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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

OMB No 1545-0047 Open to Public Inspection

benefit trust or private foundation) Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements 2009 and ending JUN 30, A For the 2009 calendar year, or tax year beginning TITI. D Employer identification number C Name of organization Check if applicable Please use IRS label or Addres CROSBY SCHOLARS COMMUNITY PARTNERSHIP print or Name change 31-1523230 type Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Specific Termin-701 UNIVERSITY PARKWAY Instruc-

336-725-5371 Amende ,019,529. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending WINSTON-SALEM, NC 27105 H(a) Is this a group return Yes X No F Name and address of principal officer MONA LOVETT for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes No If "No," attach a list. (see instructions) I Tax-exempt status. X 501(c) (3 ) ◀ (insert no ) H(c) Group exemption number ▶ J Website: ► WWW.CROSBYSCHOLARS.ORG K Form of organization: X Corporation Other > L Year of formation: 1997 M State of legal domicile: NC Trust Part I | Summarv Briefly describe the organization's mission or most significant activities: PREPARE PUBLIC SCHOOL STUDENTS IN FORSYTH COUNTY FOR SUCCESSFUL COLLEGE ENROLLMENT Check this box 🕨 📖 if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 24 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 11 5 Total number of employees (Part V, line 2a) 333 Total number of volunteers (estimate if necessary) 6 0. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 7h Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) RE 883,497. 880,424. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2011 (cr) Other revenue (Part VIII, column (A), lines, 5, 6d, 8c, 9c, 10c, and 11e) 5,892. 9,176. 101,138 106,988. SCANNED FEB 28 990,738. 996,377. Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 234,300. Grants and similar amounts paid (Part IX, column (A) -lines 1-3) 238,845 Benefits paid to or for members (Part IX, column (A), line 4) 297,533 311,638. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 44,581. 134,309. 133,743. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 670,687. 679,681. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 320,051 316,696. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,022,473. 1,367,793. Total assets (Part X, line 16) 1,954 6,128. 21 Total liabilities (Part X, line 26) 020,519. 361,665 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here J. ROBERT SAUDERS IN Type or print name and title Preparer's identifying number (see instructions) Check if Preparer's Paid 27/11 signature employed Preparer's Firm's name (o BUTLER & BURKE, L.L.P. EIN ▶ Use Only 100 CLUB OAKS COURT, SUITE A self-employed), address, and Phone no.  $\triangleright$  (336)768-2310 WINSTON-SALEM, NC 27104

May the IRS discuss this return with the preparer shown above? (see instructions)

	990 (2009) CROSBY SCHOLARS COMMUNITY PARTNERSHIP	31-1523230	Page 2
Pai	t III Statement of Program Service Accomplishments		
1	Bnefly describe the organization's mission.		
	THE CROSBY SCHOLARS PROGRAM ASSISTS PUBLIC MIDDLE AND HI	GH SCHOOL	
	STUDENTS IN FORSYTH COUNTY BY PREPARING THEM FOR SUCCESS		₹
	ENROLLMENT.	102 0022	<del>-</del>
	MINORIAL I		<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on		<del>-</del>
2	the prior Form 990 or 990-EZ?		X No
		∟ Yes	S LALINO
_	If "Yes," describe these new services on Schedule O.		x No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∟] Yes	i LAL No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g	rants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
	SEE SCHEDULE O FOR CONTINUATION(S		
4a	(Code. ) (Expenses \$ 445,418. including grants of \$ 234,300.) (Re	venue \$	0.)
	THE CROSBY SCHOLARS PROGRAM PROVIDES LAST DOLLAR GRANT A	SSISTANCE	<u></u>
	GRADUATING SENIORS AND COLLEGE CROSBY SCHOLARS WHO SUCCE	SSFULLY	
	COMPLETE THE PROGRAM. GRANTS ARE AWARDED FOR UP TO \$120	O FOR UP TO	)
	FOUR YEARS OF COLLEGE TO STUDENTS WHO SUCCESSFULLY COMPL		
	AS HIGH SCHOOL SENIORS, ACHIEVE A 2.0 CUMULATIVE GPA/QPA		
	DEMONSTRATE FINANCIAL NEED AS DETERMINED BY RESULTS FROM		AND
	THE PROGRAM'S NEED ANALYSIS FORMULA. CROSBY SCHOLARS WH		
	LAST DOLLAR GRANT ARE THOSE STUDENTS WHO HAVE BEEN OFFER		
		HAVE RECEIV	
	AN AWARD LETTER FROM THE COLLEGE THEY PLAN TO ATTEND AND		<u> </u>
			2D T 7
	RECEIVE THE LAST DOLLAR GRANT BECAUSE THEY HAVE NOT RECE		<u></u>
4b	(Code ) (Expenses \$ including grants of \$ ) (Re	venue \$	,
		<del></del>	
		<del></del>	
4c	(Code. ) (Expenses \$ including grants of \$ ) (Re	venue \$	<u> </u>
			ŕ
		<del></del>	
		<del></del>	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses ▶\$ 445,418.		
		Form !	990 (2009)

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

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

Form 990 (2009)

19

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X

complete Schedule G, Part III

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 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

X Form 990 (2009)

X

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Form 990 (2009) CROSBY SCHOLARS COMMUNITY PARTNERSHIP 31-1523230 Page 5 Part 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 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 11 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a 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 other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . X 4a **b** If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services X provided to the payor? 7a b 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 it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g Х h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a 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: a 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: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a

# Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 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 □ Another's website ▼ Upon request 10 Presente in School to Own other (and fine, how), the availables to governing documents, conflict of interest policy, and financial.

- 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. ►

  MONA LOVETT 336-725-5371

  2701 UNIVERSITY PARKWAY, WINSTON-SALEM, NC 27105

## 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."

Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons.

