) trusts are required ad revenue, if any, for each program service i	to report the amount of grants and	
		kitchen to serve free	216,810) (Revenue \$ meals)
4b (Code) (Expenses \$	including grants of\$) (Revenue \$)
4c (Code) (Expenses \$	including grants of\$) (Revenue \$)
(Expenses	am services (Describe in Scheo	•	(Revenue \$	

<u> Pa</u>	art V. Statements Regarding Other IRS Filings and Tax Compliance				,	
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U S Information Returns Enter -0- if not applicable	1a	1		}	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<u>1b</u>	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors an	id repo	ortable			
	gaming (gambling) winnings to prize winners?		1	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		8			
	Statements, filed for the calendar year ending with or within the year covered by this return				x	İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax		s /	<u>2b</u>		├
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		ļ		
2-	instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year co	vered	hv	ļ	1	
Ja	this return?	vereu	Uy	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	 -	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or of	her au	ithority	- 35		
40	over, a financial account in a foreign country (such as a bank account, securities account, or other			i		
	account)?	, IIII	TOTAL .	4a		x
h	If "Yes," enter the name of the foreign country			<u> - : - </u>		<u> </u>
~	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Fore	eian Ba	ank			
	and Financial Accounts	g = 0				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	ורי		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra		on?	5b		х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
	Prohibited Tax Shelter Transaction?	•	•	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and of	lid the				
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contri	butions	s or			
	gifts were not tax deductible?			6b		<u> </u>
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 go	ods			
	and services provided to the payor?			7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ıt was		i _		1
	required to file Form 8282?	1 I	I	7c		
	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 or	n a per	rsonal	_		}
_	benefit contract?			7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of		;;	7f		⊢
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as requi			<u>79</u>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 10	90-C a	15	7h		
8	required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	na		'''		\vdash
U	organizations. Did the supporting organization, or a donor advised fund maintained by a sponso	_			[
	organizations, but the supporting organization, or a donor advised for maintained by a sponso organization, have excess business holdings at any time during the year?	····g		8		
9	Sponsoring organizations maintaining donor advised funds.			1		_
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	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					
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 F		041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L			<u></u>
				Form	, 990	(2009)

Form 990 (2009) Masbia

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.

	Schodulo O. Soo instructions	Of Cria	nges	
500	Schedule O See instructions. Lion A. Governing Body and Management		_	
<u> 560</u>	A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body		res	NO
1a				
ь				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			₹.
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1		
	the year by the following			
а	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal		-	
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
•	form?	11	x	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	<u> </u>		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		
b	rise to conflicts?	12b	х	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	125	- 22	
С		12c	x	
40	describe in Schedule O how this is done	13	X	
13	Does the organization have a written whistleblower policy?	_	X	
14	Does the organization have a written document retention and destruction policy?	14		
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?			
	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)			
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		<u> </u>
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	ĺ		
	the organization's 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 ▶ NY			
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 for public inspection. Indicate how you make these available. Check all that apply			
	Own website X 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 financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ Masbia P. O. Box 191181			

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Form 990 (2009)

Form 990 (2009) Masbia

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

X Check this box if the organizati		pens	ate a			ent o	ffice			
(A) Name and Title	(B) Average	Posit	tion (chec	C) k all	that a	pply)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Faigy Neuman Director	2.00	x						0	0	0
Mendel Goldfinge		x						0	0	0
Mordechai Einhor		<u> </u>	<u> </u>	 	<u> </u>					<u>-</u>
Director	2.00	x						0	0	0
Nediva Schwartz										
Director	3.00	X	<u> </u>		L_	_		0	0	0
Mordechai Mandel										
Director	10.00	X		<u> </u>	<u> </u>		ļ	0	0	0
										I
		 					 			
					_	\vdash				
		-		\vdash	-	 				
		-		-	-	\vdash	_			
		-		ļ		\vdash				
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			<u> </u>			L.				
		1				T	\vdash			
		<u> </u>	 	T	 	T				

