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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)

OMB No 1545-0047 2009

Department of the Treasury

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

Open to Public Inspection

III.C.		CHIEC SCIVICE	The organization ma	y marc to asc	a copy of this return to	Judany Jude	reportin	groquirente		<u> </u>		•
	For th	ne 2009 calendar year,	or tax year beginning	Aug 1	. , .	2009, and e	ending	Jul	31		, 2010	
В	Check i	f applicable	C Name of organization						D Employ	er Ident	ification Nu	nber
	Ac	Please use IRS label	Arnold Memor	ial Med	dical Build:	ing Soc	ciety	,	01-	0500	734	
	Na	or print or type.	Number and street (or	PO box if m	ail is not delivered to st	reet addr) R	Room/suit	e	E Telepho	ne num	ber	
	In	tial return See	PO Box 571					i	(20)	7) 4	97-564	4
	\vdash	finstruc- rmination tions.	City, town or country			State ZIP co	de + 4		. ,			
	\blacksquare	nended return	Jonesport			ME 046	649	İ	G Gross r	eceiots :	s 72.	496.
	\vdash	· · · · · · · · · · · · · · · · · · ·	and address of principal offi	cer				(a) Is this a				Yes X No
	□ ′+	, , , , , , , , , , , , , , , , , , ,	к. мінік 261 Main		Jonesport	ME 046	549 H	(b) Are all a				Yes No
$\overline{}$	Tay	-exempt status X 50		sert no)	4947(a)(1) (If 'No,' a	ttach a list	(see ins	structions)	
÷		bsite: N/A	1(c) (3) (iii.	3011,10	1 1 +5+1 (0)(1)	<u> </u>		(c) Group o	vomation ni	ımbar Þ	•	
K		of organization X Corpor	ration Trust As	sociation	Other ►	I Vana et l		(c) Group e n 1996			egal domicile	ME
Pa		Summary	ation Trust As	sociation	Other	L rear or r	Formation	1 1330	101 3	state of t	egai domicii	PIE
IFO		Briefly describe the org	nanization's mission s	er most sign	nificant activities	To pr	ovi d	0 (m	intai		modia	
	1	building to se							iTiicai	11 a	mearc.	a
ည		Addison, Jones					ears	·				
ja L		riddison, cone.	<u> </u>	<u> </u>	10110/ 11011							
Activities & Governance	2	Check this box ►	if the organization di	continued	ıts onerations or o	– – – – Jispòsed of	more	 than 25%	of its as	– sets		
ğ		Number of voting mem	•		•				, v. 115 a.		9	
ବ୍ଦ ବ୍		Number of independen				line 1b)					0	
퇃	5	Total number of emplo	yees (Part V, line 2a))						5		
듄		Total number of volunt								\rightarrow	9	
⋖		Total gross unrelated b			• •	2				7a		0.
	ь	Net unrelated business	s taxable income from	Form 990	-T, line 34					7b		
								Pr	ior Year		Curr	ent Year
⊕		Contributions and gran							·			
Revenue		Program service reven										
ۿ		Investment income (Pa							40 1	2.		11.
-		Other revenue (Part VI			•				40,1			38,214.
		Total revenue — add III), line 12)			40,1			38,225.
		Grants and similar am			· ·				2,0	100.		3,000.
	1	Benefits paid to or for				E 400			-			
ø		Salaries, other comper	· =			nes 5-10)				0.		0.
Ě	16a	Professional fundraising	ng fees (Part IX, colur	nn (A), line	e 11e)							
Expenses	ь	Total fundraising exper	nses (Part IX, column	(D), line 2	5) DECEN	FD.	<u>-0.</u>					
ш	17	Other expenses (Part I	IX, column (A), lines	11a-11 d , 1	14-24-CUEIV	ED			23,3	82.		22,152.
		Total expenses Add III				$^{\circ}$			25,3	82.		25,152.
		Revenue less expense							14,7	69.		13,073.
8 8				l iii		RS.		Begin	ning of Y		End	of Year
100	20	Total assets (Part X, II	ine 16)	'	CODEN				496,5			501,415.
\$ B	21	Total liabilities (Part X		<u></u>	UUULN.	UI	1		29,9			21,678.
Net Assets or Fund Balancos	22	Net assets or fund bala	ances Subtract line 2	1 from line	20		J		466,6			479,737.
	rt II	Signature Blo	ck					<u>, </u>	1007	, 02.1		11371311
				ned this return	including accompany	na schodulos a	and state	ments and	to the hest	of my kn	owledge and	helief it is
		true correct and complete	, I declare that I have exami e Declaration of preparer (o	ther than office	er) is based on all inforr	nation of which	h prepare	er has any k	nowledge	o, ,,,, ,u,	omouge une	, DONO, 11 13
Sig	ın	Addi	is KEAA	iels	1				10-	26.	-201	10
He		Signature of officer		/				Date				
		► (a) illiam	k. Milike	n Pr	exident							
		Type or print name an	nd title									
_						Date		Chi	eck if	Pr	eparer's ider	ntifying number
Pa	id							self			ee msuuctio	15)
Pro		Preparer's signature							,			
	rer's	Firm's name (or				•		$\neg +$		- '		
Us		yours if self-							EIN ►			
On	ııy	employed), address, and							hone no			
1.4	, the !	ZIP + 4 RS discuss this return v	with the preparer show	wn shove?	(see instructions)			TEN	2110		Yes	s X No
IA19	y une i	no discuss triis return t	with the preparer show	mi above,			<u> </u>		TEE 40101			m 990 (2009)