Check this box if the organization did not	compensate an	y cu	Hell	t Oii	icer,	, une	3010	r, or trustee		
(A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	арр	ly)	compensation	compensation	amount of
	per week	çç				1		from the	from related organizations	other compensation
	week	l ag				E E	1	organization	(W-2/1099-MISC)	from the
		stee (	truste		به ا	Dell		(W-2/1099-MISC)	(** 27 *********************************	organization
		ual tri	jonal		ploye	E 29		,		and related
		ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Гогте			organizations
ROBERT CLARK		F	-	Ľ	-	_	<u> </u>			
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ROBERT SANDERS	1.00				-	!-				
CHAIR	1.00	x		x				0.	0.	0.
JEFF CLARK	1 200	-		-			<u> </u>			
TREASURER	1.00	$ \mathbf{x} $		x			ļ	0.	0.	0.
DEBORAH BEST										
SECRETARY	1.00	x		x	Î			0.	0.	0.
DONALD MARTIN										
DIRECTOR	1.00	X						0.	0.	0.
BARBARA DUCK										
DIRECTOR	1.00	X						0.	0.	_0.
KAY DILLON										
DIRECTOR	1.00	X						_0.	0.	0.
BARRY BOYD										
DIRECTOR	1.00	X						0.	0.	0.
MARTY EDWARDS										
DIRECTOR	1.00	X		<u> </u>			<u> </u>	0.	0.	0.
AMY EGLESTON										_
DIRECTOR	1.00	X				_	<u> </u>	0.	0.	0.
MICHAEL FLATOW				l	ļ				_	
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STEVE STRAWSBURG										
DIRECTOR	1.00	X	<u> </u>		_	ļ	-	0.	0.	0.
ANN MCELANEY-JOHNSON										
DIRECTOR	1.00	X	ļ.,	<b>↓</b> _	_	┿	╄	0.	0.	0.
KAREN MCNEIL-MILLER		1								
DIRECTOR (7/09-6/10)	1.00	X	-	-	├-	+-	╀	0.	0.	0.
MICHAEL ROGERS	1 00									١ .
VICE CHAIR	1.00	X	$\vdash$	X		╁	$\vdash$	0.	0.	0.
KIMBERLY STOGNER	1							_		
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DANNY NEWCOMB	1 00	1,,							0.	
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032007 02-04-10										rorm <b>330</b> (2009)

Part VII  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensation Employees (continued)   A	Form 990 (2009) CROSBY SO	CHOLARS	C	MC	(UI	יוו	ΓY	P.	ARTNERSHIP	31-152	323	0 F	age 8
Name and trite    Name and trite   Name   Na	Part VII Section A. Officers, Directors, Tru	stees, Key E	mplo	yee	s, a	nd F	<u> Iigh</u>	est	Compensated Employ	ees (continued)			
Check all that apply  compensation from related organizations (W2/1099 MISC)   Compensation from related organizations (W2/1099 MISC)   Compensation from the organization (W2/1099 MISC)   Compensation from the organization organizations (W2/1099 MISC)   Compensation from the organization organizations organizations   Compensation from the organizations organizations   Compensation organization   Compensation organization   Compensation organization   Compensation organization   Compensation   Compensatio		(B)			_ (0	<b>C)</b>			(D)	(E)		(F)	
Per Week	Name and title	Average	l		Pos	rtion	1		Reportable	Reportable		Estimat	ed
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STEWEL CHERRY   1.00   X   0.0.0.0.0.0.0.0   0.0	ANDREA FALDEN												
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MELODY PIERCE   DIRECTOR   1.00   X   0. 0. 0. 0. 0.   0.   0.   0.													
DIRECTOR  1.00 X  0.0.0.  RANDY EADDY DIRECTOR  1.00 X  0.0.0.  O.  JOB CROCKER DIRECTOR (6/10-PRESENT)  1.00 X  0.0.0.  O.  O.  MONA LOVETT  EXECUTIVE DIRECTOR  40.00 X  65,748.  0.12,240.  1b Total  1b Total  1compensation from the organization    1compensation from the organization    1compensation from the organization    1compensation from the organization and other compensation from the organization and related organization greater than \$150,0007 if 'Yes,' complete Schedule J for such individual and related organization greater than \$150,0007 if 'Yes,' complete Schedule J for such individual and related organization of the organization from the organization and other compensation from the organization and related organization of the services rendered to the organization of the organizatio		1.00	X				<u> </u>	L.	0.				<u>    0                                </u>
RANDY EADDY DIRECTOR 1.00 X 0.0.0.0.  JOE CROCKER DIRECTOR (6/10-PRESENT) 1.00 X 0.0.0.0.  MONA LOVETT EXECUTIVE DIRECTOR 40.00 X 65,748.0.12,240.  1b Total  1b Total 1c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization   12,240.  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 1'Yes, 'c complete Schedule J for such individual isted on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual isted on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE  (A) Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than  2 Total number of independent contractors (including but not limited to those listed above) who received more than										_			_
DIRECTOR (6/10-PRESENT) 1.00 X 0.0.0.0.0.0.  MONA LOVETT  EXECUTIVE DIRECTOR 40.00 X 65,748. 0.12,240.  1b Total 65,748. 0.12,240.  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000 ff "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE  (A)  Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who received more than  2 Total number of independent contractors (including but not limited to those listed above) who received more than		1.00	X			-		-	0.		-		<u> </u>
JOE CROCKER DIRECTOR (6/10-PRESENT) 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1 00									. 1		0
DIRECTOR (6/10-PRESENT) 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1.00	┢		<del> </del>			┝			<del>'                                    </del>		<u> </u>
MONA LOVETT  EXECUTIVE DIRECTOR  40.00 X  65,748.  0.12,240.  1b Total  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE  (A)  (B)  (C)  Compensation  1 Total number of independent contractors (including but not limited to those listed above) who received more than		1.00	x						0.	(	ادر		0.
1b Total		1.00	<u> </u>	-				_			<del>'  </del> -		<u> </u>
1b Total		40.00			x				65.748.	(	١. ا	12.2	240.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization.    Yes   No	==== COTIVE DINECTON	1000		<u> </u>			1	Г	337,1201	<b>`</b>	1		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization.    Yes   No											1		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization.    Yes   No													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization.  Yes No  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person.  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  NONE  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than			<u></u>				Ļ	<u> </u>	65 540			10	.40
compensation from the organization    Solid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person							<u>.                                    </u>				<u> </u>	12,	<u> 40.</u>
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 1sted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE  (A) (B) (C) Name and business address Description of services Compensation  1 Total number of independent contractors (including but not limited to those listed above) who received more than		iot ilmited to tr	nose	IISTE	ea a	DOV	e) wi	10 r	received more than \$100	,000 in reportable			٥
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  (B)  (C)  Name and business address  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than	compensation from the organization							_				Yes	
Inne 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE  (A)  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	3 Did the organization list any former officer.	director or tru	istee	e. ke	v en	olar	vee.	or i	highest compensated er	nplovee on		_	<u> </u>
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  NONE  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than				•	•	•				• •	3	;	X
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE  (A)  (B)  (C)  Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than				omp	ensa	atior	n and	d ot	ther compensation from	the organization			
the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE  (A)  (B)  (C)  Compensation  Name and business address  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than	and related organizations greater than \$15	0,000? If "Yes	, " cc	mpl	ete S	Sche	edul	e J	for such individual		4		X
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE  (A) (B) (C) Compensation  Name and business address  Description of services  Compensation	5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	y uni	ela	ted organization for serv	ices rendered to	Ì		1
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE  (A) (B) (C) Compensation  Compensation  Compensation  Compensation  Compensation  Compensation		lule J for such	pers	on_							5		X
the organization NONE  (A) (B) (C) Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than				_					<del></del>				
(A) Name and business address Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		mpensated in	dep	ende	ent c	onti	racto	ors	that received more than	\$100,000 of compe	ensatio	n from	
Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		<del>.</del>		_				_	(D)			<u>(0)</u>	
		address								services	Com		on
				_				_	<u> </u>	-			
								-					
		<del></del> _	_					_					
			_							-			
											_		
		=	not li	mıte	d to		_	ste	d above) who received n	nore than		_	