Form 990 (2009) Masbia

Part VII		r	uste	es, l			oloy	ees,		ted Employees (continue	<u>a)</u>		
(A) Name and Title		(B) Average hours per	Posit		chec				(D) Reportable compensation	(E) Reportable compensation		(F) stimated mount of	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com f org an	other ipensation of the ipensation the ipensation distribution of the ipensation of	
	·		_										
						<u> </u>							
	- -												
	·····											<u></u>	
											<u>-</u> -		·
			-										
				_									····
		·	-										
1b Total						<u>L</u> .					· · · ·		
2 Total n				_	to th	ose	liste	d ab	pove) who received more	than \$100,000 in			·
reporta	ible compensation fror	n the organizati	on 🕨	<u></u>								Ye	s No
employ	ee on line 1a? If "Yes	," complete Sch	edul	e J f	or s	uch	ındıv	ıdua				3	х
4 For an the org	anization and related	ne 1a, is the sur organizations gi	n of reate	repo er tha	ortab an \$	ie c 150,	ompe 000'	ensa ? If "	ation and other compensa 'Yes," complete Schedule	tion from J for such	Ì	4	x
5 Did an									any unrelated organization	on for		5	х
	Independent Contrac				٠			-4		10 6400 000 -6		_	
	nsation from the organ	nization	pen	sate	u inc	repe	muei	1 4	ontractors that received m		T	(0)	
	Name and	(A) I business address						-	Descrip	(B) stion of services		Compen	sation
								_					
				_								-	
	umber of independent nan \$100,000 in comp							to t	hose listed above) who re	eceived		0	
DAA											F	orm 99	(2009

Pa	art V	<u>'III Stater</u>	<u>nent of Rev</u>	enue	!					
					-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
数数	10	Federated ca	mpolane	1a						
E I	l la		_	-						
₽Ĕ	ם	Membership		1b						
₹₽	C	Fundraising e		1c						
<u> </u>	d	Related organ	nizations	1d		 				
Sir	e	Government grants	(contributions)	1e		162,616		-		
ĕξ	f	All other contribution		1						
ĕ₩		and similar amount	s not included above	1f		322,011				
뒫호	l g	Noncash contributi	ons included in lines 1	a-1f	\$					
ದ ಜ	l ň	Total. Add lin				▶	484,627			
Program Service Revenue and other similar amounts	<u> </u>					Busn. Code				
Ven	2a					Busin: Gode				
æ	² a									
೮	b									
2	C					<u> </u>				
S	d]				
ran	e									
rog	f	All other prog	ram service rev	enue						
<u>a</u>	9	Total. Add lin	es 2a-2f							
	3	Investment in	come (including	divide	ends, inte	rest, and				
		other similar a	amounts)			▶				
	4	income from	investment of ta	ıx-exei	mpt bond	proceed				
	5	Royalties			•	` ▶				
		, , , , , ,	(ı) Real		(II) F	'ersonal				
	6a	Gross Rents								
	Ι.	Less rental exps								
	b	•								
	C	Rental inc or (loss								1
	d 7a	Net rental inc Gross amount from				015-1				
		sales of assets	(i) Securitie	\$ 	(11)	Other				
		other than inventor	/							
	b	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (lo	oss)							
a	8a		om fundraising ev	ents				,		
Revenue		(not including \$	J			ĺ				
Š			reported on line 1	u)		-				
		See Part IV, line	-	a		į				
Other	h	Less direct e		ь						
ŏ				- (a ovente	.		-		
			r (loss) from fun		ig events					
	ya		om gaming activit							
	_	See Part IV, line		а						
		Less direct e	-	ρĺ						
			r (loss) from gai	- 1	ctivities	<u> </u>				
	10a	Gross sales of	of inventory, less	8						
		returns and a	llowances	а						
	b	Less cost of	goods sold	b						
	С	Net income o	r (loss) from sal	es of i	nventory	•				
			ellaneous Revenu		•	Busn. Code				
	11a									
	b									
	C									
	d	All other reve	nue			 		 ·		
		Total. Add lin				<u> </u>				· · · · · · · · · · · · · · · · · · ·
							AQA 627	0	0	0
	12	rotal Kevent	ie. See instructi	บทร		▶	484,627		<u> </u>	<u> </u>