Form 990 (2		<u>01-050</u>	0734		Page 2
Part III	Statement of Program Service Accomplishments				
1 Briefly	describe the organization's mission		•		
-	marido (i_t_i_				
	ding to serve the 5 area towns of Jonesport, Beals,				
_¥∂∂7	son, Jonesboro, and Columbia Falls, Maine				
2 Did the	e organization undertake any significant program services during the year which were not listed on the	prior			
Form 9	990 or 990-EZ?		Yes	X	No
If 'Yes	,' describe these new services on Schedule O		_		
	e organization cease conducting, or make significant changes in how it conducts, any program service	c ?	Yes	$\overline{\mathbf{x}}$	No
		3.		\mathbf{V}	NO
	,' describe these changes on Schedule O				
4 Descri	be the exempt purpose achievements for each of the organization's three largest program services by	expenses	Section 5	01(c)(3	3)
ang 50	01(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all ses, and revenue, if any, for each program service reported.	ocations to	otners, th	e totai	
cybell	ses, and revenue, it any, for each program service reported.				
				-	
4a (Code) (Expenses \$0. including grants of \$0.) (Re	venue Ś			0.)
Made	ntain a medical building that serves the towns of Jonesport, Be	 			<u> </u>
7.57.	itali a medical building that serves the towns of bonesport, bu	2412,			
_¥ā₫ı	son, Jonesboro, and Columbia Falls, Maine. The main floor				
_o <u>_f</u> _t	he building is rented to a medical practice & the basement	_			
Was	rented to a dental practice which closed 12/31/10.				
-~-					
		_			
4b (Code	:) (Expenses \$3,000. including grants of \$0.) (Re	venue \$			0.)
Scho	plarships of \$1,000.00 each are awarded to gualifying high	•-	-		
20110	ratiships of VI,000.00 each are awarded to guarifying high			· – – -	
zcuc	ool seniors who reside in the towns served by the medical				
_cen_t	er who attend a post-secondary institution & major in a				
<u>medi</u>	cally related field. Funds are paid after satisfactory comple	etion_			
of t	heir first semester of higher education. Scholarship recipier	nts are			
Chos	sen by the high school quidance counselors at the area high				
PCIIC	ools.				
4c (Code) (Expenses \$ including grants of \$) (Re	venue \$)
(,(-		
				- - -	
	-				
- -					
4d Other	program services (Describe in Schedule O)				
(Ехре	nses \$ including grants of \$) (Revenue \$)	
	program service expenses ► 3,000.				
viul	7.5 - 7				

1

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Schedule A 2 is the organization required to complete Schedule B, Schedule of Contributors? Х 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 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete 4 Х Schedule C, Part II 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 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,' complete Schedule D, 6 Х Part I 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X 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 9 Х Schedule D. Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 10 Х 'Yes,' complete Schedule D, Part V Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or 11 Х X as applicable 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 in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16⁷ 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 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х No Yes 12AWas the organization included in consolidated, independent audited financial statement for the tax X year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х **b** 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 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 X 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 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 X complete Schedule G, Part III

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

Х

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20

			Yes	No
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		<u> </u>
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		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	I Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		<u>x</u>
t	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		<u>x</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		x
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	contributions? If 'Yes,' complete Schedule M	30		х
31	·	31		<u>X</u>
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		_x_
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	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	38	х	
BAA		Form	990 ((2009)

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 US 0 Information Returns Enter -0- if not applicable 1 a 0 1 b b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c Х (gambling) winnings to prize winners? 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by За Х this return? b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3Ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a Х **b** If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х 5b Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c if 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5c Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a Х solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a X provided to the payor? 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с X 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e Х benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? **7**g 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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 8 Х holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a Х a Did the organization make any taxable distributions under section 4966? **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9ь Х 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11 b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009)

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.

