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Department of the Treasury

#### **Short Form 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)

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

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

OMB No. 1545-1150

2009

Open to Public Inspection

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_	_				or tax year			July 1	, 2009	, and	ending		lune 30		<u>-</u>	
	_	-	plicable:	Please use (RS	C Name of o	•		_				D Emp	-		fication numb	er
Ļ	=		label or   Harrisburg Public School Foundation								25-1818898					
L	=	ne cha at retur	_	print or type.	Number and	street (or P.O.	box, if mail is	not delivered to	street address)	Roc	om/suite	E Telep	ohone n	nubi	æ	
1 i		minate		See	PO Box 54								71	7-76	63-6415	
וֹ וֹ	i Ame	ended	return	Specific Instruc-	City or town,	state or count	ry, and ZIP +	4				F Gro	up Exe	mpti	ion	
', È	<b>≒</b>		pending	tions.	Harrisburg	PA 17108							nber 🕨	-		
1 -	-	Sect	on 501/c)(3)	omania	rations and A	1947(a)(1) no	nevemnt c	haritable trust	e muet attac	h	G Accou	ntina M	ethod:	7	Cash 🗌 A	Accrual
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ı						7 co4/-> /	\ 4 6	> <b></b>	/->/4>		•			яюс	idle D (FOITI)	330,
-								no.) 4947			1	Z, or 99	<u>-</u>			
*	Che			_				rting organization								i. A
-								ation chooses						um.		
L								000 or more, file					<u> </u>			287,741
ł	Par	ŧ I	Revenu	ie, Exp	enses, an	d Change	s in Net /	Assets or F	und Balan	ces (	See the	instru	ctions	to	r Part I.)	
		1	Contribution	ons, gift	s, grants, a	nd similar a	imounts rea	ceived					1		2	284,982
		2	Program s	ervice r	evenue incl	uding gove	mment fee	s and contrac	cts.				2			
	-	3	Membersh	nip dues	and assess	sments .							3			
		4	Investmen	t incom	e								4			759
		5a	Gross amo	ount from	m sale of as	sets other	than invent	tory	5a	1						
		b														
	- }	c				•							5c			
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	Revenue	_	-						_	ımıg, v	pricon noice					
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		C		-				ies (Subtract	1	1	6a)		6c			(7,332)
		7a			•	returns an	d allowance	es		<b>-</b>			1			
	ĺ	b	Less: cost	_					<u>7b</u>	<u> </u>						
	ł	C	Gross prof	fit or (lo:	ss) from sale	es of invent	iory (Subtra	act line 7b fro	m line 7a)				7c			
	ŀ	8	Other reve	nue (de	scribe▶ _							)	8			
_		9	<b>Total reve</b>	nue. Ac	<u> 1d lines 1, 2</u>	, 3, 4, 5c, €	ic, 7c, and	8	· · · · · · · · · · · · · · · · · · ·	al R	eurenue (	SON	9		2	78,409
	1	0	Grants and	d simila	r amounts p	aid (attach	schedule)	8		RE	CEIVE	?	10			
	1	1	Benefits pa	aid to o	r for membe	ers							11			
	<u>د</u> ا ۾	2	Salaries, o	ther co	mpensation	, and emple	oyee benefi	its				a42	12			
	ğ   1	3	Profession	al fees	and other p	avments to	independe	ent contractor	rs	AUU	.2.5.	UK	13			890
/: x	<u>ا</u> ۾	4	Occupance	v. rent.	utilities, and	i maintenar	nce					_	14			
	ŭ   1	5								urah	Tarnioly	Grout				576
SCANNED	1	6			describe >	-				illect	Tarnioly Ion Centr	al Are	16		2	262,579
3	1	7	-	-						SBS	E-Goub!	BRUS	17			264,045
	_   ;	8						n line 9) .		<u> </u>	<u>····</u>		18			14,364
	# :	9						(from line 27				with	<del>'''  </del>			,
~	8				reported or						_		19			99,649
SEP	≲ا≾	_	•	_	-	•	-						_			33,043
70	Z I .	20		-			-	ch explanation	-				20			44.042
$\infty$	_   2							ne lines 18 thr					21			14,013
$\circ$	Par	t II	Balance	e Snee				ımn (B) are \$1	1,250,000 or	mon				<u>a</u> o		
2					•		for Part II.	-			(A) Begi	inning of	<del></del>	1	(B) End of ye	
2012	22		-								<u> </u>	9	9,649	_	1	14,013
	23		nd and build	_							<u> </u>			23		
	24	Oth	ner assets (	describ	e▶					}	<u> </u>			24		
	25		tal assets .								<u> </u>	9	9,649	25	1	14,013
	26		tal liabilitie							)	L			26		
	27	Ne	t assets or	fund b	alances (lir	ne 27 of col	umn (B) mi	ust agree with	h line 21)			9	9,649	27	1	14,013