Form 990 (2009) Masbia

Part IX **Statement of Functional Expenses**

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

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

	All other organizations must o				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			8-10-10-10-10-10-10-10-10-10-10-10-10-10-	
•	organizations in the U.S. See Part IV, line 21	216,810	216,810		•
2	Grants and other assistance to individuals in		220/020	, ,	
•	the U.S. See Part IV, line 22			, , `	
3	Grants and other assistance to governments				
3	organizations, and individuals outside the]			
	U S See Part IV, lines 15 and 16		,	j	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees			1	
6	Compensation not included above, to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		{	1	
7	Other salaries and wages	134,252	80,551	33,563	20,138
8	Pension plan contributions (include section 401(k)	154,252	00,001	33,303	20,130
0	and section 403(b) employer contributions)		ĺ		
9	Other employee benefits			·	
10	Payroll taxes	43,022	25,813	10,756	6,453
	-	45,022	25,015	10,730	0,433
11	Fees for services (non-employees)				
a	• •	1,917		1,917	
b	Legal	5,300		5,300	
C	3	3,300		3,300	
	Lobbying Professional fundamental assumes See Part IV Imp.				
e	Professional fundraising services See Part IV, line	/			
f	Investment management fees				
g		90,186	54,112		26 074
12	Advertising and promotion	70,502	15,039	18,012	<u>36,074</u> 37,451
13	Office expenses	70,302	15,039	16,012	37,431
14	Information technology				
15	Royalties	14,771	12,555	738	1,478
16	Occupancy	14,//1	12,555	136	1,4/0
17	Travel				
18	Payments of travel or entertainment expense	S			
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	568		568	
20	Interest	200			
21	Payments to affiliates	121,757	121,339	157	261
22	Depreciation, depletion, and amortization		121,339	12,848	
23	Insurance	12,848		12,040	
24	Other supposes them's supposes and				
24					
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed		-		
_	5% of total expenses shown on line 25 below Food and related expenses		142 601		
a	Delivery	142,691 41,457	142,691 41,457		
b	Repairs	1,990	41,457	1 000	
C	Maintenance		1 005	1,990	
d	PATHCHANCE	1,369	1,095	274	
e	All other expenses				
	All other expenses	45 900 440	711 460	06 100	101 055
	Total functional expenses. Add lines 1 through 2	4f 899, 44 0	711,462	86,123	101,855
20	Joint costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint cos	s			
	from a combined educational campaign and	İ	1	İ	
DAA	fundraising solicitation	<u></u>			Form 990 (2009)
					rom əəv (2009)

