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Form 990-EZ

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

OMB No 1545-1150 2009

Open to Public Inspection

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

Sponsoning 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 Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

JUL 1, 2009 JUN 30, 2010 For the 2009 calendar year, or tax year beginning and ending Check if applicable D Employer identification number C Name of organization Address use IRS ALPHA PSI EDUCATION SCHOLARSHIP label or 65-1316835 Name change AND LEADERSHIP FOUNDATION, INC. onnt or type E Telephone number Number and street (or P O box, if mail is not delivered to street address) Room/suite Initial return Termin-Specific PO BOX 4092 (209) 481-0558 Instruc-City or town, state or country, and ZIP + 4 Amended return F Group Exemption 95204-4092 Application pending STOCKTON, CA Number ▶ G Accounting method X Cash Accrual 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) Website: ► N/A H Check | If the organization is not Tax-exempt status (check only one) - \times 501(c) (3) \rightarrow (insert no) \longrightarrow 4947(a)(1) or \downarrow 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check Fig. 1 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 242,270. 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) Part I 123,683. 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 2,654. RECEIVED Investment income SCANNED DCI 1 3 115,933 STMT 2 Gross amount from sale of assets other than inventory-Less cost or other basis and sales exgenses SEP 2.7 2010 116,278. <345.> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts-of-Schedule-G). If any amount is from gaming, check here ▶ L DADEN, becontributions a Gross revenue (not including \$ 6a reported on line 1) Less direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a 7a Gross sales of inventory, less returns and allowances 7b Less cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe 8 125,992. g Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 4,700.STMT 3 10 10 Grants and similar amounts paid (attach schedule) 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 1,100. 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 664. 15 15 Printing, publications, postage, and shipping 1,257. SEE STATEMENT 1) 16 Other expenses (describe 16 7,721. 17 17 Total expenses. Add lines 10 through 16 118,271. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 71,908. 19 (must agree with end-of-year figure reported on prior year's return) 20 20 Other changes in net assets or fund balances (attach explanation) 190,179. Net assets or fund balances at end of year. Combine lines 18 through 20 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 71,908. 190,179. 22 Cash, savings, and investments 22 23 23 Land and buildings 24 Other assets (describe 71,908. 25 190.179.25 Total assets 0. 26 Total liabilities (describe 190,179. ,908. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Form 990-EZ (2009) 932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

