

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



## 19405 **990**

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2009

Open to Public Inspection

Form 990 (2009

For the 2009 calendar year, or tax year beginning 07/01/09 06/30/10 and ending Please Check if applicable C Name of organization ILLINOIS SOCIETY OF ORTHODONTISTS Employer identification number use IRS Address change C/O DR. PATRICK FOLEY label or Doing Business As 36-2580040 print or Name change type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See 325 N. RAND ROAD Specific Termination City or town, state or country, and ZIP + 4 126,545 Instruc-G Gross receipts \$ Amended return tions. LAKE ZURICH 60047 F Name and address of principal officer H(a) Is this a group return for Application pending affiliates? H(b) Are all affiliates included? If "No," attach a list. (see instructions) X 501(c) (insert no.) 4947(a)(1) or 527 Website: ▶ WWW.ISORTHO.ORG H(c) Group exemption number ▶ Type of organization X Corporation M State of legal domicile Year of formation Summary Bnefly describe the organization's mission or most significant activities: THE SOCIETY SERVES AS AN INFORMATION AND EDUCATIONAL ORGANIZATION FOR ITS MEMBERS ONLY. THE TOTAL EXPENSES FOR THE YEAR WERE FOR THAT PURPOSE. SCANNED MAR 1 2 Check this box ▶ I 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) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** Contributions and grants (Papt VIII, line 1h) Program service revenue (Part VIII, line 2a) 134,642 124,108 Investment (Part VIII, column (A), lines 3, 4, and 7d) 6,063 437 Other revenue (Party VIII) colorn (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (Anust equal Part VIII, column (A), line 12) 140. 705 126. Grants and similar-amounts paid (Part IX, column (A), lines 1-3) Benefits paid to of the mean bers (Part IX, column (A), line 4) Salanes, 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) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 129**.**625 120,483 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 129,625 130,483 19 Revenue less expenses. Subtract line 18 from line 12 11,080 -3, 938 5 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 279. 275 295 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 275. Signature Block Under penalties of perjury I declare that I have examined this retain, including accompanying schedules and statements, and to the best of my knowledge and belief it is true found to any complete. Declared on a formation of which preparer has any knowledge. than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of office 101 Type or print name and title Preparer's identifying number Preparer's Paid (see instructions signature P00545645 Preparer's THE ABRIX GRQUP 36-3615863 ÉIN **Use Only** Firm's name (or yours 3400 DUNDEE ROAD, SUITE 200 if self-employed), Phone address, and ZIP + 4 NORTHBROOK. 60062 ▶ 847-498-890C May the IRS discuss this return with the preparer shown above? (see instructions) Yes

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

D,	m 990 (2009) ILLINOIS SOCIETY OF ORTHODONTISTS 36-2580040 Part III Statement of Program Service Accomplishments	Page 2
1		<del></del>
-	THE SOCIETY SERVES AS AN INFORMATION AND EDUCATIONAL	
	ORGANIZATION FOR ITS MEMBERS ONLY. THE TOTAL EXPENSES FOR	
	THE YEAR WERE FOR THAT PURPOSE.	
		•
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	and the state of t	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4-	a (Code: ) (Expenses \$ 72,666 including grants of \$ ) (Revenue \$	
	a (Code: )(Expenses \$	
	ORGANIZATION FOR ITS MEMBERS. THE TOTAL PROGRAM EXPENSES	••••
	FOR THE YEAR WERE FOR THIS PURPOSE.	• • • • •
Ī		••
	· · · · · · · · · · · · · · · · · · ·	
		••••
		• • • • • •
41	b (Code: ) (Expenses \$ Including grants of \$ ) (Revenue \$	
40		
	b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ .	)
	. ) (Revenue \$	
	Code. ) (Expenses 9 including grants of 9 in	
	Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ including grants of \$ ) (Revenue \$	
4c	c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
4c	c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
4c	Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
4c	c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	) Form <b>990</b> (2009)

Pa	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1_		_X_
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	1		
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		Χ
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		<u> </u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		ŀ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		1	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	_	ļ	.,
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	$\dashv$	<u>X</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		}	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		- 1	٠,
	If "Yes," complete Schedule G, Part III	19	-+	<u>X</u> _
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	لي	<u>X</u>

Form 990 (2009) ILLINOIS SOCIETY OF ORTHODONTISTS 36-2580040 Page 4 **Checklist of Required Schedules (continued)** No Yes 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28a Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28b An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II. 34 III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 organization? If "Yes," complete Schedule R, Part V, line 2 36 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,

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.