art	VIII	Statement of Rever			(A) Total revenue	(B) Related or	(C) Unrelated	230 Page 9  (D)  Revenue excluded from
						exempt function revenue	business revenue	tax under sections 512, 513, or 514
2	1 a	Federated campaigns	1a	45,408.				
3	b	Membership dues	1b					
	С	Fundraising events	1c	40,050.				
and other similar amounts		Related organizations	1d					
		Government grants (contribut		100,000.				
<u> </u>	f	All other contributions, gifts, gran						
6		similar amounts not included abor		698,039.				
		Noncash contributions included in lines  Total. Add lines 1a-1f	1a-1f \$		883,497.			
+		Total. Add lines 1a-11		Business Code	003,437.	-		
	2 a			Dusiness code				
	b					-		
	С							
ě	d						<u> </u>	
немение	е							
		All other program service reve	nue					
+		Total. Add lines 2a-2f	<del></del>	<u> </u>	·			
	3	Investment income (including	dividends, intere		6,005.			6,005
		other similar amounts)	v avamet band n	roceeds	6,005.	<del></del>		0,005
	4 5	Income from investment of tal Royalties	x-exempt bond p	roceeds				
	5	noyanies	(i) Real	(II) Personal				-
	6 a	Gross Rents	(l) Floai	(ii) i oroorida				
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		<b>•</b>				
	7 a	Gross amount from sales of	(i) Secunties	(ii) Other				
		assets other than inventory						
	þ	Less. cost or other basis		440				
		and sales expenses		113.				
		Gain or (loss)		<113.	<113.			<113
		Net gain or (loss) Gross income from fundraisin	a ayanta (nat	<b>—</b>	<u> </u>		<u> </u>	<u> </u>
	<b>в</b> а	including \$ 40,0	-					
		contributions reported on line						
		Part IV, line 18	а	123750.				
	b	Less. direct expenses	b		-			
<b>'</b>		Net income or (loss) from fund	draising events	<b>&gt;</b>	100,711.	,		100,711
	9 a	Gross income from gaming ad	ctivities See					
		Part IV, line 19	а					
		Less: direct expenses	b					
		Net income or (loss) from gan		<b>&gt;</b>				
1	10 a	Gross sales of inventory, less						
		and allowances	. а					
		Less. cost of goods sold	b o of inventory					
$\vdash$	<u> </u>	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
1	11 2	SALES TAX REFUN		900099	6,277.			6,277
'	iia b	SALES TAX KEPUT		70000	<u> </u>			<u> </u>
	C							
	d	All other revenue						
		Total, Add lines 11a-11d		<b>•</b>	6,277.			
	12	Total revenue. See instructions.			996,377		0.	112,880

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Part IX Statement of Functional Expenses

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

	All other organizations must comple 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				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	234,300.	234,300.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16		-		
4	Benefits paid to or for members				<del></del>
5	Compensation of current officers, directors,	06 450	01 610	42 400	01 356
_	trustees, and key employees	86,472.	21,618.	43,498.	21,356.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	186,522.	101,864.	66,427.	18,231.
7	Other salaries and wages	100,322.	101,004.	00,421.	10,231.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,900.	6,219.	3,681.	
9	Other employee benefits	10,079.	6,707.	3,110.	262.
10	Payroll taxes	18,665.	9,177.	6,709.	2,779.
11	Fees for services (non-employees).	10,003.			2,113.
··· a	Management				
b	Legal				
c	Accounting	12,187.		12,187.	<del></del>
d					
e	Professional fundraising services. See Part IV, line 17				- · · · · · · · · · · · · · · · · · · ·
f	Investment management fees				
g	F	1,953.			1,953.
12	Advertising and promotion	•			
13	Office expenses	38,283.	4,040.	34,243.	
14	Information technology	9,977.	4,140.	5,837.	
15	Royalties				
16	Occupancy	1,474.	50.	1,424.	
17	Travel	5,095.	5,095.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			<u> </u>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,517.	-	<u>7,517.</u>	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	PROGRAM ACTIVITIES	41,280.	41,280.		
b	ENTERTAINMENT	8,862.	8,862.		<u> </u>
С	MISCELLANEOUS	4,269.	1,220.	3,049.	
d		2,000.		2,000.	
е	VOLUNTEER EXPENSES	846.	846.		
f	All other expenses				<u> </u>
25	Total functional expenses. Add lines 1 through 24f	679,681.	445,418.	189,682.	44,581.
26	Joint costs. Check here   If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation				

				(A)		(B)
	_	Cook and interest because		Beginning of year		End of year
	1	Cash · non-interest-bearing	· -	414,575.	1	423,184.
	2	Savings and temporary cash investments	· }	183,594.	2	<u>256,373.</u>
	3	Pledges and grants receivable, net	·	128,000.	3	360,521.
	4	Accounts receivable, net	· }-		4	
	5	Receivables from current and former officers, directors, trustees, key				
		employees, and highest compensated employees. Complete Part II				
		of Schedule L	-		5_	
	6	Receivables from other disqualified persons (as defined under section	ĺ			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete				
		Part II of Schedule L	-		6	
ets	7	Notes and loans receivable, net	.		7	
Assets	8	Inventories for sale or use			8	4 005
•	9	Prepaid expenses and deferred charges	.		9	1,925.
	10a	Land, buildings, and equipment: cost or other				
			337.			
	b	Less: accumulated depreciation 10b 26,	403.	28,382.		25,934.
	11	Investments - publicly traded securities	<u> </u>	27,715.	11	31,282.
	12	Investments - other securities. See Part IV, line 11	Ļ	237,956.	12	265,943.
	13	Investments · program-related. See Part IV, line 11	L		13	
	14	Intangible assets	L		14	
	15	Other assets See Part IV, line 11	L	2,251.	15	<u>2,631.</u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,022,473.	16	1,367,793.
	17	Accounts payable and accrued expenses	_	1,954.	17	6,128.
	18	Grants payable	L		18	_ <del></del>
	19	Deferred revenue	L		19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employee	es,			
iab		highest compensated employees, and disqualified persons. Complete Pa	rt II			
-		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		<u></u>	24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		1,954.	26	6,128.
		Organizations that follow SFAS 117, check here 🕨 🐰 and comp	lete			
ŝ		lines 27 through 29, and lines 33 and 34.				
auc	27	Unrestricted net assets	.	421,176.	27	443,475.
3ali	28	Temporarily restricted net assets		9,823.	28	<u> 282,670.</u>
ᅙ	29	Permanently restricted net assets		589,520.	29	635,520.
בֿ		Organizations that do not follow SFAS 117, check here   an	d			
ō		complete lines 30 through 34.	j			
ets	30	Capital stock or trust principal, or current funds	. L		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	L		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	L		32	
Z	33	Total net assets or fund balances	L	1,020,519.	33	1,361,665.
-	34	Total liabilities and net assets/fund balances		1,022,473.	34	1,367,793.