		(2009) Masbla	 	20-	-1923521		Page II
Par	<u>t X</u>	Balance Sheet		· 1	7		, <u></u>
		•		ļ	(A)		(B)
					Beginning of year		End of year
		Cash—non-interest bearing			-7,626	1_	
:		Savings and temporary cash investments		}	150 616	2	60 400
;		Pledges and grants receivable, net		-	172,616	3	69,400
'		Accounts receivable, net		-		4	
1		Receivables from current and former officers, director			İ		
		employees, and highest compensated employees. Co	omplete Part II of				
		Schedule L		}		5	
- 1		Receivables from other disqualified persons (as defin		•			
		4958(f)(1)) and persons described in section 4958(c)((3)(B) Complete]			
Ø		Part II of Schedule L		1		6	
: <u>ي</u> و	7	Notes and loans receivable, net				7	
Assets		Inventories for sale or use		L		8	
7 1	9	Prepaid expenses and deferred charges		ļ.		9	
1		Land, buildings, and equipment cost or	1 1				
1		other basis Complete Part VI of Schedule D	10a	269,530			
	b	Less, accumulated depreciation	10b	242,619	125,555	10c	26,911
1	1	Investments—publicly traded securities		L		11	
1		Investments—other securities See Part IV, line 11		L	10,000	12	10,000
1	3	Investments—program-related See Part IV, line 11		L		13	
1.	4	Intangible assets		L	<u>-</u> .	14	
1	5	Other assets See Part IV, line 11		ļ <u>.</u>		15	
1	6_	Total assets. Add lines 1 through 15 (must equal line	34)		300,545	16	106,311
1	7	Accounts payable and accrued expenses		L	42,109	17	120,316
- 1		Grants payable		-		18	
1	9	Deferred revenue].		19	
		Tax-exempt bond liabilities		-		20	
Liabilities 5 2		Escrow or custodial account liability Complete Part IV				21	
≝ 2	2	Payables to current and former officers, directors, trus	stees, key	ļ			
ap		employees, highest compensated employees, and dis	squalified	}			
⊑		persons Complete Part II of Schedule L		-		22	
2		Secured mortgages and notes payable to unrelated ti		į.		23	
- 1		Unsecured notes and loans payable to unrelated third	d parties	-		24	140 000
- 1		Other liabilities Complete Part X of Schedule D		}	40 100	25	142,372
2 م	6	Total liabilities. Add lines 17 through 25	<u> </u>		42,109	26	262,688
Se L		Organizations that follow SFAS 117, check here	s and	1			
		complete lines 27 through 29, and lines 33 and 34.		1	050 406		156 000
E 2		Unrestricted net assets		}	258,436	27	<u>-156,377</u>
등 2		Temporarily restricted net assets		1		28	
5 2	9	Permanently restricted net assets	اسم			29	
뜨		Organizations that do not follow SFAS 117, check	here [
ō		and complete lines 30 through 34.					
\$ 3		Capital stock or trust principal, or current funds				30	
SS 3		Paid-in or capital surplus, or land, building, or equipm		ļ.		31	
_		Retained earnings, endowment, accumulated income	, or other funds	ļ	250 426	32	156 255
j [3		Total net assets or fund balances		ļ.	258,436	33	-156,377
<u> </u>	4	Total liabilities and net assets/fund balances			300,545	34	106,311

Form **990** (2009)

Form	990 (2009) Masbia 20-192352	21	Pa	ge 12
Pai	rt XI Financial Statements and Reporting			
			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			
	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	Were the organization's financial statements audited by an independent accountant?			X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight of		
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ant? 2c	<u></u>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, expl	ain in		
	Schedule O	1	1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year v	vere	1	
	issued on a consolidated basis, separate basis, or both	•		ļ
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	h in	ł	
	the Single Audit Act and OMB Circular A-133?	3a	<u> </u>	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	the l	ļ	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits 3b		
			n 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.

OMB No 1545-0047

Open to Public

Department of the Treasury I have the First Cook of Fig. 1. On a new total final metals and the first control of the Treasury I have the First Cook of Fig. 1.									Inspection	
Name of the or		Masbia			_				oyer iden -1923	tification number
Part I	Reaso		/ Status (All organization	ns mus	st com	olete t	nis pa	rt.) Se	e instr	uctions.
The organization 1	ion is not urch, con whool descripted in second reservation 170(I deral, star organization second reservation in second reservation	a private foundation because in section 170(b)(1 a cooperative hospital sene earch organization operated for the benefit of the cooperated for the cooperated for the cooperated in the cooperated for the coope	use it is (For lines 1 through 1 sociation of churches describe (A)(A)(ii). (Attach Schedule E) vice organization described in led in conjunction with a hospit of a college or university own it II) governmental unit described in a substantial part of its support	1, checked in section section section for operation and section art II) support from a companion exception section section and section and section and section and section and section and section and section and section are section section are section sec	only one tion 170(b)(1) bed in see arted by a 170(b)(government of the properties of	box) (b)(1)(A) (c)(A)(iii). cotion 1: a gove 1)(A)(v) ental uni butions ad (2) no cotion 51: rt III) on 509(a notions o) or sec	nonental tor from the tor from	(A)(iii). al unit of the general and the gener	Enter the escribed eneral purifies, and 1/3 % of inesses ut the See secuth	e hospital's name, in blic gross its
e By c pers 509(hecking t ons other a)(1) or s	nis box, I certify that the or than foundation manager ection 509(a)(2)	rganization is not controlled dil rs and other than one or more	rectly or i	ndirectly supported	l organiz	or more	disqua describ	lified ed in sec	tion
orga	nization,	check this box	termination from the IRS that i eation accepted any gift or conf				уре III S	ирроги	ng	
•	wing per		ation accepted any gift of com-	inoution i	TOTH BITY	or the				
(i) (ii) (iii)	A person and (iii) b A family i A 35% co	who directly or indirectly or elow, the governing body member of a person descr introlled entity of a person	controls, either alone or togeth of the supported organization? ribed in (i) above? i described in (i) or (ii) above? i the supported organization(s)	,	ersons de	escribed	in (ii)			Yes No 11g(i) 11g(ii) 11g(iii)
(i) Name of su organizat	pported	(ii) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	the organ	ou notify sization in of your oort?	organızat (ı) organı	s the ion in col- zed in the 5 ?	(vII) Amount of support
			(See mondedons)/	Yes	No	Yes	No	Yes	No	

