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

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

2009

OMB No. 1545-1150

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

Open to Public Inspection

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 2009, and ending A For the 2009 calendar year, or tax year beginning 20 JUNE 30 C Name of organization D Employer identification number Check if applicable Address change **EDENWALD RESIDENTS' ASSOCIATION** 52-1514950 label or Name change print or Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return 410-339-6000 **800 SOUTHERLY RD** Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return nstruc BALTIMORE, MARYLAND 21286-8403 Number ▶ Application pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ▶ ☑ If the organization is not required to attach Schedule B (Form 990, I Website: ▶ 990-EZ, or 990-PF). K Check D [1] If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-FZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received . . . . 100635 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments . . . . 4 2349 Investment income . . . . . . . 4 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses . . . . 22071 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □ Gross revenue (not including \$ of contributions 6b Less: direct expenses other than fundraising expenses . . . . . Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 6c Gross sales of inventory, less returns and allowances . . . . . 7a 7a 9074 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C Other revenue (describe ▶ 8 8 134129 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . 9 9 10 Grants and similar amounts paid (attach schedule) . . . 10 11 11 Benefits paid to or for members . . . . . . . . . 86900 Salaries, other compensation, and employee benefits . . . 12 Professional fees and other payments to independent contractors . 13 13 14 223 14 Occupancy, rent, utilities, and maintenance . . . . . 2457 15 15 Printing, publications, postage, and shipping . . . . . 31181 16 Other expenses (despribe PROGRAM EXPENSES, SPEAKERS, CLERGY Total expenses. Add lines 10 through 16 . . . . . 17 120761 18 13368 19 159025 Other changes in het assets or fund balances (attach explanation) . . . . 20 172393 Mattassets or fund balances at end of year. Combine lines 18 through 20 21 Bafance Sheets: If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (B) End of year (See the instructions for Part II.) (A) Beginning of year 159025 22 172393 22 Cash, savings, and investments . . . . . 0 23 0 23 0 24 0 24 Other assets (describe ▶ 159025 25 172393 25 Total assets . . . . 0 26 Total liabilities (describe ▶ 26 159025 27 172393 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27

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

Cat No. 106421

Form 990-EZ (2009)



Form	990-EZ (2009)					Page 2		
Part III Statement of Program Service Accomplishments (See the instructions for Part III.)						Expenses		
What is the organization's primary exempt purpose? <a href="see attached statement">see attached statement</a> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)					
28	RECOGNIZE AND REWARD EMPLOYEES FOR EXEMPLART PERFORMANCE							
29	(Grants \$ ) If this amount SPONSOR STUDY, RELIGIOUS, AND ENRICHMENT	includes foreign grants, che PROGRAMS FOR RESIDENTS		. ▶ 🗆	28a	86900		
30	(Grants \$ ) If this amount includes foreign grants, check here ▶ □ PROVIDE PERMANENT IMPROVEMENTS IN FACILITY FOR BETTERMENT OF RESIDENTS				29a	11412		
31	Other program services (attach schedule)			. • 🗆	30a	13168		
20		includes foreign grants, che		<u>. ▶ □</u>	31a	6601 1858		
Par	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key							
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit deferred compe	ns to plans &	(e) Expense		
	garet Ruppersberger Southerly Rd, #1601, Baltimore, MD 21286	president - 24	0		0	0		
	odore Carski, MD A Southerly Rd, #824, Baltimore, MD 21286	vice president - 24	0		0	0		
Nancie Verkerke 800 Southerly Rd, #913, Baltimore, MD 21286		secretary - 16	0		0	0		
	ald Stegner A Southerly Rd, # 1229, Baltimore, MD 21286	treasurer - 16	0		0	0		
				I				

Form 990	0-EZ (2009)		_ P	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No ✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b 36		✓
	Enter amount of political expenditures, direct or indirect, as described in the instructions.   Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?			1
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
	Initiation fees and capital contributions included on line 9	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Edenwald Residents' Association Telephone no. ▶ Located at ▶ 800 Southerly Rd., Baltimore, MD 21286 ZIP + 4 ▶	21286	5-8403	, <b></b>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	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	122		. •
С	and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
43	If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here  and enter the amount of tax-exempt interest received or accrued during the tax year		.	▶□
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
	For	99	0- <b>EZ</b>	(2009)

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt chari nd 51.	xempt charitatitable trusts mu	ole trusts only. A st answer question	ll sec ns 46	tion -49I	<b></b>
	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete				46		<b>√</b>
	Did the organization engage in lobbying activitie				47		<b>√</b>
	s the organization a school as described in section		•		48		<b>-</b>
	Did the organization make any transfers to an ex		_		49a		<b>—</b>
50	If "Yes," was the related organization a section 5 Complete this table for the organization's five hi employees) who each received more than \$100,	ghest compensated emplo	yees (other than	officers, directors, t	49b rusted	es an	d key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e) Expense account and		ise ind
none							
				<u> </u>			
				<u> </u>			
f	Total number of other employees paid over \$100	0,000 ▶	0	<u></u>			
	(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service				(c) Compensation		
none							
d	Total number of other independent contractors	each receiving over \$100,0	00▶	0			
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration	ed this return, including accompanion preparer (other than officer) is t	nying schedules and st based on all information	atements, and to the bes	t of my any kno	knowi	edge e.
Sign Here	Signature of reflicer Date					)	
	Donald L. Stegner. Treasurer  Type or print name and title						
Paid	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying number (See instructions)			tions)
Prepare Use Onl	nty yours if self-employed),						
May the	address, and ZIP + 4 P e IRS discuss this return with the preparer show	n above? See instructions			Yes		No
				Fo	rm <b>99</b> (	)-EZ	(2009)

## **SUPPORTING STATEMENTS**

-Part III - The purpose of the organization is to foster and promote programs which will increase the quality of care, knowledge, and services to the residents of the Edenwald Retirement community.

## Line 31

Notes to sick & bereaving residents	\$ 204
Coffee & conversation social meetings	\$ 46
Computer lab & supplies	\$ 1992
Health Issues	\$ 93
Office supplies	\$ 2086
Residents' 4 <sup>th</sup> July party	\$ 625
Maintain residents' aviary	\$ 1300
Shop supplies	\$ 255
TOTAL	\$ 6601