Form **990** (2009)

	t 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			l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			ĺ
	consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis		ľ	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			i
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	!	l

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No 1545-0047

Open to Public Inspection

Name of the organization

CROSBY SCHOLARS COMMUNITY PARTNERSHIP

**Employer identification number** 

		CROSBY	SCHOLARS COM	MUNIT	Y PAR	TNERS	HIP_		31	1-15232	230		
Part I	Reason	for Public Chari	ty Status (All organiz	ations mus	st complet	e this part	) See inst	ructions.					
The organ	nization is not a	private foundation l	pecause it is: (For lines 1	through 1	1, check o	only one be	ox.)						
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches descr	ibed ın se	ction 170(	b)(1)(A)(i)						
2 🗀	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E.)									
з 🗔	A hospital or	a cooperative hospit	al service organization o	described i	n section	170(b)(1)(	A)(iii).						
4 🔲	A medical res	search organization of	perated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(iii	). Enter t	he hospital's	s name,		
	city, and stat	e											
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unit	describe	ed in			
	section 170	(b)(1)(A)(iv). (Comple	ete Part II )										
6 🔲	A federal, sta	te, or local governme	ent or governmental unit	described	ın sectio	n 170(b)(1	)(A)(v).						
7 X	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unıt o	r from the	general p	public descri	ibed in		
	section 170(	b)(1)(A)(vi). (Comple	te Part II.)										
8 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi). (	Complete	Part II)								
9 🔲	An organizati	on that normally rec	eives: (1) more than 33 1	/3% of its	support fr	om contrib	outions, m	nembership	o fees, ar	nd gross reco	eipts from		
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment												
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.												
	See section	<b>509(a)(2).</b> (Complete	Part III)										
10 🖳	An organizati	on organized and op	perated exclusively to tes	st for publi	c safety S	ee sectio	n <b>50</b> 9(a)(4	<b>I).</b>					
11 📖	An organizati	on organized and op	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	ictions of,	or to carry	out the	purposes of	one or		
	more publicly	supported organiza	itions described in section	on 509(a)(1	i) or sectio	n 509(a)(2	). See <b>sec</b>	ction 509(a	a)(3). Che	eck the box t	that		
	describes the	type of supporting	organization and comple							<del>-</del>			
	a LLL Type I		• •	:Тур		-	-		d	Type III · O			
e 📖	By checking	this box, I certify tha	t the organization is not	controlled	directly or	r ındırectly	by one or	r more disc	qualified (	persons othe	er than		
	foundation m	anagers and other t	han one or more publicly	supporte	d organıza	tions desc	ribed in s	ection 509	(a)(1) or	section 509(	a)(2)		
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	t it is a Ty	pe I, Type	II, or Type	e III					
		rganization, check th											
g			rganization accepted ar							г			
	(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons d	escribed i	ın (ıı) and (ı	ıi) below,	·	Yes No		
	_	- •	upported organization?							11g(i)			
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)			
	• •	-	person described in (i) o							11g(iii)			
h	Provide the f	ollowing information	about the supported org	ganızatıon(	(s)								
		, <del></del> .											
	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you		(vi) ls organizatio	the In in col.	(vii) Am	ount of		
org	anization		/decembed on lines 1.0	governing (	sted in your			(i) organizo U.S.	ed in the	supp	ort		
			above or IRC section	<u> </u>									
			(see instructions))	Yes	No	Yes	No	Yes	No				
				<del>  -</del>	<del> </del>			-					
				<del>  -</del>	<del> </del>			<del>                                     </del>					
							_						
	<del>-</del>					_							
				-							_		
		1	ı	1		1		1	1 1				

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

Schedule A (Form 990 or 990-EZ) 2009

	edule A (Form 990 or 990-EZ) 2009 C	ROSBY SCH	OLARS COM	MUNITY PA	RTNERSHIP	31-1523	3230 Page 2
Pa	rt II Support Schedule for			Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(v	1)
	(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I)				
	ction A. Public Support			· -			<del></del> -
	endar 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				000 404	000 405	
	ınclude any "unusual grants.")	639,073.	569,300.	664,440.	880,424.	883,497.	3,636,734,
2	Tax revenues levied for the organ-		:				
	ization's benefit and either paid to						
_	or expended on its behalf  The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	639,073.	569,300.	664,440.	880,424.	883,497.	3,636,734,
	The portion of total contributions	033,073.	303,300.	001/1101	000/1210	000,10,0	3,030,734,
Ü	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)						736,702.
	Public support. Subtract line 5 from line 4						2,900,032,
	ction B. Total Support				<del></del>	1	
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	639,073.	569,300.	664,440.	880,424.	883,497.	3,636,734.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	2 517	2 075	F 701	0 176	6 005	26 564
_	and income from similar sources	2,517.	3, <u>075</u> .	5,791 <u>.</u>	9,176.	6,005.	26,564.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	,					3,663,298,
	Gross receipts from related activities,	etc. (see instructi	ons)	.1		12	
	First five years. If the Form 990 is for			rd, fourth, or fifth ta	ax year as a sectio		
	organization, check this box and stop	o here		<u> </u>	<u> </u>		▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (	line 6, column (f) d	vided by line 11, o	column (f))		14	<u>79.16 % </u>
15	Public support percentage from 2008	3 Schedule A, Part	II, line 14			15	72.87 %
16a	33 1/3% support test - 2009. If the o	organization did no	t check the box o	n line 13, and line <sup>1</sup>	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies						<b>▶</b> [X]
b	33 1/3% support test - 2008.If the o				line 15 is 33 1/3%	or more, check the	ıs box
	and stop here. The organization qua						▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the organ	nization
	meets the "facts-and-circumstances"					•	. ▶∟
b	10% -facts-and-circumstances tes						
	more, and if the organization meets t						· 
	organization meets the "facts-and-circ		=				◟ ▮∺
<u> 18</u>	Private foundation. If the organization	on ala not check a	box on line 13, 16	oa, 100, 1/a, 0r 1/		· -	
					Sch	edule A (Form 990	or 990-EZ) 200