| For | m 990-EZ (2009) AND LEADERSHIP FOUNDATIO | N. INC. | | 65- | 13168 | 35 Page 2 |
|----------------|--|---|---|--|-------------------------|-------------------------|
| | art III Statement of Program Service Accomplishme | | | | _ | penses |
| | at is the organization's primary exempt purpose? SEE STATEMEN | | · • · · · · · · · · · · · · · · · · · · | | 1 | r section 501(c)(3) |
| | | | | | and 501(c)(4 |) organizations and |
| | scribe what was achieved in carrying out the organization's exempt p e services provided, the number of persons benefited, and other relevi | | | De | for others) | 7(a)(1) trusts, optiona |
| | GRANTED SCHOLARSHIPS TOTALING \$4,7 | | | | lor others, | |
| 26 | PHARMACY STUDENTS | OO IO DIN DIII | DICELLI . | | | |
| | PHARMACI STUDENTS | | | | | |
| | 4 700 | | | | 28a | 4,700. |
| | (Grants \$ 4,700 •) If this amount includes foreign | n grants, check here | <u> </u> | بــــا | 204 | 4,700. |
| 29 | | | | | | |
| | | | | | | |
| | | | | | _ | |
| | (Grants \$) If this amount includes foreign | n grants, check here | <u>P</u> | | 29a | |
| 30 | | | | | | |
| | | | | | | |
| | | | | _ | | |
| | (Grants \$) If this amount includes foreign | n grants, check here | <u></u> | <u>لـــا</u> | 30a | |
| 31 | Other program services (attach schedule) | | | _ | | |
| | (Grants \$) If this amount includes foreign | n grants, check here | <u></u> | | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | | | | 32 | 4,700. |
| P | art IV List of Officers, Directors, Trustees, and Key | Employees. List each one ev | en if not compensated | (See the | instructions f | or Part IV) |
| | | (h) Title and average hours | (a) Composition | | ontributions | (a) Evanges |
| | (a) Name and address | (b) Title and average hours per week devoted to | (c) Compensation (If not paid, enter | | employee fit plans & | (e) Expense account and |
| | (2) Hallo and addition | position | -0) | 1 | eferred | other allowances |
| | | · | , | | pensation | İ |
| \overline{G} | ARY DEGUIRE | DIRECTOR | | | | |
| \overline{P} | O. BOX 4092, STOCKTON, CA 95204 | 1.00 | 0. | | 0. | 0. |
| | AYNE GOHL | DIRECTOR | | | | |
| | O. BOX 4092, STOCKTON, CA 95204 | 1.00 | 0. | | 0. | 0. |
| | USTY HEWITSON | DIRECTOR | | | | ·-· |
| | O. BOX 4092, STOCKTON, CA 95204 | 1.00 | ٥. | | 0. | 0. |
| | UANE ISETTI | DIRECTOR | | | | |
| | O. BOX 4092, STOCKTON, CA 95204 | 1.00 | l o. | | 0. | 0. |
| _ | D LARIMER | SECRETARY | - | - | | |
| | .O. BOX 4092, STOCKTON, CA 95204 | 1.00 | 0. | | 0. | 0. |
| _ | LINT PENDERGRAFT | DIRECTOR | | | | |
| | .O. BOX 4092, STOCKTON, CA 95204 | 1.00 | 0. | | 0. | 0. |
| _ | ALPH SAROYAN | CFO | - | | | |
| | .O. BOX 4092, STOCKTON, CA 95204 | 5.00 | 0. | | 0. | 0. |
| | ACK SCHLEGEL | PRESIDENT/CEO | <u> </u> | | | |
| | O. BOX 4092, STOCKTON, CA 95204 | 1.00 | 0. | 1 | 0. | 0. |
| | RT WHITNEY | DIRECTOR | <u>·</u> | - | • | • |
| | O. BOX 4092, STOCKTON, CA 95204 | 1.00 | 0. | | 0. | 0. |
| Ξ | .O. DOX 4032, BIOCKION, CR 33204 | | | | <u> </u> | |
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Form 990-EZ (2009)

Form 990-EZ (2009) AND LEADERSHIP FOUNDATION, INC. Part V Other Information (Note the statement requirements in the instructions for Part V.) Yes No Х 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 34 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, 35a and proxy tax requirements? N/A35b b If "Yes," has it filed a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," Х 36 complete applicable parts of Sch N ► 37a | 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions X b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made Х 38a in a prior year and still outstanding at the end of the period covered by this return? N/A 38b b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter N/A 39a a Initiation fees and capital contributions included on line 9 39b b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under 0 • , section 4912 ► _____ O • , section 4955 ► 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 X has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers 0. 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 0. organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed > CA Telephone no ► (209) 481-0558 42a The organization's books are in care of ► RALPH SAROYAN Located at ▶ 1201 WEST MARIPOSA AVENUE, STOCKTON, ziP+4 ► 95204 b. At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b 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. X 42c 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A ▶ 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Х 44

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be

Form 990-EZ

completed instead of Form 990-EZ

Form 990-EZ (2009)

AND LEADERSHIP FOUNDATION, INC.

| | organizations and section 4947(a)(1) nonexempt charitat and 51 | ole trusts must answer question | ns 46-49b and con | nplete the tables | tor lines | 30 |
|-------------|---|--|---------------------------------------|---|----------------------------------|-------------|
| 46 | Did the organization engage in direct or indirect political campaign activiti | es on behalf of or in opposition to c | candidates for public | | Yes | No |
| | office? If "Yes," complete Schedule C, Part I | | | | 46 | X |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete S | Schedule C, Part II | | Ţ | 47 | X |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If ") | | | | 48 | X |
| 49 a | Did the organization make any transfers to an exempt non-charitable relati | | | | 19a | X |
| | If "Yes," was the related organization a section 527 organization? | · · | | 4 | 19b | |
| 50 | Complete this table for the organization's five highest compensated emplethan \$100,000 of compensation from the organization. If there is none, expenses the compensation of the compensat | • • | s, trustees and key er | mployees) who eac | h received | more |
| | (a) Name and address of each employee paid more than \$100,000 NONE | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Exp accoun other allow | and |
| f 51 | Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated indep | pendent contractors who each recei | yed more than \$100. | 000 of compensat | on from th | e |
| | organization If there is none, enter "None" NONE | | · · · · · · · · · · · · · · · · · · · | | | |
| | (a) Name and address of each independent contractor paid m | ore than \$100,000 | (b) Type of ser | vice (c) | Compensa | tion |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Total number of other independent contractors each receiving over \$100 Under penalties of penury, I declare that I have examined this return, including | | nts. and to the best of m | v knowledge and belie | f. it is true. | |
| Sigı Her | correct, and complete Declaration of preparer (other than officer) is based on | all information of which preparer has any | knowledge | ^ | 13- | 10 |
| | Preparer's signature Only Firm's name (or yours it self-employed). address, and ZIP+4 STOCKTON, CA 95219 | P 9/13 10 em | eck if self- ployed Prep | | | <u> </u> |
| Mav | the IRS discuss this return with the preparer shown above? See instruction | nns | | \(\(\frac{2}{5}\)\frac{1}{4} | | No |
| uy | and the disease and retain with the highers stident andre. See histinging | /// v | | | rm 990-EZ | |