Form **990** (2009)

<u>37</u>

38

38

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance				,	
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1	_			
	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	0	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portabl	е		}	
_	gaming (gambling) winnings to prize winners?			1c	ļl	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	_2a	_0	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	•				
3 <b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covere this return?	ed by		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	• •		3b		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	 tv	30		<u> </u>
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir		• 9	1		
	account)?	anoa		4a		Х
b	If "Yes," enter the name of the foreign country: ▶			144		<u> </u>
	See the instructions for exceptions and filling 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	1	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg					
	Prohibited Tax Shelter Transaction?			5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	 1e				
	organization solicit any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				İ
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	BS		1		
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d_	<del></del>	4 1		
8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	I			
	benefit contract?	• _		7e	<del></del>	
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	•		7g	$\rightarrow$	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as			. 1	
8	required?		• • • • • • • • • • • • • • • • • • • •	7h		
0	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?			<b>.</b> .	•	
9	Sponsoring organizations maintaining donor advised funds.			8		
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	•	•	9b	+	
0	Section 501(c)(7) organizations. Enter:	• • • •	•	30	-+	—
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		1 [		
1	Section 501(c)(12) organizations. Enter:			1		
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	-	<del></del>	1 I		
	amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	12Ь			$\neg \uparrow$	
				Form	990	20001

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

Sec	ction A. Governing Body and Management			
		<b>,</b>	Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	<u> </u>	X
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	ļ	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			ł
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		1	ĺ
	the year by the following:			į
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9	Х	İ
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			i
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			ı
	form?	. 11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Χ
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Χ
14	Does the organization have a written document retention and destruction policy?	14		_ X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Χ
b	Other officers or key employees of the organization	15b		Χ
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Χ
b	If "Yes," has the organization adopted a written policy or procedure requining the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	_ 16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ 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 X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶ DR. PATRICK FOLEY 325 N. RAND ROAD			
T.A	AKE ZURICH II. 60047		•	•

DAA

Form 990 (2009)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."

X 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.

(A) Name and Title	(B) (C) Average Position (check all that app			(D) Reportable	(E) Reportable	(F) Estimated				
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
RON JACOBSON . PRESIDENT	1.00			Х				0	0	0
ROB GIRGIS PRES ELECT	1.00			Х				0	0	o
MART MCCLELLAN VICE PRES	1.00			Х				0	0	0
PATRICK FOLEY TREASURER	1.00			Х				0	0	0
				İ						

(A) Name and Title	(B) Average	Pos	ition (		C) k all i	that a	(D) pply) Reportable		(E) Reportable	(F) Estimat	
	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount other compens from the organizati and rela organizati	ation ne ition ted
											_
1b Total							<b>&gt;</b>				
2 Total number of individuals (in reportable compensation from				tnos	e iisi	ed a	DOVE	e) who received more than	\$100,000 in		
<ul> <li>Did the organization list any foemployee on line 1a? If "Yes,"</li> <li>For any individual listed on line the organization and related or individual</li> <li>Did any person listed on line 1s services rendered to the organ</li> </ul>	complete Schede 1a, is the sum organizations greaters	dule of re eter (	J for porta han comp	such able ( \$150 ensa	n ind com 0,000	ividu pens )? If 	al atior 'Yes 	n and other compensation ," complete Schedule J for 	from r such	3 4	Yes No
Section B. Independent Contracto	ors									 	
Complete this table for your five compensation from the organization.	zation.	ensa	ted i	ndep	end	ent c	ontra		· · · · · · · · · · · · · · · · · · ·		
Name and I	(A) business address					-		Descript	(B) ion of services	 Com	(C) pensation
					_				-	 	
				_		_					
						_				 	
Total number of independent of more than \$100,000 in compen						d to 1	hos	e listed above) who receive	ed	0	
AA									<del></del> _		<b>390</b> (2009

P	irt V	III Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
ys ys	12	Federated campaigns	4-		- ,	revenue		512, 513, or 514
ant	'a	· - •	1a				İ	
ge	0	Membership dues	1b					
£, E	C	Fundraising events	1c					
.g.	d	Related organizations	1d					
Sign	6	Government grants (contributions)	1e					
e E	f	All other contributions, gifts, grants,						
들은		and similar amounts not included above	1f					
ğ	g	Noncash contributions included in lines 1a-	1f \$					
<u>ن</u> ه	<u> </u>	Total. Add lines 1a-1f .		▶ Ì				
Program Service Revenue Contributions, gifts, grants anounts				Busn. Code				
Ven	2a	DUES			124,108	124,108		
8	b		•					
je Se	c	•	•					<u> </u>
Ser	d	· · · · · · · · · · · · · · · · · · ·	• •					
Ē	9		••					
g	f	All other program service reve	nue					<u> </u>
ڇ	g	Total. Add lines 2a-2f		<b>•</b>	124,108	· · · · · · · · · · · · · · · · · · ·		
	3		dividends, inter	est, and		HILL III III III III III III III III III		
	į	other similar amounts)		▶	2,437	2,437		
	4	Income from investment of tax	-exempt bond	oroceeds ▶				†
	5	Royalties	• • • • •					
		(ı) Real	(11)	Personal				
	6a	Gross Rents						
	b	Less rental exps						
	С	Rental inc or (loss)				,		
	d	Net rental income or (loss)		. •	•			
	7a	Gross amount from (i) Securities	(11	) Other				
		sales of assets other than inventory						
	b	Less cost or other				·		
		basis & sales exps						
	С	Gain or (loss)						
	d	Net gain or (loss)						i
	8a	Gross income from fundraising ever	nts			-		
nue		(not including \$	ŀ					
9/6		of contributions reported on line 1c).		]	ļ			
Ř		See Part IV, line 18	a	ĺ				
Other Reven	b	Less: direct expenses	ь		]			
0		Net income or (loss) from funda	raising events	<b>•</b>	į	Ì		
ı		Gross income from gaming activities					-	
		See Part IV, line 19	a					
	b	Less: direct expenses	ь					
		Net income or (loss) from gami	ng activities	<b>&gt;</b>				- ··· <u>- · · · · · · · · · · · · · · · ·</u>
		Gross sales of inventory, less					· · · · · · · · · · · · · · · · · · ·	
ľ		returns and allowances	a	ļ				
ı	b	Less: cost of goods sold	ь					
l		Net income or (loss) from sales	of inventory	<b>•</b>		ľ	•	
[		Miscellaneous Revenue		Busn. Code				
	11a							
- }	b							
	C							
	d	All other revenue						
	0	Total. Add lines 11a-11d		▶				
	12	Total Revenue. See instruction	s	▶	126,545	126,545	0	0