Pa	edule A (Form 990 or 990-EZ) 2009 rt III   Support Schedule for O	rganizations	Described in	Section 509(a)	(Complete only	if you checked the	hox on line 9 of Part I.)
	tion A. Public Support				V V (Complete only	n you oncomed the	ox on mo o over are n
Cale	endar 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.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				· · ·	_	
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-	-					
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities					-	
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						-
	Amounts included on lines 1, 2, and						<del>-</del>
, 6	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 Add lines 7a and 7b						
	1						
	Public support (Subtract line 7c from line 6)   ction B. Total Support		l		<u> </u>	l	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	(u) zooo	(5) 2000	(0)	\2/	(6) = 55	(7
-	Gross income from interest,						_
	dividends, payments received on			[			
	securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income			-			
-	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
	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						
12	assets (Explain in Part IV)		<u> </u>	<del>                                     </del>	<del>                                     </del>		
	Total support (Add lines 9, 10c, 11, and 12)	the eventuation?	s first second thi	rd fourth or fifth t	av voor op a soote	n 501(a)(3) oraș	nization
14	First five years. If the Form 990 is for check this box and stop here	the organization	s ilist, second, trii	ra, rourtii, or illitii t	ax year as a section	511 50 1(c)(5) 61ga	inzation,
Sei	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2009 (I			column (fi)		15	%
	Public support percentage from 2008					16	%
	ction D. Computation of Inves					1.0	
	Investment income percentage for 20					17	%
	Investment income percentage from 2			(1)	• •	18	%
	a 33 1/3% support tests - 2009. If the			on line 14, and lin-	e 15 is more than		
.50	more than 33 1/3%, check this box a						▶□
ŀ	33 1/3% support tests - 2008. If the	-					6, and
١	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
<u> 20</u>	i iivate iouiidation, n me organizatio	dig not oncon a	207 011 1110 17, 16	<u>, , , , , , , , , , , , , , , , , , , </u>			990 or 990-EZ) 2009

#### 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.

OMB No 1545-0047

Name of the organization

Employer identification number

	CROSBY SCHOLARS CO	<u>MMUNITY</u>	PARTNERSHIP	<u> </u>	<u>31-1523230</u>
Par	t I Organizations Maintaining Donor Advise	ed Funds o	r Other Similar Fur	nds or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line				
		(a) Do	onor advised funds	(I	b) Funds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that th	ne assets held in donor a	dvised fund	ds
	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in wr	ting that grant funds can	be used o	only
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?				Yes No
Pai	t II Conservation Easements. Complete if the org	ganization an	swered "Yes" to Form 99	0, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization				-
	Preservation of land for public use (e.g., recreation or p	- ·		n historicall	ly important land area
	Protection of natural habitat	·	Preservation of a	certified his	stonc structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conserva	tion contribution in the fo	orm of a co	onservation easement on the last
_	day of the tax year.				
	, , , ,				Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements		•		2b
c	Number of conservation easements on a certified historic str	ructure includ	ed in (a)	ĺ	2c
d	Number of conservation easements included in (c) acquired				2d
3	Number of conservation easements modified, transferred, re			v the organ	
Ū	year >	nouoou, oxun,	Julion, 60, 10, 10, 11, 11, 11, 11, 11, 11, 11, 1	,	
4	Number of states where property subject to conservation ea	isement is loc	ated ►		
5	Does the organization have a written policy regarding the pe			 i of	
Ŭ	violations, and enforcement of the conservation easements i		<b>g</b> , <b>op oo</b> ,g	,	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		a conservation easemen	ts durina ti	
7	Amount of expenses incurred in monitoring, inspecting, and				
8	Does each conservation easement reported on line 2(d) above				
Ü	and section 170(h)(4)(B)(ii)?	vo odnoty ino	roquiromanto el cocuen	5(.)(.)(-)	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easemen	Is in its revenue and expe	ense stater	
9	include, if applicable, the text of the footnote to the organiza				
	conservation easements	tion o manon	ar otatomorno mai accom		gag
Pai	rt III Organizations Maintaining Collections o	of Art. Hist	orical Treasures, o	r Other	Similar Assets.
	Complete if the organization answered "Yes" to Form				
	·				
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in	its revenue statement ar	nd balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	•			
	the footnote to its financial statements that describes these			•	
ь	If the organization elected, as permitted under SFAS 116, to		revenue statement and b	alance she	eet works of art, historical treasures,
-	or other similar assets held for public exhibition, education, of				
	these items	<del></del>	,	, [	
	(i) Revenues included in Form 990, Part VIII, line 1				<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		•	•	<b>S</b>
2	If the organization received or held works of art, historical tre	easures or of	 her sımilar assets for fina	incial dain	
_	the following amounts required to be reported under SFAS 1				•
а	Revenues included in Form 990, Part VIII, line 1				<b>&gt;</b> \$
	Assets included in Form 990, Part X		• ••		<b>\$</b>
J	, woods moladed in Ferrit doo, Fall A			•	· ·

		SCHOLARS CO						Page 2
Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or (	Other S	imilar Asse	ts (continue	<u>d)</u>
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that ar	re a signifi	icant use of its	collection iter	ms
	(check all that apply)							
а	Public exhibition	d	Loan or excl	hange programs	3			
b	Scholarly research	е	Other	. <u></u>				
C	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's	s exempt	purpose in Par	t XIV.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other s	sımılar ass	ets		
	to be sold to raise funds rather than to be ma	aintained as part of the	ne organization's co	ollection?			Yes	No_
Paı	t IV Escrow and Custodial Arran	<b>gements.</b> Comple	te if organization ar	nswered "Yes" t	o Form 99	0, Part IV, line	9, or	
	reported an amount on Form 990, Par	t X, line 21						
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	s or other asset	s not incl	uded	_	_
	on Form 990, Part X?		••			🗀	Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing table		_			
					L		Amount	
C	Beginning balance				Ļ	1c		
d	Additions during the year					1d	. <u></u> _	
е	Distributions during the year .				L	1e		
f	Ending balance				L	1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Yes	☐ No
	If "Yes," explain the arrangement in Part XIV.							
Pai	t V Endowment Funds. Complete it	f the organization and	swered "Yes" to Fo	rm 990, Part IV,	line 10.			
		(a) Current year	(b) Pnor year	(c) Two years b	ack (d)	hree years back	(e) Four year	rs back
1a	Beginning of year balance	536,799.	<u>202,095.</u>					
þ	Contributions	<u>4</u> 6,000.	389,520.					
c	Net investment earnings, gains, and losses	24,789.	<45,3 <u>4</u> 1.	<u> </u>			<u> </u>	
d	Grants or scholarships							
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses .	11,038.	9 <u>,47</u> 5.			<u>-</u>		
9	End of year balance	596,550.	536 <u>,79</u> 9.				<u> </u>	
2	Provide the estimated percentage of the year	r end balance held a	s					
a	Board designated or quasi-endowment	.00	_%					
b	Permanent endowment ► 99.60	%						
¢	Term endowment ▶	%						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered	d for the o	rganization		
	by						Yes	No_
	(i) unrelated organizations						3a(i) X	
	(ii) related organizations					•	3a(ii)	X_
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b	<u> </u>
4	Describe in Part XIV the intended uses of the							
Pai	t VI Investments - Land, Building	s, and Equipme	ent. See Form 990	, Part X, line 10				
	Description of investment	(a) Cost or of	ther (b) Cost	or other	(c) Accur	nulated	(d) Book va	lue
		basis (investri	nent) basis	(other)	deprec	ation		
1a	Land							
b	Buildings							
c	Leasehold improvements							
d	Equipment		5	2,337.	2	6,403.	25,	93 <u>4.</u>
e	Other							
Total	Add lines 1a through 1e (Column (d) must a	qual Form 900 Part	Y column (R) line 1	10(c) )			25	934