				 	ļ	_			- -	

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

Sche	edule A (Form 990 or 990-EZ) 2009 Mas					-1923521	Page 2
Pa	Support Schedule for C (Complete only if you ch					nd 170(b)(1)(A	(vi)
Sec	tion A. Public Support						
Ča	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	373,505	503,632	714,054	1,243,407	738,423	3,573,021
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	373,505	503,632	714,054	1,243,407	738,423	3,573,021
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						3,573,021
<u>Sec</u>	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	373,505	503,632	714,054	1,243,407	738,423	3,573,021
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					0	
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					······································	3,573,021
12	Gross receipts from related activities, etc	,				12	
13	First five years. If the Form 990 is for the	e organization's firs	st, second, third, f	ourth, or fifth tax	year as a section	501(c)(3)	-
_	organization, check this box and stop he						•
Sec	tion C. Computation of Public S						
14	Public support percentage for 2009 (line			ımn (f))		14	100.00%
15	Public support percentage from 2008 Sci					15	99.79%
16a	33 1/3 % support test—2009. If the orga				is 33 1/3 % or mo	ore, check this box	
	and stop here. The organization qualifies		-				► X
b	33 1/3 % support test—2008. If the orga				ie 15 is 33 1/3 %	or more, check this	, ,
	box and stop here. The organization qua		• • •				▶ [_]
17a	10%-facts-and-circumstances test—20	-					
	more, and if the organization meets the "						
	organization meets the "facts-and-circum						. ▶ 📋
b	10%-facts-and-circumstances test—20	-					6 or
	more, and if the organization meets the "				-		
40	organization meets the "facts-and-circum		_		_		
18 ——	Private foundation. If the organization d	o not check a box	on line 13, 16a, 1	od, 1/a, or 1/b, o	check this box and	a see instructions	▶ 📋

Schedule A (Form 990 or 990-EZ) 2009 Masbia

	4 III 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\	December	Castian FOO	/-\/2\		
, Pa	Support Schedule for C	organizations	Described in	Dort I)	(a)(2)		
C	(Complete only if you chartion A. Public Support	<u>ieckea the bo</u>	x on line 9 of	Part I.)	 		
	lendar year (or fiscal year beginning in)	(=) 200F	(b) 2006	(a) 2007	(4) 2008	I (a) 2000 I	(f) Total
Cai	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(1) 10(a)
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's lax-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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that]	
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				ļ		
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						**************************************
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·				,	
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
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)						
14	First five years. If the Form 990 is for th	e organization's f	irst, second, third	, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop he						>
Sec	tion C. Computation of Public						
15	Public support percentage for 2009 (line			olumn (f))		15	<u>%</u>
16	Public support percentage from 2008 Sc					16	<u>%</u>
	tion D. Computation of Investm			10 : :::			
17	Investment income percentage for 2009			e 13, column (f))		17	<u>%</u>
18	Investment income percentage from 200			- lung 4.4 1.1	46	18 1/2 % and line	%
19a	33 1/3 % support tests—2009. If the org	ganization did not	cneck the box or	n line 14, and line	no is more than 3	d organization	▶ □
	17 is not more than 33 1/3 %, check this	box and stop he	ere. The organiza	tion qualifies as a	and line 15 is me	u organization	
b	33 1/3 % support tests—2008. If the org	yanızation did not	n here. The orde	ine 14 01 line 198 nization qualifies	, and interiors mo as a publicly supp	orted organization	a 10
20	Private foundation. If the organization of	tid not check a br	priicie. The biga oxon line 14: 19a	or 19b check th	is box and see ins	structions	
	ato roundation in the organization t						

20-1923521

Schedule A (Form 990 or 990-EZ) 2009 Masbia

Part IV
Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12 Provide any other additional information. See instructions.