### Part IX Statement of Functional Expenses

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

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

Covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)   a DUES		All other organizations must				<u> </u>
1		•	Total expenses	Program service	Management and	
organizations in the U.S. See Part IV, Ine 21 2 Grants and other assistance to innoivolusia in the U.S. See Part IV, Ine 22 3 Crants and other assistance to innoivolusia outside the U.S. See Part IV, Ine 12 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not moduled above, to disqualified postors (see defined under sector-895(IC)38) 9 Christianis and weges 9 Persisin plan contributions (include section 401(a) and section 401(b) employee contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) 12 Advertising and promotion 13 Management 14 Logal 15 Caccounting 15 Chapter (non-employees) 16 Chapter (non-employees) 17 Fees for services (non-employees) 18 Management 19 Professional landinaring services See Part IV, Ine 17 16 Investment management fees 19 Other 20 Other anniops (non-employees) 21 Advertising and promotion 22 Other (non-employees) 23 Management 24 Coopuring 25 Other 26 Other (non-employees) 26 Other (non-employees) 27 Other (non-employees) 28 Management 29 Professional landinaring services See Part IV, Ine 17 20 Other (non-employees) 20 Other (non-employees) 21 Professional landinaring services See Part IV, Ine 17 26 Other (non-employees) 27 Other (non-employees) 28 Other (non-employees) 29 Other (non-employees) 20 Other (non-employees) 20 Other (non-employees) 21 Other (non-employees) 22 Other (non-employees) 23 Other (non-employees) 24 Other (non-employees) 25 Other (non-employees) 26 Other (non-employees) 27 Other (non-employees) 28 Other (non-employees) 29 Other (non-employees) 29 Other (non-employees) 20 Other (non-employees) 21 Other (non-employees) 22 Other (non-employees) 23 Other (non-employees) 24 Other (non-employees) 25 Other (non-employees) 26 Other (non-employees) 27 Other (non-employees) 28 Other (non-employees) 29 Other (non-employees) 29 Other (non-employees) 20 Other (non-employees) 21 Other (non-employees) 22 Other (non-employees) 23 Other (non-employees) 24 Other (non-e				САРОЛОСЬ	general expenses	expenses
2 Grafts and other assistance to individuals in the U.S. See Part IV, line 2 2 3 Grafts and other assistance to governments organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation of current officers, directors, trustees, and key employees 8 Compensation included above, to dequalified persons (excited in section 4508(f)(f)) and persons described in section 4508(f)(f)) and persons described in section 4508(f)(f)) and persons described in section 4508(f)(f)) and section 401(f) and for section 401(f) and	•		10 000	10 000		
the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Grompensation of current officers, directors, trustees, and key employees C. Compensation not included above, to dequalified persons (see defined under section 4658(q)3(8) Dersons (see fiden under section 4658(q)3(8) Persons described in section 4558(q)3(8) Parson plan contributions (include section 401(4) and section 403(9) employer contributions) Other employee benefits D. Payroll baxes D. Payroll baxes D. Legal Lobbyring Lobbyring Lobbyring Lobbyring D. John S. Legal Lobbyring D. John S. Legal Lobbyring D. Lobbyring	2	- ·	10,000	10,000		
3 Grants and other assistance to governments, organizations, and individuals bried. U. S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation for individed above, to dequalified presone (es defined under section 4558(ff(f)) and persone described in section 4558(ff(f)) and persone described in section 4508(ff(f)) and persone described in section 4508(ff(f)) and persone described in section 4508(ff(f)) and section 401(ff(f)) and 501(ff(f)) and 501	-					
organizations, and individuals outside the U. S. See Part IV, lines 15 and 16 8  4. Benefits paid to or for members 5  5. Compensation of current officers, directors, trustees, and key employees 6  6. Compensation of current officers, directors, trustees, and key employees 7  7. Other standard advise, to dequalified persons (as defined under section 4958(x)3)(8) and persons described in section 4958(x)3)(8) and persons described in section 4958(x)3)(8) and persons described in section 4958(x)3)(8) and persons described in section 4958(x)3)(8) and section 4958(x)3)(8) and section 4958(x)3)(8) and section 4958(x)3)(8) and section 4958(x)3)(8) and section 4958(x)3)(8) and section 4958(x)3)(8) and section 4958(x)3)(8) and section 4958(x)3) an	3	•	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
U. S. See Part IV, lines 15 and 16 Bernefits pand to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of michalded above, to disqualified persons (as defined under section 4950(NI)) and persons described in section 4950(NI)) and persons (as defined under section 4950(NI)) and section 403(b) employer contributions) Other employee benefits Peyrol taxes Peyrol taxes Amangement Logal Accounting 1,150 1,	•	<del>-</del>				
4. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of morbided above, in disqualified persons (as officed under section 4958(c)(3)(8) Person direction direction des (600, 400) Person direction direction des (600, 400) Person direction direction des (600, 400) Person direction direction direction des (600, 400) Person direction direct		-				
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as offined under section 4950(f)) and persons described in section 4950(f)) and section 405(b) employer contributions) 7 Other salaries and wages 8 Pension plan combibations (include section 401(f)) and section 405(b) employer contributions) 9 Other employees benefits 9 Payrull taxes 16 Fees for services (non-employees): A Management 1 Legal CACCOUNTING 1 Ly 150 1 Ly 15	4	•				
trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(§17)) and persons described in section 4958(§17)) and persons described in section 4958(§17)) and persons described in section 4958(§17)) and section 4958(§17)) and section 4958(§17)) and section 4958(§17)) and section 4958(§17) and sec	-	• •				
6 Compensation not muladed above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and section 403(b) employer contributions)  7 Other employee benefits  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees):  2 Management  3 Legal  4 Loadying  4 Loadying  6 Loadying  7 Investment management fees  9 Other  10 Adventsing and promotion  11 Office expenses  12 Adventsing and promotion  13 Office expenses  14 Information technology  15 Royalties  16 Occupancy  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials for any federal, state, or local public officials for any federal, state, or local public officials interest  18 Payments of travel or entertainment expenses for any federal, state, or local public officials interest  19 Payments to affiliates  20 Depreciation, depletion, and amortization  21 Insurance  24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of fotal togensess shown in line 25 below, a DUES  9 PRINTING / POSTAGE  4 (A) 0.44 (4) (4) (4) (4) (4) (4) (4) (4) (4) (	J					
