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A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization HEALTHY FAMILIES PARTNERSHIP INC		D Employer identification number 54-1853309
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 100 OLD HAMPTON LANE		E Telephone number (757) 727-2700
Name change				
Initial return		City or town, state or country, and ZIP + 4 HAMPTON, VA 23669		F Group Exemption Number
Terminated				
Amended return				
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).

G Accounting method ☐ Cash ☒ Accrual
 Other (specify) ▶

I Website: <u>WWW.HAMPTON.VA.US/HEALTHYFAMILIES</u>		H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— ☒ 501(c)(3) ☐ (insert no.) ☐ 4947(a)(1) or ☐ 527		

K Check  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-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L 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	\$	119,992
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Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue			
1	Contributions, gifts, grants, and similar amounts received	1	70,419
2	Program service revenue including government fees and contracts	2	8,732
3	Membership dues and assessments	3	
4	Investment income	4	285
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here  		
a	Gross revenue (not including \$ _ of contributions reported on line 1) 	6a	30,961
b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	30,961
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe )	8	9,595
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 	9	119,992

Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	4,800
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	2,197
	16	Other expenses (describe _____)	16	112,666
	17	Total expenses. Add lines 10 through 16	17	119,663

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	329
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	206,303
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	206,632

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	222,909	22 165,003
23	Land and buildings		23
24	Other assets (describe )		24 42,249
25	Total assets	222,909	25 207,252
26	Total liabilities (describe )	16,606	26 620
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	206,303	27 206,632

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO ENHANCE, SUSTAIN AND INITIATE COMMUNITY-BASED PROGRAMS THAT SUPPORT FAMILIES AND CHILDREN			
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			
28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	30a	
31 Other program services (attach schedule) ☐			
(Grants \$)	If this amount includes foreign grants, check here . . . ☐	31a	
32 Total program service expenses (add lines 28a through 31a) ☐		32	101,874

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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		
a	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	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
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	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	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	No
41	List the states with which a copy of this return is filed ▶ VA		
42a	The organization's books are in care of ▶ DEBBIE RUSSELL Telephone no ▶ (757) 727-2700 100 OLD HAMPTON LANE Located at ▶ HAMPTON, VA ZIP + 4 ▶ 23669		
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)? 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.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	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 ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	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.			
	Signature of officer		Date	
Paid Preparer's Use Only	Preparer's signature		Date	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		Check if self-employed	EIN
	Phone no			
May the IRS discuss this return with the preparer shown above? See instructions				

SCHEDULE A
(Form 990 or 990EZ)

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

2009

Open to Public Inspection

Name of the organization
HEALTHY FAMILIES PARTNERSHIP INC

Employer identification number
54-1853309

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts 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 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	127,855	92,175	130,340	158,723	70,419	579,512
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	127,855	92,175	130,340	158,723	70,419	579,512
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						579,512

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	127,855	3,364	130,340	158,723	70,419	579,512
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,280	3,364	2,600	1,030	285	9,559
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets					8,732	8,732
11 Total support (Add lines 7 through 10)						597,803
12 Gross receipts from related activities, etc (See instructions)					12	40,556
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	96 940 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	98 310 %
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

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

Additional Data

Software ID:
Software Version:
EIN: 54-1853309
Name: HEALTHY FAMILIES PARTNERSHIPINC

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 OUR PARENTING PROGRAMS OFFER A WIDE VARIETY OF WORKSHOPS, CLASSES AND PLAYGROUPS THAT FOCUS ON ALL STAGES OF DEVELOPMENT - FROM THE PRENATAL TO THE TEEN YEARS NUMBER OF FAMILIES ATTENDING CLASSES FROM JULY 1, 2009 - JUNE 30, 2010 PARENTING CLASSES 822 PLAYGROUPS 434 FAMILIES WITH 1,380 CHILDREN (Grants \$) If this amount includes foreign grants, check here . . . ☐	28a	54,808
29 READING READINESS A PROGRAM HEALTHY FAMILIES PARTNERSHIP, INC HAS OFFERED OVER YEARS, HAS NOT INCORPORATED THE MAYOR'S BOOK CLUB WHICH REINFORCES "READING IS A CORE VALUE IN HAMPTON " EACH MONTH OVER 75 VOLUNTEERS READ TO 3,962 CHILDREN PRESCHOOL, KINDERGARTEN AND FIRST GRADE STUDENTS IN HAMPTON CHILD DEVELOPMENT CENTERS AND HAMPTON CITY SCHOOLS EVERY PRESCHOOLER (814) RECEIVES A COPY OF THAT MONTHS BOOK THE GOAL OF THIS PROGRAM IS TO GET A BOOK INTO THE HANDS OF CHILDREN SO THAT THEY CAN BEGIN TO CREATE THEIR OWN PERSONAL HOME LIBRARY (Grants \$) If this amount includes foreign grants, check here . . . ☐	29a	41,771
30 HEALTHY START, OUR HOME VISITING PROGRAM, SUPPORTS FAMILIES FROM PREGNANCY UNTIL A CHILD ENTERS KINDERGARTEN PARTICIPATING IS VOLUNTARY AND IS BASED ON A FAMILY'S SPECIFIC NEEDS NUMBER OF FAMILIES RECEIVING HOME VISITS THROUGH HEALTHY START 1,026 PERCENT OF ELIGIBLE FAMILIES ACCEPTING HEALTHY START SERVICES 86% (Grants \$) If this amount includes foreign grants, check here . . . ☐	30a	3,363
HEALTHY STAGES - PARENTING NEWSLETTERS THE HEALTHY FAMILY PARTNERSHIP REACHES OUT TO THE COMMUNITY WITH TIMELY INFORMATION ON CHILDHOOD DEVELOPMENT THROUGH A 28 EDITION SERIES OF NEWSLETTERS NUMBER OF CHILDREN 0 - 5 YEARS OLD WHO BENEFITED FROM THEIR PARENTS RECEIVING HEALTHY STAGES NEWSLETTERS - 5,451 CHILDREN RECEIVED 12,008 NEWSLETTERSS, 20,685 CHILDREN IN GRADES K-12 RECEIVED A SCHOOL AGE EDITION (Grants \$) If this amount includes foreign grants, check here . . . ☐		1,932