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 Employer identification number 20-1923521 Masbia Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. Part I (a) Donor advised funds (b) Funds and other accounts Total number at end of year 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 writing that the assets held in donor advised Yes No funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV Part II 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ Number of states where property subject to conservation easement is located 📐 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	edule D (Form 990) 2009 Masbia	· · · · ·			<u>20-192</u>		Page 2
Pa	rt III Organizations Maintaining						
3	Using the organization's acquisition, accessic collection items (check all that apply)	on, and other records,	check any of the following	lowing that	are a sign	ificant use of	its
a	Public exhibition	d Loan	or exchange progra	ams			
b	Scholarly research	e Othe	er				_
c	Preservation for future generations	1- 1					_
4	Provide a description of the organization's co	llections and explain h	now they further the	organizatio	n's exemp	t purpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	r receive donations of be maintained as pai	art, historical treasu t of the organization	res, or othe	er sımılar n?		Yes No
Pa	ert IV Escrow and Custodial Arra	ngements. Com	plete if the orga	nization	answere	ed "Yes" to	o Form 990, Part
	IV, line 9, or reported an an						
1a	Is the organization an agent, trustee, custodia				ets not		
	included on Form 990, Part X?		.,				Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the follo	owing table				
_	ii voo, explain iiio ahangemeni ii an viiv		9 12212				Amount
_	Beginning balance					1c	
						1d	
	Additions during the year					1e	
	Distributions during the year					1f	<u> </u>
	Ending balance					_ 11	
	Did the organization include an amount on Fo	orm 990, Part X, line 2	17				
	If "Yes," explain the arrangement in Part XIV	1 6	3 (1)/-	-71 A- F-		D = 4 1 \ / 1	10
Pa	rt V Endowment Funds. Compl						
		(a) Current year	(b) Prior year	(c) Two ye	ars back (d) Three years	back (e) Four years back
1a	Beginning of year balance			ļ <u>-</u>			
b	Contributions						
Ç	Net investment earnings, gains,						
	and losses	İ		l			
ď	Grants or scholarships				T		
	Other expenditures for facilities	-					
_	and programs						
f	Administrative expenses		· · · · · · · · · · · · · · · · · · ·				
	End of year balance						
_	•	and balance hold as		1			
	Provide the estimated percentage of the year						
	· , —	%					
	Permanent endowment ▶%						
	Term endowment ▶ %						
3a	Are there endowment funds not in the posses	ssion of the organizati	on that are held and	administer	ed for the		
	organization by						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(ii), are the related organizations	s listed as required on	Schedule R?				3b
	Describe in Part XIV the intended uses of the						
Pa	rt VI Investments—Land, Buildi	ngs, and Equipn	<u>nent. See Form</u>	990, Pai	<u>rt X, line</u>	10.	
	Description of investment	(a) Cost or other basis			(c) Accur	mulated	(d) Book value
		(investment)	basis (other	r)	depred	ciation	
1a	Land						
	Buildings	- ··			***,,,*		
	Leasehold improvements						
	Equipment		260	,530	2	42,619	26,911
	Other			, , , , ,		/ 5 2 3	20,311
	1. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part Y	column (B) line 10	O(c))			26 911

Schedule D (Form 990) 2009 Masbia		20-1923521	Page 3
Part VII Investments—Other Securities. See Form 9	990, Part X, line 12.		
, (a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market va	lue
Financial derivatives			
Closely-held equity interests	10,000	Market	
Other		·	
 			
		· -	
	10 000		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	10,000		
Part VIII Investments—Program Related. See Form			
(a) Description of investment type	(b) Book value	(c) Method of valuation	1
		Cost or end-of-year market va	
	 		