persons (as defined under section 4958(n)(1)) and persons described in section 4958(n)(3)(8)  7 Other scalaries and wages  8 Persion plan contributions (include section 401(h) and section 400(h) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees):  a Management  b Legal  c Accounting  r Pricessonal fundrainsing services See Part IV, line 17  f Investment management fees  9 Other  2 Advertising and promotion  10 Office expenses  11 Finess for services (non-employees):  45 , 749  9 Other  12 Advertising and promotion  13 Office expenses  14 Information technology  15 Royalties  16 Occupancy  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials for any federal, state, or local public officials  19 Conferences, conventions, and meetings  10 Insurance  10 Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown in line 25 below.  a DUES  PRINTING / POSTAGE  4 J. 044  4 J. 044  5 PRINTING / POSTAGE  A United expenses. Add lines 1 through 24f  A lother expenses.  5 Total functional expenses. Add lines 1 through 24f  18 Insurance  19 Insurance  10 Insurance  10 Insurance  11 Insurance  12 Insurance  13 Insurance  14 Insurance  15 Insurance  16 Insurance  17 Insurance  18 PRINTING / POSTAGE  A United expenses.  4 J. 044  4 J. 044  5 Joint costs. Check bee 1 If following costs from a combined education and empliy in the organization reported in column (B) joint costs from a combined education and empliyed in the organization reported in column (B) joint costs from a combined education calcaphign and	2					
persons described in section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 49(b) employer contributions 10 Payroll taxes 11 Feas for services (non-employees):  a Management b Legal 7 Accounting 1 1,150	0					
7 Other salaries and wages Persion plan continuous (include section 401(x) and section 400(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting of Lobbyring Pricessional fundaming services See Part IV. line 17 I Investment management fees 9 Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 19 Payments of taxel or entertainment expenses for local expenses shown on line 25 below.) 20 Insurance 24 Other expenses shown on line 25 below.) a DUES 5, 777 5, 777 b PRINTING / POSTAGE 4, 0.44 4, 0.44 5 Versions Structure (supplied of the price of the p						
8 Pension plan contributions (include section 401(k) and section 401(k) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting 1 1, 150 1 1, 15	7					
and section 40(b)te imployer contributions)  Other employee benefits  Payroll taxes  1 Fees for services (non-employees):  a Management  b Legal  c Accounting  1 Lobying  Professional fundriaing services See Part IV, line 17  Investment management fees  Other  Other  Advertising and promotion  Office expenses  Information technology  Royalties  Cocupancy  Travel  Payments of fravel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest  Payments of affiliates  Depreciation, depletion, and amortization Insurance  Other expenses, literrize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a DUES  PRINTING / POSTAGE  4, 044  4, 044  4, 044  5, 777  7, 777  7, 777  7, 777  7, 777  7, 777  7, 777  7, 777  7, 777  7, 777  7, 777  PRINTING / POSTAGE  4, 044  4, 044  4, 044  4, 044  4, 044  4, 044  4, 044  4, 044  7, 047  8, Joint costs. Check here		<del>-</del>	<del></del>			
9 Other employee benefits     11   Payroll taxes     12   Accounting   1,150   1,150     1,150   1,150   1,150   1,150     1,150   1,150   1,150   1,150     1,150   1,150   1,150   1,150     1,150   1,150   1,150   1,150     1,150   1,150   1,150   1,150     1,150   1,150   1,150   1,150     1,150   1,150   1,150   1,150     1,150   1,150   1,150   1,150     1,150   1,150   1,150   1,150     1,150   1,150   1,150   1,150     1,150   1,150   1,150   1,150     1,150   1,150   1,150   1,150     1,150   1,150   1,150   1,150   1,150     1,150   1,150   1,150   1,150   1,150   1,150     1,150   1,	0					
10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbyring e Professional fundraising services See Part IV, line 17 f Investment management fees Other 12 Advertising and promotion 13 Office expenses Information technology 15 Royalities 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 24 Other expenses shown on line 25 below. a DUES 5 of total expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below. a DUES 1 FRINTING / POSTAGE 4, 0.44 4, 0.44 5, 7.77 5, 7.77 5 T.77 5		•••				
11 Fees for services (non-employees):  a Management b Legal c Accounting d Lobbyring Professional fundrasing services See Part IV, line 17 f Investment management fees 9 Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 1 Insurance 1 Insurance 2 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.) 3 DUES 5 7,777 5 PRINTING / POSTAGE 4,044 4,044 918 918 918 918 918  6 All other expenses 15 Total functional expenses. Add lines 1 through 24f 1 All other expenses 15 Total functional expenses. Add lines 1 through 24f 1 All other expenses 15 Total functional expenses. Add lines 1 through 24f 1 All other expenses or line only if the organization reported in column (B) joint costs from a combined educational campaign and			<u> </u>			
a Management b Legal		•••••••••••••••••••••••••••••••••••••••				
b Legal						
C. Accounting   1,150   1,150   1,150	_	Management				
Lobbying   Professional fundraising services See Part IV, line 17   Investment management fees   45,749   45,749     Golder			1 150		1 150	
e Professional fundraising services See Part IV, line 17 f Investment management fees g Other g Other g Other g Other 12 Adverbising and promotion 13 Office expenses 14 Information technology 15 Royalities 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 11 Payments to affiliates 12 Depreciation, depletion, and amortization 12 Insurance 13 Insurance 14 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.) 15 PRINTING / POSTAGE 16 VEB DESIGN 17 Total (VEB DESIGN) 18 VEB DESIGN (VEB DESIGN) 18 VEB DESIGN (VEB DESIGN) 29 VEB DESIGN (VEB DESIGN) 21 VEB DESIGN (VEB DESIGN) 22 VEB DESIGN (VEB DESIGN) 33 VEB DESIGN (VEB DESIGN) 34 VEB DESIGN (VEB DESIGN) 35 VEB DESIGN (VEB DESIGN) 36 VEB DESIGN (VEB DESIGN) 37 VEB DESIGN (VEB DESIGN) 38 VEB DESIGN (VEB DESIGN) 39 VEB DESIGN (VEB DESIGN) 39 VEB DESIGN (VEB DESIGN) 40 VEB DESIGN (VEB DESIGN) 41 VEB DESIGN (VEB DESIGN) 42 VEB DESIGN (VEB DESIGN) 43 VEB DESIGN (VEB DESIGN) 44 VEB DESIGN (VEB DESIGN) 45 VEB DESIGN (VEB DESIGN) 46 VEB DESIGN (VEB DESIGN) 47 VEB DESIGN (VEB DESIGN) 47 VEB DESIGN (VEB DESIGN) 48 VEB DESIGN (VEB DESIGN) 49 VEB DESIGN (VEB DESIGN) 49 VEB DESIGN (VEB DESIGN) 40 VEB DESIGN (VEB DESIGN) 40 VEB DESIGN (VEB DESIGN) 40 VEB DESIGN (VEB DESIGN) 40 VEB DESIGN (VEB DESIGN) 40 VEB DESIGN (VEB DESIGN) 40 VEB DESIGN (VEB DESIGN) 40 VEB DESIGN (VEB DESIGN) 40 VEB DESIGN (VEB DESIGN) 40 VEB DESIGN (VEB DESIGN) 41 VEB DESIGN (VEB DESIGN) 42 VEB DESIGN (VEB DESIGN) 43 VEB DESIGN (VEB DESIGN) 44 VEB DESIGN (VEB DESIGN) 45 VEB DESIGN (VEB DESIGN) 45 VEB DESIGN (VEB DESIGN) 46 VEB DESIGN (VEB DESIGN) 47 VEB DESIGN (VEB DESIGN) 47 VEB DESIGN (VEB DESIGN) 47 VEB DESIGN (VEB DESIGN) 48 VEB DESIGN (VEB DESIGN) 49 VEB DESIGN (VEB DESIGN) 49 VEB DESIGN (VEB DESIGN) 45 VEB DESIGN (VEB DESIGN) 45 VEB DESIGN (VEB	_		1,130		1,150	
f Investment management fees g Other 2 Advertising and promotion 3 Office expenses 14 Information technology 15 Royalties 6 Occupancy 17 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 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.) a DUES 5,777 5,777 b PRINTING / POSTAGE 4,044 4,044 c WEB DESIGN 2,040 g Insurance 918 4 Other expenses 5 Total functional expenses. Add lines 1 through 24f 6 Joint costs. Check here ▶						
g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 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 bellow.) 2 DUES 2 DETINTING / POSTAGE 3 DUES 4 (Notal expenses shown on line 25 bellow.) 2 PRINTING / POSTAGE 3 (Notal expenses and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 bellow.) 3 DUES 4 (Notal expenses shown on line 25 bellow.) 4 (Notal expenses shown on line 25 bellow.) 5 (Notal expenses shown on line 25 bellow.) 5 (Notal expenses shown on line 25 bellow.) 6 (Notal expenses shown on line 25 bellow.) 7 (Notal expenses shown on line 25 bellow.) 8 (Notal expenses shown on line 25 bellow.) 9 (Notal expenses shown on line		_			45 740	<del></del>