Sect	tion A.	Governing Body and Management				
					Yes	No
1 a	Enter the	number of voting members of the governing body	1a 9	1 1		
b	Enter the	number of voting members that are independent	1 b 0]		
2	Did any o	officer, director, trustee, or key employee have a family relationship or a business rela rector, trustee or key employee?	ationship with any other	2		x
3	Did the o	rganization delegate control over management duties customarily performed by or un s, directors or trustees, or key employees to a management company or other persor	der the direct supervision	3		x
		rganization make any significant changes to its organizational documents		4		X
		prior Form 990 was filed?				
		rganization become aware during the year of a material diversion of the organization	s assets?	5		Х
		organization have members or stockholders?		6		X
		organization have members, stockholders, or other persons who may elect one or m	ore members of the	7a		х
b	•	decisions of the governing body subject to approval by members, stockholders, or oth	er persons? .	7b		Х
8	Did the o	rganization contemporaneously document the meetings held or written actions underlying:	aken during the year by			
а		rning body?		8a	Х	
	_	nmittee with authority to act on behalf of the governing body?		8b	Х	
	Is there a	any officer, director or trustee, or key employee listed in Part VII, Section A, who can the maining address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	9		х
Sec		Policies (This Section B requests information about policies not	required by the Interna			Λ
	nue Code	•				
					Yes	No
10a	Does the	organization have local chapters, branches, or affiliates?		10a		_X_
b	If 'Yes,' o	toes the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10b		
		organization provided a copy of this Form 990 to all members of its governing body be		11	Х	
11 A	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		<u>X</u>
b	Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests t ts?	hat could give rise	12b		
C	Does the	organization regularly and consistently monitor and enforce compliance with the police O how this is done	cy? If 'Yes,' describe in	12c		
13	Does the	organization have a written whistleblower policy?		13		X
14	Does the	organization have a written document retention and destruction policy?		14		X
15	Did the p	rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent sion?			
а	•	nization's CEO, Executive Director, or top management official		15a	L	X
	_	icers of key employees of the organization		15b		Х
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16 a	Did the c	organization invest in, contribute assets to, or participate in a joint venture or similar a ring the year?	arrangement with a taxable	16a		_x_
h	in joint v	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	to evaluate its participation the organization's exempt	16ь		
Sec		Disclosures				
17	List the s	states with which a copy of this Form 990 is required to be filed Maine				
18	Section (5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar in Indicate how you make these available Check all that apply	nd 990-T (501(c)(3)s only) ava	aılable	for pu	blic
	Own	website Another's website X Upon request				
	statemer	in Schedule O whether (and if so, how) the organization makes its governing documnts available to the public				al
		ename, physical address, and telephone number of the person who possesses the borine F. Perry, CPA 43 Loon Point Road, Jonesport,		ization		5644
•	- File			'_		

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not	compensate any current officer, director, or trustee (B) (c) (D) (E) (F)											
(A)	(B)			(6	c)			(D)	(E)	(F)		
Name and Title	Average hours		tion (k all i	hat app	_	Reportable compensation from	Reportable compensation from	Estimated amount of other		
	per week	adividi el trusteri or director	institutional foistee	Offic 21	Key amployee	Highest conएकाऽअस्ति employee	ru,nei	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		
William K. Milliken	E 00	v		v				0	0.	0.		
President	5.00	<u> </u>		Х		<u> </u>	<u> </u>	0.	0.	<u> </u>		
Paul Hauser												
Vice-President	1.00	X		Х				0.	0.	0.		
Julie Farris						İ						
Secretary	3.00	Х		X				0.	0.	0.		
Dwight Alley					1	:						
Treasurer	6.00	Х	L	Х	_			0.	0.	0.		
	<u> </u>											
			╁	<u> </u>	\vdash	 				<u>. </u>		
			<u> </u>		 							
				<u> </u>	L			,				
			T	T-	Γ							
			_		_	ļ	_					