Form **990-EZ** (2009)

rom	990-EZ (2009)					Page 4
Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part I	1.)		Expenses
Wha		ared for section				
		)(3) and 501(c)(4) izations and section				
each program title.						
		to the control of a			1.0.1	
28	Support of Harrisburg Public School District studen				1	
	which facilitate improved academic levels; and to pr	omote personal developmen	t and leadership sk	111S	1	
	of District students				l	
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	<u>. ▶ ∐</u>	28a	229,734
29						
					[ ]	
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a	
30						
•					1	
					1	
	(Grants \$ ) If this amount	includes foreign grants, ch	ook hom	. ▶ 🗆	30a	
24			CCK HEIE	<u>. , , , , , , , , , , , , , , , , , , ,</u>	000	
31	Other program services (attach schedule)				04.	
		includes foreign grants, ch			31a	
	Total program service expenses (add lines 28a				32	tions for Dort N/\
Par	t IV List of Officers, Directors, Trustees, and Ke					
	(a) Name and address	(b) Titte and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit		(e) Expense account and
	(-,	devoted to position	enter -0)	deferred compe		other allowances
Gary	Manley	Chair		ļ		
350	Poplar Church Road Camp Hill PA 17011	Chair	0		0	0
Mort	on Spector	NG 01-1-				
PO E	Box 60784 Harrisburg PA 17106	Vice Chair	0	1	0	0
	cus D. Hite					
	Market Street Harrisburg PA 17101	Treasurer	۰ ا		0	0
	n Snider					
	n Front St, Bldg 4, Ste 201 Harrisburg PA 17110	Secretary	٥		o	
	on C. Alexander	Board Member	۱ .	ļ		0
	/agner St Hummelstown PA 17036		0		0	<u> </u>
	ph A. Bedard	Board Member	_		ا۔	
	Memory Lane Mechanicsburg PA 17050		0	ļ	0	0
	etta R. Hairston Ph.D	Board Member				
912	Emerald Lane Harrisburg PA 17112	Dou'd member	0		0	0
Dian	e Hasan	Board Member	]	į		
5074	Pajabon Dr Harrisburg PA 17111	Board Welliber	0		0	0
Men	y-Grace S. Majors					
Rm :	223 Health & Welfare Bldg Harrisburg pa 17120	Board Member	0		0	0
	stopher Markley					
	Box 2361 Harrisburg PA 17105	Board Member	o		0	0
	Prescott					
	Old Ford Drive Camp Hill PA 17011	Board Member	0	İ	0	o
	K. Reddy					
	Green St Harrisburg PA 17102	Board Member	o		0	0
1900	Green St Harrisburg PA 17 102		•			
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		<b>√</b>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>✓</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		7
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:		•	
а	Initiation fees and capital contributions included on line 9			,
b	Gross receipts, included on line 9, for public use of club facilities		-	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			٠. إ
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0	٠ ٠		
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			- 1
J	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	ı,	,	. ·
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	_ 40e	u	<b>4</b>
41	List the states with which a copy of this return is filed. ▶ PA			
42a	The organization of books are in oard on a surjection of the surje	17-76	3-6415	5
	Located at ► 350 Poplar Church Road Camp Hill PA ZIP + 4 ►	170	)11	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b		<b>√</b>
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	7		
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
-10	and enter the amount of tax-exempt interest received or accrued during the tax year			
		1	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		. 63	.,,
	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	4-		1
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	LF7	₩ (2000)