12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 12 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 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.) 2 DUES 2 Depreciation, depletion, and amortization linesurance 2 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.) 2 DUES 3 DUES 4 Other expenses prouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 3 DUES 5 Total functional expenses, Add lines 1 through 24f 1 30, 483 1 32, 666 1 37, 817 2 Joint costs. Check here ▶ ☐ if following SOP 98.2 Complete this line only if the origanization reported in column (B) joint costs from a combined educational campaign and		- ·	45,749		45,749	<del></del>
13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 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.) 1 DUES 1 PRINTING / POSTAGE 1 PRINTING / POSTAGE 2 POSTAGE 3 PRINTING / POSTAGE 4 POSTAGE 4 POSTAGE 5 Total functional expenses. Add lines 1 through 24f 1 30 , 483 82 , 666 47 , 817  2 Joint costs. Check here P 1 following SOP 98.2. Complete this line only if the origanization reported in column (B) joint costs from a combined educational camping and	_	· · · · · · · · · · · · · · · · · · ·				<del></del>
Information technology Royalties Cocupancy Travel Reparents of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance  Covered above, (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) DUES PRINTING / POSTAGE WEB DESIGN JINSURANCE  All other expenses Ald lines 1 through 24f Joint costs, Check here P   if following SOP 98-2. Complete this line only if the origanization reported in column (8) joint costs from a combined educational canadian		• •			<del></del>	<del></del>
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 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.) 1 DUES 1 S, 777 S, 777 1 Deprint Ting / POSTAGE 1 VEB DESIGN 2 VIA 1		•				······································
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 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.) a DUES 5,777 5,777 b PRINTING / POSTAGE 4,044 4,044 C WEB DESIGN 1 INSURANCE 918 918 918 918 918 918 918 918 918 918			<del></del>			
17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 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.) 2a DUES 2b PRINTING / POSTAGE 2c WEB DESIGN 2c, 040 2c, 040 2d INSURANCE 918 918 918 918 918 918 918 918 918 918		• • • •	ļ			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 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.) 2						<del></del>
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance  4 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.)  a DUES b PRINTING / POSTAGE WEB DESIGN C WEB DESIGN 1 NSURANCE 918 918  f All other expenses  25 Total functional expenses. Add lines 1 through 24f SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and		• •				
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 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.)  a DUES 5,777 5,777 b PRINTING / POSTAGE 4,044 4,044 c WEB DESIGN 2,040 2,040 d INSURANCE 918 918  4 All other expenses 5 Total functional expenses. Add lines 1 through 24f 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 educational campaign and		•				
Interest   Payments to affiliates	19		60.805	60 805	<del></del>	<del></del>
21 Payments to affiliates  22 Depreciation, depletion, and amortization  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.)  a DUES  b PRINTING / POSTAGE  c WEB DESIGN  d INSURANCE  918  918  4 All other expenses  7 Total functional expenses. Add lines 1 through 24f  25 Joint costs. Check here   Glowing if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and			00,000	00,000		
Depreciation, depletion, and amortization Insurance  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.)  DUES  PRINTING / POSTAGE  WEB DESIGN  INSURANCE  INSURANCE  All other expenses  Total functional expenses. Add lines 1 through 24f  Sop 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		• • • • • • • • • • • • • • • • • • • •				<del></del>
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.)  a DUES 5,777 5,777  b PRINTING / POSTAGE 4,044 4,044  c WEB DESIGN 2,040 2,040  d INSURANCE 918 918  e f All other expenses  25 Total functional expenses. Add lines 1 through 24f 130,483 82,666 47,817  26 Joint costs. Check here  1 if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		•				<del></del>
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.)  a DUES 5,777 5,777  b PRINTING / POSTAGE 4,044 4,044  c WEB DESIGN 2,040 2,040  d INSURANCE 918 918  e f All other expenses  25 Total functional expenses. Add lines 1 through 24f 130,483 82,666 47,817  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 educational campaign and		·				
covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a DUES 5,777 5,777 b PRINTING / POSTAGE 4,044 4,044 c WEB DESIGN 2,040 2,040 d INSURANCE 918 918  f All other expenses  Total functional expenses. Add lines 1 through 24f 130,483 82,666 47,817  26 Joint costs. Check here In only if the organization reported in column (B) joint costs from a combined educational campaign and						<del></del>
covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a DUES 5,777 5,777 b PRINTING / POSTAGE 4,044 4,044 c WEB DESIGN 2,040 2,040 d INSURANCE 918 918  f All other expenses  Total functional expenses. Add lines 1 through 24f 130,483 82,666 47,817  26 Joint costs. Check here In only if the organization reported in column (B) joint costs from a combined educational campaign and	24	Other expenses. Itemize expenses not		1		
and labeled miscellaneous may not exceed  5% of total expenses shown on line 25 below.)  a DUES  5,777  5,777  b PRINTING / POSTAGE  4,044  4,044  c WEB DESIGN  2,040  2,040  318  918  918  6  f All other expenses  25 Total functional expenses. Add lines 1 through 24f  SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		•		1		
5% of total expenses shown on line 25 below.)  a DUES				ł		
a DUES 5,777 5,777 b PRINTING / POSTAGE 4,044 c WEB DESIGN 2,040 d INSURANCE 918 918  f All other expenses  25 Total functional expenses. Add lines 1 through 24f 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 educational campaign and						
b PRINTING / POSTAGE  c WEB DESIGN  d INSURANCE  f All other expenses  Total functional expenses. Add lines 1 through 24f  20 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 educational campaign and	а	1	5,777	5.777		
c WEB DESIGN d INSURANCE 918 918  f All other expenses  25 Total functional expenses. Add lines 1 through 24f 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 educational campaign and		• • •				
d INSURANCE 918 918  f All other expenses  25 Total functional expenses. Add lines 1 through 24f 130, 483 82, 666 47, 817  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 educational campaign and	С	• • • • • • • • • • • • • • • • • • • •				
f All other expenses  25 Total functional expenses. Add lines 1 through 24f 130, 483 82, 666 47, 817  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 educational campaign and	d	• • • • • • •			918	
Total functional expenses. Add lines 1 through 24f  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 educational campaign and	0					
Total functional expenses. Add lines 1 through 24f  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 educational campaign and	_	All other expenses				
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 educational campaign and	25	•	130,483	82,666	47.817	
SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	26			,500		
from a combined educational campaign and		SOP 98-2. Complete this line only if the				
		from a combined educational campaign and	1			