SCHEDULE A

Department of the Treasury

Internat Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

ALPHA PSI EDUCATION SCHOLARSHIP Employer identification number Name of the organization 65-1316835 AND LEADERSHIP FOUNDATION, INC. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). 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. **b** Type II c ____ Type III - Functionally integrated ___ Type III - Other a Type I 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col in col (i) listed in your organization in col organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes

932021 02-08-10

Form 990 or 990-EZ.

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 AND LEADERSHIP FOUNDATION, INC.

Part II Support Schedule for Organizations Described in Sections 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)

| Sec | tion A. Public Support | | | | · · · · · · · · · · · · · · · · · · · | | | |
|------|--|----------|----------------------|---------------------------|---------------------------------------|--------------------|------------------------|--|
| Cale | ndar year (or fiscal year beginning in)▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total | |
| | Gifts, grants, contributions, and | | | | | İ | | |
| | membership fees received (Do not | | | | | | | |
| | include any "unusual grants") | | | | 74,300. | 123,683. | 197,983. | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to | ; | | | | | | |
| | or expended on its behalf | | | <u> </u> | | | | |
| 3 | The value of services or facilities | ı | | | | | | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | 74,300. | 123,683. | 197,983. | |
| 5 | The portion of total contributions | | | | | | | |
| | by each person (other than a | | | | 4 | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included | | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, | | | | | | 112 407 | |
| | column (f) | | | | | | 113,427. 84,556. | |
| | Public support. Subtract line 5 from line 4 | <u> </u> | <u> </u> | <u> </u> | | | 84,556. | |
| Sec | ction B. Total Support | | | 7 | | | | |
| | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total 197, 983. | |
| 7 | Amounts from line 4 | | | | 74,300. | 123,683. | 197,903. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties | | | ļ | 021 | 2 652 | 2 474 | |
| | and income from similar sources | | | | 821. | 2,653. | 3,474. | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the | | | | | | | |
| | business is regularly carried on | <u> </u> | | - | | | | |
| 10 | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | İ | | | | |
| | assets (Explain in Part IV.) | | | | | | 201,457. | |
| | Total support. Add lines 7 through 10 | | 1 | <u></u> | 1 | 12 | 201/43/1 | |
| | Gross receipts from related activities, First five years. If the Form 990 is for | • | • | ard fourth or fifth t | av voar an a nootio | | | |
| 13 | | | s ilist, second, til | ira, ioaitii, or iiitii t | ax year as a section | 11 30 1(0)(3) | ► X | |
| Sei | organization, check this box and stor ction C. Computation of Publ | | ercentage | | | | <u> </u> | |
| | Public support percentage for 2009 (| | | column (fl) | | 14 | % | |
| | Public support percentage from 2008 | | | 00.0 (,,, | | 15 | % | |
| | 33 1/3% support test - 2009.if the o | | | on line 13, and line | 14 is 33 1/3% or m | ore, check this bo | x and | |
| | stop here. The organization qualifies | | | | | | ▶ □ | |
| ŀ | 33 1/3% support test - 2008.if the c | | _ | | l line 15 is 33 1/3% | or more, check th | is box | |
| | and stop here. The organization qua | | | | | | ▶ □ | |
| 17a | 10% -facts-and-circumstances tes | | | | e 13, 16a, or 16b, a | and line 14 is 10% | or more, | |
| | and if the organization meets the "fac | | | | | | | |
| | meets the "facts-and-circumstances" | | | | | • | ▶ □ | |
| ı | 10% -facts-and-circumstances tes | | | | | 7a, and line 15 is | 10% or | |
| | more, and if the organization meets t | | | | | | | |
| | organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization | | | | | | | |
| 18 | Private foundation. If the organization | | | | | | s • | |
| | | | | | Sche | edule A (Form 990 | or 990-EZ) 2009 | |