	501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	47(a)(1) nonexempt cha	exempt chanta aritable trusts mu	st answer questic	ns 46	tion 3–49b			
	Did the organization engage in direct or indirect		ities on behalf of o	r in opposition to		Yes No			
	candidates for public office? If "Yes," complete				46 47	1			
	Is the organization a school as described in section		•		48	<b>✓</b>			
	Did the organization make any transfers to an ex		ted organization?		49a	<b>-</b>			
	If "Yes," was the related organization a section 5				49b				
	Complete this table for the organization's five hiemployees) who each received more than \$100,								
	employees) who each received more than \$100,	(b) Title and average	(c) Compensation			Expense			
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(6) 60	employee benefit plans & deferred compensation	aci	count and allowances			
None									
				Ì		-			
				<del> </del>					
				1					
	Total number of other employees paid over \$100	0,000			L				
	Complete this table for the organization's five I \$100,000 of compensation from the organization	n. If there is none, enter "	None."						
None	(a) Name and address of each independent contractor	paid more than \$100,000	(0) 1	pe of service	(c) Cor	npensation			
None									
					_				
				ĺ					
d	Total number of other independent contractors e	each receiving over \$100	000	L					
	Total Hamber of Gales independent conductors								
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accompa of preparer (other than officer) s	anying schedules and st s based on all informatio	atements, and to the bes	any kno	knowledge wledge.			
Sign	Polon	1. Tia		ANG 29 -	2012				
Here	Signature of officer	4 Tres		Date	W 1				
	Gary A. Manley, Treasurer (Former Board	(Chair)		Date					
	Type or print name and title	y Hall)							
Daid	Preparer's	Date	Check if	Preparer's identifying num	nber (Se	instructions)			
Paid Prenare	signature /		self- employed ▶	]					
Prepare Use Onl	Full Static (Cr		E	IN ►					
	address, and ZIP + 4	abaua) Cast		hone no.	1 🕶 -	<u> </u>			
May the	e IRS discuss this return with the preparer shown	1 above ? See instructions	<u> </u>	▶ <u>L</u>	Yes m 990	<u>l No</u> <b>)-EZ</b> (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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Harrishu Dublic Sch

Inspection Employer identification number

Har	TISD		chool Foundati						23 :		1818898	
Pa	rt I	Reasor	for Public Cl	narity Status (All or	rganizati	ons mus	st compl	ete this	part.) Se	ee instru	ctions.	
The	ora	anization is n	ot a private four	ndation because it is:	(For lines	s 1 throug	ah 11. ch	eck only	one box	.)		
1												
2	Ħ	☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
	$\ddot{\Box}$			hospital service organ		_		470 <i>(</i> L)	/4\/A\/EE\			
3	_	•	•								1)/A)@3	
4	ш		•	ation operated in con	junction '	with a ho	spital de	scribed i	n <b>sectior</b>	1 170(b)(1	I)(A)(III). Enter the	
	_	•	ame, city, and st									
5	☐ An organization operated for the benefit of a college or university owned or operated by a government								ıl unit described in			
		section 170	<b>(b)(1)(A)(iv).</b> (Co	mplete Part II.)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organizat	tion that normally	v receives a substanti	al part of	its suppo	ort from a	governn	nental uni	it or from	the general public	
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	$\Box$			d in section 170(b)(1)	-	Complete	Part II \					
9	_		-	receives: (1) more th		-		m contrib	outions m	nemhersh	in fees, and aross	
3												
			ipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33/3 % of its port from gross investment income and unrelated business taxable income (less section 511 tax) from businesses									
			_	after June 30, 1975.				•			, iioiii basiilooo	
	_		_						-			
10	$\sqcup$			nd operated exclusive								
11	Ш			and operated exclusiv								
				blicly supported organ								
		<b>509(a)(3).</b> Cl	heck the box tha	at describes the type	of suppo	rting orga	anization	and con	nplete line	es 11e thi	rough 11h.	
		a 🗌 Type	1 <b>b</b> [	Type II o	: 🗌 Тур	e III-Fun	ctionally	integrate	d	d 🗀	Type III-Other	
е		By checking	this box, I cert	tify that the organizat	tion is no	t control	led direc	tly or inc	directly b	y one or	more disqualified	
				n managers and othe								
		-	section 509(a)(2)	_				• •	•			
f				a written determinati	ion from	the IDS	that it is	a Tuna	l Type II	or Typo	III supporting	
•			, check this box		ion nom	ine ino	lial Il IS	a type	i, Type ii	, or type		
_				the organization acce		 	 	 <del></del>	· · ·		⊔	
g				the organization acce	epted any	gill or c	Onurbuud	on irom a	my or me	<del>;</del>		
		following pe			•••						Yes No	
				r indirectly controls, e				th persor	ns descri	oed in (ii)	<del></del>	
			_	ning body of the sup		ganizatio	n? .				11g(i)	
			i) A family member of a person described in (i) above?									
				of a person described							11g(m)	
<u>h</u>		Provide the	following inform	ation about the suppo	orted org	<u>anization</u>	(s).		<del>-</del>	,		
(i) I		of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		sthe	(vii) Amount of	
	org	anization	ł	(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		ion in col. zed in the	support	
			ļ	(see instructions))	gordining	doodinan:		port?		S.?		
					Yes	No	Yes	No	Yes	No		
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	(Complete only if you chec					and 1/U(D)(1	)(A)(VI)
	tion A. Public Support  lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(a) 2007	(d) 2008	(a) 2000	(f) Total
00	remai year (or incaryear beginning iii)	(a) 2005	(b) 2006	(c) 2007	(4) 2006	(e) 2009	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						<u> </u>
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	Shown on line 11, column (f)	- / 1 \_ / 2	70.16	` - ·	· · · · · · · · · · · · · · · · · · ·		
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) >	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				···		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				:		
11	Total support. Add lines 7 through 10 .						
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for	the organization	n's first, secon				
200	organization, check this box and stop he tion C. Computation of Public Su	nnort Boroor	· · · · · ·	<del></del>	<del></del>	<del></del>	
4	Public support percentage for 2009 (line			Cohuma (A)		14	%
5	Public support percentage from 2008 Sci		-	, column (i)		15	
16a	33½% support test—2009. If the organization qualifies	zation did not c	heck the box o	n line 13, and l		6 or more, ched	
b	331/3 % support test—2008. If the organization qua						check this
7a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circums"	acts-and-circun	nstances" test,	check this box a	and <mark>stop here.</mark>	Explain in Part	V how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstate organization meets the facts-and-circumstate organization did	acts-and-circum inces" test. The	stances" test, c organization qua	heck this box a lifies as a public	nd stop here. ly supported org	Explain in Part i ganization	V how the