		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		1	
2	Savings and temporary cash investments	279,233	2	275,29
3	Pledges and grants receivable, net		3	
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			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
Assets 8 4	Notes and loans receivable, net		7	
8   8	Inventories for sale or use		8	
<b>⋖</b>   9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or			
- 1	other basis. Complete Part VI of Schedule D 10a			
b			10c	
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	· · · · · · · · · · · · · · · · · · ·
13	Investments—program-related. See Part IV, line 11		13	-
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	279,233	16	275,295
17	Accounts payable and accrued expenses		17	2,0,2,0
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ပ္ထု 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	·
21 22 22 22 22 22 22 22 22 22 22 22 22 2	· · · · · · · · · · · · · · · · · · ·			
₫	employees, highest compensated employees, and disqualified			
<u> </u>	persons. Complete Part II of Schedule L		22	
_ 23	<b> </b>		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	
200	Organizations that follow SFAS 117, check here ▶ X and			
בַּ	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	279,233	27	275,295
28	Temporanly restricted net assets		28	2,0,20
29	Permanently restricted net assets		29	
27 28 29	Organizations that do not follow SFAS 117, check here ▶			
5	and complete lines 30 through 34.	I		
30 31 32	Capital stock or trust principal, or current funds	†	30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	279,233	33	275,295
34	Total liabilities and net assets/fund balances	279,233	34	275,295