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
IRENE FERRAINOLO 3120 VICTORIA BLVE HAMPTON, VA 23661	VICE PRESIDE 0	0		
MICHAEL CANTY 22 LINCOLN STREET HAMPTON, VA 23669	TREASURER 0	0		
MARY BUNTING 22 LINCOLN STREET HAMPTON, VA 23669	BOARD MEMBER 0	0		
KEITH DAVIS PHR 7505 WARWICK BLVD NEWPORT NEWS, VA 23607	BOARD MEMBER 0	0		
CHERYL FREEMAN HAMPTON UNIVERSITY HAMPTON, VA 23668	BOARD MEMBER 0	0		
KASIA GRZELKOWSKI 2520 58TH STREET HAMPTON, VA 23661	BOARD MEMBER 0	0		
SUSAN HARMAN 11780 JEFFERSON AVENUE SUITE C NEWPORT NEWS, VA 23606	BOARD MEMBER 0	0		
PHYLLIS HENRY 514 STOCKTON STREET HAMPTON, VA 23669	BOARD MEMBER 0	0		
ARTIE HILL 46 MARROW STREET HAMPTON, VA 23669	BOARD MEMBER 0	0		
CHARLENE JOHNSON 136 KINGS WAY HAMPTON, VA 23669	BOARD MEMBER 0	0		
RUTHANN KELLUM 2915 MATOAKA ROAD HAMPTON, VA 23661	BOARD MEMBER 0	0		
ALEXANDER NORWOOD JR 5 CARRINGTON COURT HAMPTON, VA 23666	BOARD MEMBER 0	0		
JAYNELLE OEHLER 201 LINCOLN STREET HAMPTON, VA 23669	BOARD MEMBER 0	0		
DR LEROY STIFF 2 SUTTON PLACE HAMPTON, VA 23666	BOARD MEMBER 0	0		
TORIE BASHEY 3000 COLISEUM DRIVE HAMPTON, VA 23666	BOARD MEMBER 0	0		
ROBERT CARSEY 101 RIVER BIRCH COURT NEWPORT NEWS, VA 23602	BOARD MEMBER 0	0		
PHILIP PAGE JR 1 S ARMISTEAD AVENUE HAMPTON, VA 23669	PRESIDENT 0	0		

OMB No. 1545-0047

Open to Public Inspection

54-1853309

Part II 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
		COLISEUM FUNDRA (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	30,961		30,961
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	30,961		30,961
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3, column d, and line 10. ▶			
					30,961

Part III 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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 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	No
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	No
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	No
12	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?	12	No

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a	The organization's facility 13a		
b	An outside facility 13b		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ DEBBIE RUSSELL			
Address ▶ 100 OLD HAMPTON LANE HAMPTON, VA 23669			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	No
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			
Name ▶			
Address ▶			
16 Gaming manager information			
Name ▶			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	No
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

TY 2009 Compensation Explanation**Name:** HEALTHY FAMILIES PARTNERSHIPINC**EIN:** 54-1853309

Person Name	Explanation
IRENE FERRAINOLO	
MICHAEL CANTY	
MARY BUNTING	
KEITH DAVIS PHR	
CHERYL FREEMAN	
KASIA GRZELKOWSKI	
SUSAN HARMAN	
PHYLLIS HENRY	
ARTIE HILL	
CHARLENE JOHNSON	
RUTHANN KELLUM	
ALEXANDER NORWOOD JR	
JAYNELLE OEHLER	
DR LEROY STIFF	
TORIE BASHEY	
ROBERT CARSEY	
PHILIP PAGE JR	

TY 2009 Other Assets Schedule

Name: HEALTHY FAMILIES PARTNERSHIPINC

EIN: 54-1853309

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE		42,249
		42,249

TY 2009 Other Expenses Schedule**Name:** HEALTHY FAMILIES PARTNERSHIPINC**EIN:** 54-1853309

Description	Amount
COLISEUM FUNDRAISERS	
STIPEND - STAND MGR	4,226
EXPENSES	
MARKETING	7,175
BOOKS & MATERIALS	3,518
CUSTOMER SUPPORT	3,095
EDUCATION EVENTS	46,814
EDUCATION EVENTS	453
EDUCATION EVENTS	38,253
STIPENDS, ETC	448
TRAINING	1,727
VOLUNTEER RECOGNITION	6,957

TY 2009 Other Liabilities Schedule**Name:** HEALTHY FAMILIES PARTNERSHIPINC**EIN:** 54-1853309

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	556	620
DEFERRED REVENUE	16,050	
	16,606	620

TY 2009 Other Revenues Schedule

Name: HEALTHY FAMILIES PARTNERSHIPINC

EIN: 54-1853309

Description	Amount
PRODUCT SALES	9,595