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

God	tion A. Public Support	<del>70 010 00x 01</del>	1 0 0 1 1 0				<del></del>
				4 ) 0007	1 0 0000		1 /0 7
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	547,924	544,235	168,378	324,543	284,98	2 1,870,062
3	organization's tax-exempt purpose				<u> </u>		
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	547.004	544 225	400 279	224 542	294.00	2 4 970 962
6	Total Add lines 1 through 5	547,924	544,235	168,378	324,543	284,98	2 1,870,062
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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	,		,			1,870,062
	tion B. Total Support						
Ca	llendar year (or fiscal year beginning in) 🕨 🖠	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
9	Amounts from line 6	547,924	544,235	168,378	324,543	284,98	2 1,870,062
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,882	8,768	5,383	1,394	75	9 24,186
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	7,882	8,768	5,383	1,394	75	9 24,186
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	555,806	553,003	173,761	325,937	285,74	
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here							
Sec	tion C. Computation of Public Sup	·				<del></del>	00.7000
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	rt III, line 15	e 13, column (	f))	15 16	98.7232 % 98.7882 %
Sec	tion D. Computation of Investmen	it Income Pe	ercentage				
17 18	Investment income percentage for 2005 Investment income percentage from 20	•	* -	-	olumn (f)) .	17 18	1.2768 % 1.2118 %
	33½ % support tests—2009. If the orga				nd line 15 ie ~	ore than 32	
19a	17 is not more than 331/3 %, check this be	ox and <b>stop he</b>	re. The organiz	zation qualifies	as a publicly s	supported or	ganization 🕨 🗹
	33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	s box and <b>stop</b> l	<b>here.</b> The orgar	nization qualifies	s as a publicly :	supported or	ganization 🕨 🗌
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,	, check this bo	ox and see in	istructions 🕨 📙

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
	Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

## Harrisburg Public School Foundation EIN 25-1818898 Form 990EZ - June 30, 2010

## Part I - Line 16 - Other Expenses

Early childhood education	203,490
Johns Hopkins engineering program	15,231
Waller Library	4,603
Scholarships	2,000
Elementary school projects	4,410
Filing fees	150
Contract services	28,875
Organization memberships	760
Travel & meals	1,028
Insurance	1,003
Miscellaneous	1,029
Total	262,579

#### Part 1 - Line 6b - Direct expenses other than fundraising expenses

## MOSAIC Gala - Special events direct expenses

- banquet expenses	3,903
- book printing, consultants, other	5,429
Total	9,332

The gala was held in June 2009. Most expenses were paid in the subsequent fiscal year.