Form **990** (2009)

Form 990 (200	191	TLLTNOTS	SOCIETY	OF	ORTHODONTISTS
1 01111 330 (200	. נכי			$O_{\Gamma}$	OVINODOMITATION

36-2580040

Page 12

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

Form **990** (2009)

Щ	6
Z	66
뽀	Ĕ
သွ	F)

19405

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public. Inspection OMB No 1545-0047 2009

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

Department of the Treasury Internal Revenue Service			gamization	■ Attach to Form 990.	Igaintation answered 168 on Form 390, Part IV, lines ∡1 of ∠2.  ▶ Attach to Form 990.	35 Z1 Of ZZ.		Open to Public Inspection	<u> </u>
Name of the organization	ILLINOIS SOCIETY OF C/O DR. PATRICK FOLK	OF ORTHODONTISTS FOLEY	TISTS			Employer 36-25	Employer identification number $36-2580040$		
Part I Genera	General Information on Grants and Assistance	<b>Assistance</b>							
s the select cribe	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 criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	he amount of the gonce? Ince? Intoring the use of	rants or ass grant funds	istance, the grantees in the United States.	eligibility for the grants	or assistance, and	-	Yes X	ž
Part II Grants Form 99 Part IV	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	vernments an ecipient that re ) if additional s	d Organi ceived m pace is n	zations in the Ur ore than \$5,000. needed	ited States. Com Check this box if	plete if the org no one recipie	lanization anson received me	wered "Yes" to ore than \$5,000. Use ▶	'
1 (a) Name and or	(a) Name and address of organization or government	(p) EIN	(c) IRC section if aonlicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant or assistance	
UNIVERSITY OF IL 801 S PAULINA ST CHICAGO	IL - DEPT OF ORTHO ST IL 60612	37-6000511		10,000		long		GENERAL BLD FUND	
:									
			-						
·	-								
	·								
2 Enter total number of section 501(c)(3)	Enter total number of section 501(c)(3) and government organizations.	organizations							