Part VIII   Investments - Other Securities. See Form 990, Part X, Inc 12. (c) Method of valuation: (e) Method of valuat	Schedule D (Form 990) 2009 CROSBY SCHO	LARS COMMUNITY	PARTNERSH	IP 31	-1523230	Page 3	
Cost or end-of-year market value  CROSBY SCHOLARS ENDOWMENT  PUND  Z65,943. END-OF-YEAR MARKET VALUE  Tetal (Cot (b) must equal form 990, Part X, cot (8) line 12.) ▶ 265,943.  [All (Cot (b) must equal form 990, Part X, cot (8) line 12.) ▶ 265,943.  [All (cot (b) must equal form 990, Part X, cot (8) line 13.] ▶ Cost or end-of-year market value  Cost or end-of-year market value  Cost or end-of-year MARKET VALUE  Total, (Cot (b) must equal form 990, Part X, cot (6) line 15.) ▶ Part X   Other Liabilities. See Form 990, Part X, ten 25.  [All (cot (b) must equal form 990, Part X, cot (6) line 15.) ▶ Part X   Other Liabilities. See Form 990, Part X, ten 25.  [All (cot (b) must equal form 990, Part X, cot (6) line 15.) ▶ Part X   Other Liabilities. See Form 990, Part X, ten 25.  [All (cot (b) must equal form 990, Part X, cot (6) line 15.) ▶ Part X   Other Liabilities. See Form 990, Part X, ten 25.  [All (cot (b) must equal form 990, Part X, cot (6) line 25.) ▶ Part X   Other Liabilities. See Form 990, Part X, ten 25.  [All (cot (b) must equal form 990, Part X, cot (6) line 25.) ▶ Part X   Other Liabilities. See Form 990, Part X, ten 25.	Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12.					
Francial demutures Closely-field equity interests Closely-fiel	(a) Description of security or category	(h) Dook value		c) Method of valua	tion:		
Closely SCHOLARS ENDOWMENT  Total (Col (b) must equal Form 990, Part X, col (B) line 12.)   Total, (Col (b) must equal Form 990, Part X, col (B) line 13.)   Total, (Col (b) must equal Form 990, Part X, col (B) line 13.)   Total, (Col (b) must equal Form 990, Part X, col (B) line 15.)   Part IX   Other Assets. See Form 990, Part X, tot (B) line 15.)   Total, (Col (b) must equal Form 990, Part X, col (B) line 15.)   Total, (Col (b) must equal Form 990, Part X, col (B) line 15.)   Total, (Col (b) must equal Form 990, Part X, col (B) line 15.)   Total, (Col (b) must equal Form 990, Part X, col (B) line 15.)   Total, (Col (b) must equal Form 990, Part X, col (B) line 15.)   Total, (Col (b) must equal Form 990, Part X, col (B) line 25.)   Total, (Col (b) must equal Form 990, Part X, col (B) line 25.)   Total, (Col (b) must equal Form 990, Part X, col (B) line 25.)   Total, (Col (b) must equal Form 990, Part X, col (B) line 25.)   Total, (Col (b) must equal Form 990, Part X, col (B) line 25.)   Total, (Col (b) must equal Form 990, Part X, col (B) line 25.)   Total, (Col (b) must equal Form 990, Part X, col (B) line 25.)   Total, (Col (b) must equal Form 990, Part X, col (B) line 25.)		(b) Book value					
Closely SCHOLARS ENDOWMENT  Total (Col (b) must equal Form 990, Part X, col (B) line 13.)  Total, (Col (b) must equal Form 990, Part X, col (B) line 13.)  Total, (Col (b) must equal Form 990, Part X, col (B) line 13.)  Total, (Col (b) must equal Form 990, Part X, col (B) line 15.)  Part IX   Other Assets. See Form 990, Part X, col (B) line 15.)  Total, (Col (b) must equal Form 990, Part X, col (B) line 15.)  Total, (Col (b) must equal Form 990, Part X, col (B) line 15.)  Total, (Col (b) must equal Form 990, Part X, col (B) line 15.)  Total, (Col (b) must equal Form 990, Part X, col (B) line 15.)  Total, (Col (b) must equal Form 990, Part X, col (B) line 15.)  Total, (Col (b) must equal Form 990, Part X, col (B) line 15.)  Total, (Col (b) must equal Form 990, Part X, col (B) line 25.)  Total, (Col (b) must equal Form 990, Part X, col (B) line 25.)	Financial derivatives						
CROSBY SCHOLARS ENDOWMENT  FUND  265,943. END-OF-YEAR MARKET VALUE  Total (Colt (b) must equal form 990, Part X, col (6) line 12.) > 265,943.  [Part VIII] Investments - Program Related. See Form 990, Part X, line 13.  (a) Description of investment type  (b) Book value  Cost or end-of-year market value  Total, (Colt (b) must equal form 999, Part X, col (6) line 13.) >  [Part IX] Other Assets. See Form 990, Part X, line 15.  (a) Description  (b) Book value  Total, (Column (b) must equal form 990, Part X, col (f) line 25.) >  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description of liabilities. See Form 990, Part X, line 25.  [In (a) Description o	Closely-hold equity interests						
CROSBY SCHOLARS ENDOWMENT FUND  265,943. END-OF-YEAR MARKET VALUE  Total Colib must equal form 990, Part X, col (8) line 12.1 > 265,943.  Part VIII   Investments - Program Related. See Form 990, Part X, the 13.  (a) Description of investment type (b) Book value  Cost of end-of-year market value  Total. (Colib) must equal Form 990, Part X, col (8) line 13.1 > Part XII   Other Assets. See Form 990, Part X, Line 15.  (a) Description (b) Book value  (c) Amount Federal income taxes			<u>-</u> .				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)  Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)  Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)		<del> </del>				_	
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Part VIII   Investments - Program Related. See Form 990, Part X, line 13.   (c) Method of valuation Cost or end of year market value	FUND	205,343.	FND-OL-IF	AK MAKKEI			
Part VIII   Investments - Program Related. See Form 990, Part X, line 13.   (c) Method of valuation Cost or end of year market value				<del></del>			
Part VIII   Investments - Program Related. See Form 990, Part X, line 13.   (c) Method of valuation Cost or end of year market value							
Part VIII   Investments - Program Related. See Form 990, Part X, line 13.   (c) Method of valuation Cost or end of year market value							
Part VIII   Investments - Program Related. See Form 990, Part X, line 13.   (c) Method of valuation Cost or end of year market value			•				
Part VIII   Investments - Program Related. See Form 990, Part X, line 13.   (c) Method of valuation Cost or end of year market value					_		
Part VIII   Investments - Program Related. See Form 990, Part X, line 13.   (c) Method of valuation Cost or end of year market value			_				
Part VIII   Investments - Program Related. See Form 990, Part X, line 13.   (c) Method of valuation Cost or end of year market value							
Part VIII   Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation Cost or end of year market value	Total (Col (b) must equal Form 990, Part X, col (B) line 12.)	265,943.					
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Cost or end-of-year market value  Cost or end-of-year market value  Total. (Col (b) must equal Form 990, Part X, col (B) line 13,) >  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) must equal Form 990, Part X, col (B) line 15.)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)				c) Method of valua	tion		
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Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount  Federal income taxes  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)			· · · · · · · · · · · · · · · · · · ·			·	
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Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount  Federal income taxes  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)							
Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount  Federal income taxes  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)		4-1			<u>.</u>		
1. (a) Description of liability (b) Amount  Federal income taxes  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)							
Federal income taxes  Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)							
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1. (a) Description of liability		(b) Amount				
	Federal income taxes						
			-				
	Total (Column (h) must squal form 000 Post V1 (D) II-	0.25)					
	· · · · · · · · · · · · · · · · · · ·		financial statements t	that reports the era	ianization's liabili	ty for	