| Part III Support Schedule for Or | ganizations | Described in | Section 509(a |)(2) (Complete only | ıf you checked the b | ox 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 |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | ļ <u>.</u> . | | ļ | | |
| Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | · · · · · · · · · · · · · · · · · · · | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital | | | | | - | |
| assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 First five years. If the Form 990 is for the | ne organization | 's first, second, thir | d, fourth, or fifth t | ax year as a secti | on 501(c)(3) organi | zation, |
| check this box and stop here | -· | | | | | ▶□ |
| Section C. Computation of Public | Support Pe | ercentage | | | | |
| 15 Public support percentage for 2009 (lin | e 8, column (f) o | divided by line 13, o | column (f)) | | 15 | 9 |
| 16 Public support percentage from 2008 S | Schedule A, Par | t III, line 15 | | | 16 | 9 |
| Section D. Computation of Invest | ment Incom | ne Percentage | | | | <u> </u> |
| 17 Investment income percentage for 200 | 9 (line 10c, colu | ımn (f) dıvıded by lı | ne 13, column (f)) | | 17 | 9 |
| 18 Investment income percentage from 20 | | | | • | 18 | 9 |
| 19a 33 1/3% support tests - 2009. If the o | rganızation dıd | not check the box | on line 14, and lin | e 15 is more than | 33 1/3%, and line | |
| | icton hara. The | e organization quali | fies as a publicly : | supported organiz | ation | ▶∟ |
| more than 33 1/3%, check this box and | | | | | | |
| b 33 1/3% support tests - 2008. If the o | rganization did | not check a box or | | | | and . — |
| | rganization did k this box ands | not check a box or top here. The orga | nization qualifies | as a publicly supp | orted organization | and ▶ ☐ |

| FORM 990-EZ | ОТНІ | ER EXPENSES | | STATEMENT | 1 |
|---|----------------------|------------------------|--------------------|-----------------------|----------|
| DESCRIPTION | | | | AMOUNT | |
| TRAVEL & MEETINGS PROMOTIONS SUPPLIES FEES & REGISTRATION | | | | 10 30 49 36 | 0. 0. |
| TOTAL TO FORM 990-EZ, | LINE 16 | | : | 1,25 | 7. |
| FORM 990-EZ GAIN (| LOSS) FROM PUB | LICLY TRADED SEC | CURITIES | STATEMENT | 2 |
| DESCRIPTION | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | NET GAIN OR (LOSS) | |
| WELLS FARGO | 115,933. | 116,278. | 0. | <34 | 5.> |
| TO FORM 990-EZ, LINE 5 | 115,933. | 116,278. | 0. | <34 | — 5.> |

| FORM 990-EZ CASH GRANTS AND ALLOCA | ATIONS | STATEMENT 3 |
|--|---------------------------|-------------|
| CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS | GRANTEE'S RELATIONSHIP | AMOUNT |
| HELEN ROWLAND SCHOLARSHIP | NONE | 500. |
| MAX POLINSKY SCHOLARSHIP | NONE | 300. |
| RICK FRIEDMANN MEMORIAL SCHOLARSHIP | NONE | 300. |
| GERALD MILLER MEMORIAL SCHOLARSHIP | NONE | 300. |
| E.E. ROSCOE SCHOLARSHIP | NONE | 300. |
| JOHN F. SCHLEGEL SCHOLARSHIP | NONE | 2,500. |
| IVAN W. ROWLAND SCHOLARSHIP | NONE | 500. |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10 | | 4,700. |

990-EZ PG 2 '

STATEMENT

4

TO PROMOTE EDUCATION, SCHOLARSHIP AND LEADER DEVELOPMENT BY PROVIDING FINANCIAL SUPPORT TO PHARMACY STUDENTS WITH SPECIAL CONSIDERATION GIVEN TO MEMBERS OF THE ALPHA PSI CHAPTER OF THE PHI DELTA CHI PHARMACY FRATERNITY.