Schedule I	Schedule I (Form 990) 2009 ILLINOIS SOCIETY OF ORTHODONTISTS 36–2580040  Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	CIETY OF ORTHO to Individuals in the (Form 990) if addition	DDONTISTS  United States. Cornal space is needed	36-2580040 Complete if the organiza eded.	ition answered "Yes" to For	Page 2
;	(a) Iype of grant of assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
						•
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the information	on required in Part I,	line 2, and any other additi	onal information.

19405

#### SCHEDULE O (Form 990)

**Supplemental Information to Form 990** 

2009

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

• Attach to Form 990.

Quen to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ILLINOIS SOCIETY OF ORTHODONTISTS C/O DR. PATRICK FOLEY

Employer identification number 36-2580040

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS DONATION MADE TO THE UNIVERSITY OF ILLINOIS AT CHICAGO DEPARTMENT OF ORTHO FOR THE GENERAL BUILDING FUND FOR 2010. PART VI, LINE 9 -OFFICERS WHO CANNOT BE REACHED RON JACOBSON 4200 W. PETERSON AVE #116 CHICAGO, IL 60646 ROB GIRGIS 7350 JANES AVE WOODRIDGE, IL 60517 MART MCCLELLAN 450 GREEN BAY ROAD KENILWORTH, IL 60043 FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM NO REVIEW WAS OR WILL BE CONDUCTED. VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

# Application for Extension of Time To File an Exempt Organization Return

Department of the Internal Revenue		► File a separate application for each return.						
		stomatic 3-Month Extension, complete only Part I and check this box			<u> </u>	<b>▶</b> X		
	-	iditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form	``	••	• ••			
		ess you have already been granted an automatic 3-month extension on a previously filed For		58				
Part I		c 3-Month Extension of Time. Only submit original (no copies needed).		<u> </u>				
A corporation	required to file	Form 990-T and requesting an automatic 6-month extension—check this box and complete						
Part I only						▶ □		
All other corpo		ting 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exte	nsion	of .		_		
		enerally, you can electronically file Form 8868 if you want a 3-month automatic extension of ti	ima ta	file				
		ow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8		III G				
		the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870		ın				
-		onsolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Page 2)		•				
		e electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonpro		,, , , , , , , , , , , , , , , , , , , ,				
Type or				:-!	id-all-a-			
print		OIS SOCIETY OF ORTHODONTISTS	nipio	yer idem	ification nu	nber		
File by the			86-2	25800	40			
due date for		eet, and room or suite no. If a P.O. box, see instructions.	0-2	. 5000	40			
filing your return See 325 N. RAND ROAD								
Instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
LAKE ZURICH IL 60047								
Check type o	return to be	filed (file a separate application for each return):						
X Form 99	0	Form 990-T (corporation)			Form 4720			
Form 99	0-BL	Form 990-T (sec. 401(a) or 408(a) trust)			Form 5227			
Form 99	0-EZ	Form 990-T (trust other than above)		П	Form 6069			
☐ Form 990-PF ☐ Form 1041-A ☐ Form 8870								
Telephone  If the orga  If this is fo or the whole go a list with the r	No. ▶ nization does r r a Group Retu roup, check th names and EIN	ls box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attails of all members the extension will cover.	 this is ich			▶ 🏻		
		3-month (6 months for a corporation required to file Form 990-T) extension of time						
		, to file the exempt organization return for the organization named above. The extension is						
	rganization's re							
	ax year beginr	or $0.7/0.1/0.9$ , and ending $0.6/3.0/1.0$ .						
2 If this tax year is for less than 12 months, check reason: I Initial return Final return Change in accounting period								
3a If this ap	plication is for	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,						
-		credits. See instructions.	3a	\$				
		Form 990-PF or 990-T, enter any refundable credits and estimated tax						
payment	s made. Includ	le any prior year overpayment allowed as a credit.	3Ь	\$				
		line 3b from line 3a. Include your payment with this form, or, if required,		· · · · · ·				
		on or, if required, by using EFTPS (Electronic Federal Tax Payment	ļ					
	See instructio	· · · · · · · · · · · · · · · · · · ·	3c	\$				
aution. If you	are going to n	nake an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-E						
or payment ins	tructions.							
or Privacy Ac	t and Paperw	ork Reduction Act Notice, see Instructions.		For	m <b>8868</b> (Re	v. 4-2009)		