	 		
	1		
	1		
Total (Column /h) must aqual Form 000, Bart V, col. (R) line 12 \			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15	<u></u>		-
(a) Description	· · · · · · · · · · · · · · · · · · ·	(b) B	ook value
(a) bossipion		(2) 2	
			•
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X Other Liabilities. See Form 990, Part X, line	25.	· · · · · ·	
1 (a) Description of liability	(b) Amount		
Federal income taxes			
Loans Payable	126,000		
Bank Payable	15,164		
Payroll Payable	1,208		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	142,372		
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the o		ements that reports the	

organization's liability for uncertain tax positions under FIN 48

Sche	edule D (Form 990) 2009 Masbia	20-1923521	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Audit	ed Financial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	11	·
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
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	
10		10	
Pa	art XII Reconciliation of Revenue per Audited Financial Statements W	th Revenue per Return	
1	Total revenue, gains, and other support per audited financial statements	1	
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		
С	Recoveries of prior year grants 2c		
	Other (Describe in Part XIV)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
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		
þ	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	art XIII Reconciliation of Expenses per Audited Financial Statements V		
1	Total expenses and losses per audited financial statements	1 '	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
	Prior year adjustments 2b		
	Other losses 2c		
d	——————————————————————————————————————		
	Add lines 2a through 2d	2e 3	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	· · · · · · · · · · · · · · · · · · ·		
	Other (Describe in Part XIV)	4c	
	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	art XIV Supplemental Information		
	pplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	and 4 Part IV lines 1h	
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d a		
	part to provide any additional information	The Tall Tall Complete	
	partie provide any additional information		
			_
_			

Schedule D (F	Form 990) 2009 Masbia	20-1923521	Page 5
Part XIV	Form 990) 2009 Masbia Supplemental Information (continued)		
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

Open to Public OMB No 1545-0047 2009 Inspection

Employer identification number

20-1923521

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

Masbia

Part

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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 **≗** For Soup Kitchen For Soup Kitchen soup Kitchen For Soup Kitchen (h) Purpose of grant or assistance X Yes For (g) Description of non-cash assistance (c) IRC (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisa), applicable assistance other) 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 124,302 25,966 29,845 36,697 ო ო ო ო 26-3851559 27-0363356 27-1209610 26-3867777 (p) EIN the selection criteria used to award the grants or assistance? 11219 NY 11232 NY 11211 11374 (a) Name and address of organization NY N Masbia of Williamsburg or government 98-08 Queens Boulevard 1372 Coney Island Ave Masbia Of Boro Park Masbia of Flatbush Masbia of Queens 4114-14th Ave 65 Lee Ave **Brooklyn** Brooklyn Brooklyn Queens Part II

2 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 20-1923521 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Schedule I (Form 990) 2009 Masbia Part III

Page 2

	OSE L'ALLIV AIN SOLIEURIE I-1 (L'OIN 330) II AUGULIONAL SPACE IS NECHEUR		nonal space is ince	יבת.		
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book	(e) Method of valuation (book (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Part IV	Supplemental Information. Complete this part to provide the information required in Part I. line 2, and any other additional information	Complete this part to	o provide the inform	ation required in Pa	irt I. line 2. and any other	additional information.

process of obtaining their exemption. Due diligence is performed prior to Masbia verifies that the grantees are charitable organizations that are exmpt under section §501 (C)(3), are public charities under section 509 any grant distribution to verify the eligbility status of the recipient determinations - latest additionas and table of links" or are in the - Procedures for Monitoring the Use of Grant Funds (a), are not inluded on the IRS "recent revocations of 501(c)(3) Part I, Line 2 organization.

- Additional Information Part IV

MASBIAX 05/23/2011 12 24 PM

(e) Method of valuation (book. (f) Description of non-cash assistance FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. non-cash assistance (d) Amount of 20-1923521 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Masbia Part III

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Grants to various exempt Organizations are to support programs that are central to the mission of Masbia - to feed the hungry and needy in the community. Part IV

Pa	art IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	 -		
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	ٽ ا		
-	Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	├		-
3		5		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			v
_	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		٠,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			,,
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			l
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			i
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
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 1	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990	(2009

	art 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	21	x	
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
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			
20	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		
c	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		X
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		X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		i	
	If "Yes," complete Schedule L, Part III	27		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		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		X
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	<u> </u>	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? Note. All Form 990 filers are required to complete Schedule O	38]	X	
		Form	990	(2009)

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172 2009

Name(s) shown on return

Name(s) shown on return

Attach to your tax return.