	dule D (Form 990) 2009 CROSBY SCHOLARS COMMUNITY				<u>523230</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 t	o Audited Finar	icial State	ments		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			<u>,377.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)	••	2		<u>679</u>	<u>,681.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			<u>,696.</u>
4	Net unrealized gains (losses) on investments		4		24	<u>,450.</u>
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		24	,450.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and 9	10			,146.
	t XII Reconciliation of Revenue per Audited Financial Statem			eturn		<u>,                                    </u>
1	Total revenue, gains, and other support per audited financial statements		• •	1	1,043	.670.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		•			70:00
	Net unrealized gains on investments	2a   :	24,450.			
a	Donated services and use of facilities		22,730.	1 1		
b		<del></del>	<u> </u>	1		
С	Recoveries of prior year grants .	2c		{		
d	Other (Describe in Part XIV)	2d		┨╶╏	47	100
е	Add lines 2a through 2d	•	•	2e		<u>,180.</u>
3	Subtract line 2e from line 1		•	3	996	<u>,490.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1		
b	Other (Describe in Part XIV.)	_4b	<113.	. ▶		
С	Add lines 4a and 4b			4c		<113.
_5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		<u>,377.</u>
Pai	t XIII Reconciliation of Expenses per Audited Financial Stater	nents With Exp	enses per	Retur		
1	Total expenses and losses per audited financial statements			1	<u> </u>	<u>,524.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			}		
а	Donated services and use of facilities	2a .	22,730.	]		
b	Prior year adjustments	2b		]		
С	Other losses	2c		1		
d	Other (Describe in Part XIV.)	2d	113.	]		
е	Add lines 2a through 2d			2e	22	,843.
3	Subtract line 2e from line 1	•		3		,681.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.					
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV.)	4b		1		
	Add lines 4a and 4b	<u> </u>		4c		0.
		•		5	679	,681.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  t XIV Supplemental Information			1 3 1	<u> </u>	,001.
Comp X, line PAI	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also core TV, LINE 4: THE ORGANIZATION'S INTENDED	mplete this part to pr USE OF EN:  S AND SCHO	ovide any ad DOWMENT LARSHIE	ditional ii	nformation. DS IS  LATED	TO
	RT XII, LINE 4B - OTHER ADJUSTMENTS:					
—	RT XIII, LINE 2D - OTHER ADJUSTMENTS:					

932054 02-01-10 Schedule D (Form 990) 2009

Schedule D (Fo	rm 990) 2009	CROSE	SY SCHOLARS	COMMUNITY	PARTNERSHIP	31-1523230 Page 5
Part XIV S	upplemental	Information (	continued)		PARTNERSHIP	
RECLASS	LOSS ON	DISPOSAL	OF ASSETS:	113.		
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#### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Employer identification number

CROSBY	SCHOLARS	COMMUNITY	PA	<u>RTN</u>	ERSHIP	31-1523	230	
Part I Fundraising Activities required to complete this pa		organization answe	red "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
1 Indicate whether the organization rai a Mail solicitations b Internet and email solicitation c Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, fi	or oral agreement Part VII) or entity in dividuals or entities	e Solicitati f Solicitati g Special f with any individual	on of on of fundra (include ofess	non-gr govern tising of ding of lional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes		
(i) Name of individual or entity (fundraiser)	TO ACTIVITY I have distort I ' I ID 101 TELBINEU DVI							
			Yes	No				
		· · ·			· <del>-</del> ·-		<u>-</u>	
	:							
Total								
3 List all states in which the organizati	on is registered or	licensed to solicit f	unds	or has	been notified it is ex	kempt from registrati	on or licensing.	
				_				
							· · · · · · · · · · · · · · · · · · ·	
LHA For Privacy Act and Paperwork R	eduction Act Not	ice, see the Instru	ctions	for F	orm 990 or 990-EZ	. Schedule G (For	m 990 or 990-EZ) 2009	

Schedule G (Form 990 or 990-EZ) 2009 CROSBY SCHOLARS COMMUNITY PARTNERSHIP 31-1523230 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF NONE (add col (a) through TOURNAMENT col. (c)) (event type) (event type) (total number) 172,145 172,145. Gross receipts 40,050. 40,050 2 Less: Charitable contributions 132,095. 132,095 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 6 12,859. 12,859 Food and beverages Entertainment 18,525 18,525. Other direct expenses 31,384) 10 Direct expense summary. Add lines 4 through 9 in column (d) 100,711 11 Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue col (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct Rent/facility costs Other direct expenses Yes % Yes % Yes % Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain. 11 Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2009 CROSBY SCHOLARS COMMUNITY PARTNERSHIP 31-152	<u> </u>	<u>0 Ра</u>	<u>age 3</u>
		Yes	No
13 Indicate the percentage of gaming activity operated in:		. !	
a The organization's facility			
b An outside facility			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		.	
Name			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		_
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party.			
Name			
Address >			
16 Gaming manager information			
Name ▶			
Gaming manager compensation ▶ \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions		İ	
a is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			

Schedule G (Form 990 or 990-EZ) 2009

Employer identification number 31-1523230 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes 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 (if) Method of recipient (if) Method of recipient (if) Method of recipitor of received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (if) Method of recipitor of received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (if) Method of recipitor of received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (if) Method of received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (if) Method of received more approached more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (if) Method of received more approached 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 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. other) Governments, and Individuals in the United States Grants and Other Assistance to Organizations, assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. CROSBY SCHOLARS COMMUNITY PARTNERSHIP General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part

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

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

Enter total number of other organizations

Schedule I (Form 990) 2009

Page 2 (f) Description of non-cash assistance 31-1523230 (e) Method of valuation (book, 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. Use Part IV and Schedule I:1 (Form 990) if additional space is needed AWARDS ARE DIVIDED BY Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. THE CHECK MUST BE SCHEDULE I, PART I, LINE 2: AN ANALYSIS IS PERFORMED ON EACH STUDENT WHO A CHECK IS THEN MADE PAYABLE TO THE STUDENT ONCE THE GRADE REPORT IS RECEIVED QUALIFIES FOR A LAST DOLLAR GRANT, THE STUDENT RECEIVES A LETTER MAKING ONCE IT IS DETERMINED THAT A STUDENT A STUDENT MUST EACH CHECK IS MAILED WITH A SCHOLARSHIP (d) Amount of non-cash assistance CROSBY SCHOLARS COMMUNITY PARTNERSHIP THE SCHOOL IS SENT THE SECOND HALF OF THE SCHOLARSHIP. IN ORDER TO RECEIVE SECOND SEMESTER CHECKS, THE STUDENT MUST ENDORSE THE CHECK. 234,300 (c) Amount of cash grant (b) Number of recipients 334 SUBMIT A COPY OF THEIR GRADE REPORT. APPLIES FOR A LAST DOLLAR GRANT. SCHOLARSHIPS FOR STUDENTS TO ATTEND COLLEGE HIM/HER AWARE OF THE AWARD. (a) Type of grant or assistance ENDORSED BY THE STUDENT. SCHOOL. Schedule I (Form 990) 2009 SEMESTER. AND THE Part III

chedule   (Form 990) 2009   CROSBY SCHOLARS COMMUNITY PARTNERSHIP 31-1523230 Page 2 Part IV   Supplemental Information
CKNOWLEDGEMENT FORM FOR THE SCHOOL TO ACKNOWLEDGE RECEIPT. THE
ACKNOWLEDGEMENT FORM ALSO OUTLINES THE TERMS OF THE GRANT AND PROVIDES
DIRECTION ON HOW THE SCHOLARSHIP IS TO BE USED AND DISBURSED.
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#### SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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.

2009
Open to Public Inspection

Name of the organization

CROSBY SCHOLARS COMMUNITY PARTNERSHIP

Employer identification number 31-1523230

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FINANCIAL AID TO COVER THE COST OF ATTENDANCE IN THAT PARTICULAR SCHOOL YEAR. THE PROGRAM HELPS STUDENTS PREPARE FOR COLLEGE BY ENCOURAGING THEM TO MAKE GOOD DECISIONS, BY HELPING THEM DEVELOP STRONG ACADEMIC SKILLS AND BY HELPING THEM TO UNDERSTAND THE REQUIREMENTS FOR COLLEGE ADMISSION EARLY. WITH THIS GUIDANCE, STUDENTS CAN PREPARE FOR COLLEGE ENROLLMENT AND SCHOLARSHIP/FINANCIAL AID OPPORTUNITIES. STUDENTS CAN JOIN THE CROSBY SCHOLARS PROGRAM AS EARLY AS 6TH GRADE TO BEGIN THE PROCESS OF STUDENTS ATTEND WORKSHOPS CALLED SATURDAY PREPARING FOR COLLEGE. ACADEMY ON COLLEGE CAMPUSES. THE SATURDAY ACADEMY WORKSHOPS INCLUDE TOPICS SUCH AS ANGER MANAGEMENT, BUILDING SELF-ESTEEM, SPEECH AND COMMUNICATION, TIME MANAGEMENT, STUDY SKILLS, TEST TAKING SKILLS, CONFLICT RESOLUTION, PREPARING FOR THE SAT, CAREER EXPLORATION, COLLEGE ADMISSIONS, SCHOLARSHIPS, FINANCIAL AID AND COLLEGE SURVIVAL SKILLS. THESE CLASSES HELP STUDENTS DEVELOP THE FOUNDATION FOR SUCCESS THAT WILL HELP THEM BECOME BETTER PREPARED FOR COLLEGE. STUDENTS IN GRADES 9-11 MEET MONTHLY WITH VOLUNTEERS TO BETTER PREPARE FOR SUCCESSFUL COLLEGE ENROLLMENT, AND SENIOR CROSBY SCHOLARS MEET ONE ON ONE WITH AN ADVISOR TO HELP WITH THE SENIOR YEAR COLLEGE APPLICATION AND SCHOLARSHIP PROCESS.

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR EMAILS THE
990 TO ALL BOARD MEMBERS AND THE 990 IS REVIEWED BY THE EXECUTIVE

COMMITTEE. THE EXECUTIVE COMMITTEE'S FINAL APPROVAL IS NEEDED BEFORE THE
RETURN CAN BE FILED. THE 990 IS SIGNED BY THE TREASURER OF THE

#### SCHEDULE-O

### Supplemental Information to Form 990

(Form 990)

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number 31-1523230

CROSBY SCHOLARS COMMUNITY PARTNERSHIP	31-1523230
ORGANIZATION.	
FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD GENERAL	LY AUTHORIZES THE
EXECUTIVE COMMITTEE TO DETERMINE COMPENSATION FOR THE EXE	CUTIVE DIRECTOR.
WE DO AN INTERNET SEARCH ON SIMILAR ORGANIZATIONS WITH AN	EXECUTIVE
DIRECTOR WITH SIMILAR CREDENTIALS AND EXPERIENCE TO REVIE	W THE AVERAGE
SALARY. AFTER DOING THIS SEARCH, IT WAS DETERMINED THAT	THE AVERAGE SALARY
FOR AN EXECUTIVE DIRECTOR WITH COMPARABLE EDUCATION AND E	XPERIENCE IN NORTH
CAROLINA WAS PAID AN AVERAGE SALARY THAT IS CLOSE TO THE	SALARY FOR THE
EXECUTIVE DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES IT GOVERNING
DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLI	C UPON REQUEST.