Attachment Sequence No 67

Identifying number

	Masbia						20-	192	3521
Busin	Siness or activity to which this form relates								
_	<u>ndirect Depreciat</u>								<u></u>
Pa	art I Election To Exper								
	Note: If you have					you complet	te Part	<u> </u>	
1	Maximum amount. See the instru	•		sinesse	s			1	250,000
2	,							2	000 000
3	Threshold cost of section 179 pro	•			uctions)			3	800,000
4							4		
_5							5		
6	(a) Description	or property		(b) Cos	(Dusiness us	se only) (C)	iecieu cosi		}
						 			
7	Listed property Enter the amoun	t from line 20				7			
8	Total elected cost of section 179		ints in column (c)	lines 6	and 7	L		8	
9	Tentative deduction Enter the sn				u			9	
10							10		
11							ctions)	11	
12	, , , , , , , , , , , , , , , , , , , ,						12		
13	.								
Note	ote: Do not use Part II or Part III below for listed property. Instead, use Part V								
Pa	Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)								
14	Special depreciation allowance for	or qualified property	(other than listed	propert	y) placed in	service		l	
	during the tax year (see instructions)						14	102,725	
15								15	
Outor Copy College (Manager College)						16			
<u> P</u> a	Part III MACRS Depreciation (Do not include listed property) (See instructions.)								
	Section A								
						17	4,357		
18	8 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System								
—	Section B—As	(b) Month and year	(c) Basis for depre			T	Ciation	Syste	
	(a) Classification of property	placed in service	(business/investm only-see instruct	ent use	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
<u>19a</u>	3-year property		L						
<u>b</u>	5-year property		100	505					14 655
<u> </u>	7-year property		102	,725	7.0	HY	200	DR	14,675
<u></u> _	10-year property	i						-	
	15-year property								
<u>f</u> _	20-year property 25-year property		<u> </u>		25 vrc		S/L		
	Residential rental				25 yrs 27 5 yrs	MM	S/L		
"	property				27 5 yrs	MM	S/L		
	Nonresidential real				39 yrs	MM	S/L		
·	property				00 7.0	MM	S/L		
	Section C-Ass	ets Placed in Servi	ce During 2009 T	ax Yea	r Using the				tem
20a	Class life			_			S/L		
	12-year				12 yrs		S/L		
С_	40-year				40 yrs	MM	S/L		
<u>P</u> a	art IV Summary (See in:	structions.)							
21	Listed property Enter amount fro							21	
22	Total. Add amounts from line 12,	lines 14 through 17	7, lines 19 and 20	ın colun	nn (g), and	line 21 Enter he	re		
	and on the appropriate lines of yo					tions		22	121,757
23	For assets shown above and place		•	, enter t	he]			
	portion of the basis attributable to	section 263A cost	s			23		_	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

2009
Open to Public

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

Open to Public Inspection

Name of the organization

Masbia

Employer identification number 20-1923521

Form 990, Part I, Line 6

Volunteers assist our Organization by preping the kitchen, bussing tables, waitering service, dishwashing, cleaning, Maitre d', clerical work, fundraising, among the many activites the volunteers help our Organization. Many volunteers are part time, one time volunteering jobs. Volunteering provides us close to 15,000 hours of assistance.

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990

The return is reviewed by the directors who approve the return and sends it to the accountant to file.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The policy is reviewed at the annual meeting. The policy covers all

directors. The directors prohibit any director voting should he have a

substantial conflict of interest.

Form 990, Part VI, Line 18 - No Public Disclosure Explanation

The Organization makes its Governing Documents Disclosure Explanation

Documents, Conflict of Interest Policy available for public inspection upon request.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The Organization makes its Governing Documents Disclosure Explanation
Documents, Conflict of Interest Policy available for public inspection upon request.