(A)	(B)	l		(6	c)			(D)	(E)	-		(F)	
Name and Title	Average hours							Reportable compensation from	Reportable		Es	limated	i
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation fron related organization (W-2/1099-MISC)	n ns	comp fro orga and	nt of ot bensation the anization frelate nization	on ed
												-	
	-	ļ 			_								
					_								
	<u> </u>	}											
1 b Total	1				> .			0.).			C
2 Total number of individuals (including but not limited from the organization	เช เทอร	e nsi	ieu i	abov	/e) v	VIIO	rece	ived more man \$	roo,ooo in report	able (ompe	nsau	on
												Yes	N
3 Did the organization list any former officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such inc</i>	or truste dividual	e, k	еу е	mpl	oye	e, or	hıgl	hest compensated	employee		3		х
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual	ortable an \$150	com),000	pen)? <i>[[</i>	satı ' <i>'Ye</i>	on a	nd o	other lete	compensation fro Schedule J for su	om ch		4		X
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete School	mpensa edule J	ation for s	froi uch	n ar per	ny u son	nrela	ated	organization for s	ervices		5	_	Х
ection B. Independent Contractors 1 Complete this table for your five highest compensate						ors t	hatı	received more tha	n \$100,000 of				
compensation from the organization (A)								(B))		(0	····	
Name and business addres	s	·			_			Description of	of Services	C	ompei	nsatio	<u>л</u>
				_		_							
2 Total number of independent contractors (including t	out not l	mite	ed to	tho	se I		d abo	ove) who received	more than				—

<u>,, a.</u>	TYM Statement of Nevenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
9.0	1a Federated campaigns 1a				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b				
윤	c Fundraising events 1c				
FA	d Related organizations 1d				
ē 50	e Government grants (contributions) 1 e				
SIS					
	f All other contributions, gifts, grants, and similar amounts not included above	i			
E 0	q Noncash contribns included in Ins 1a-1f: \$				
8 §	h Total. Add lines 1a-1f				
	Business Code			-	
EN	2a				
8	b				
질	с				
SER	d				
¥	e	. <u>.</u>			
PROGRAM SERVICE REVENUE	f All other program service revenue				
<u>*</u>	g Total. Add lines 2a-2f				
İ	3 Investment income (including dividends, interest and			•	
	other similar amounts)	11.	11.	0.	0.
ļ	4 Income from investment of tax-exempt bond proceeds				
1	5 Royalties				<u> </u>
	(i) Real (ii) Personal				
	6a Gross Rents 63, 290.				
	b Less rental expenses 30,204.				
	c Rental Income or (loss) 33,086.	22 006	22 006	0.	0.
	d Net rental income or (loss)	33,086.	33,086.	<u> </u>	0.
	7a Gross amount from sales of assets other than inventory				
					:
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				1
	8a Gross income from fundraising events	٧-			
NUE	(not including \$				
OTHER REVE	of contributions reported on line 1c)				
8	See Part IV, line 18 a 9, 195.				
盲	b Less: direct expenses b 4,067.	E 120	5,128.	0.	0.
	C Net income or (loss) from landraising events	5,128.	3,120.	0.	†
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns				
	and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a				
	b				
	°				
	d All other revenue .		_		
	e Total. Add lilles Tra-Frd	30 225	30 225	0.	0.
	12 Total revenue. See instructions	38,225.	38,225.	<u> </u>	1 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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,000.	3,000.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees .	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				· · · · · · · · · · · · · · · · · · ·
a	Management				
ŀ	Legal				
•	: Accounting				
	Lobbying			<u>-</u>	
	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees				
•	Other				
	Advertising and promotion				
13	Office expenses				
14	Information technology .				
15	Royalties				
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,088.	0.	1,088.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,634.	0.	19,634.	0.
	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)				
	State Annual Report	35.	0.	35.	0.
	Board Banguet	267.	0.	267.	0.
	: Postage	176.	0.	176.	0.
	Supplies	122.	0.	122.	0.
•	Professional Fees	115.	0.	115.	0.
1	All other expenses	715.	0.	715.	0.
_25		25,152.	3,000.	22,152.	0.
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 fundraising solicitation				
BAA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				Form 990 (2009)

Balance Sheet

(B) End of year (A) Beginning of year 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 8,676 2 33,126. Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees Complete Part II of Schedule I 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 Notes and loans receivable, net 7 Inventories for sale or use 8 0. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. 10a 689,589. Complete Part VI of Schedule D b Less. accumulated depreciation 10b 221,300 487,922. 10c 468,289. 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) 496,598. 16 501,415. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 29,936. 21,678. Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 29,936. 21,678. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. -21,260.27 11,448. 27 Unrestricted net assets 487,922. 28 468,289. Temporarily restricted net assets 29 29 Permanently restricted net assets R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, and equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 466,662. 33 479,737. 33 Total net assets or fund balances 496,598. 34 501,415. 34 Total liabilities and net assets/fund balances

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Form 990 (2009)

OH	II 330 (2	009) AIIIOIU	<u> </u>	Medical	. bulluli	ig Societ	<u>y </u>			11-0300734		1 0	aye 12
Pa	rt XI	Financial Sta	tements and	Reportin	g								
												Yes	No
1	Accou	nting method used	d to prepare the	Form 990.	X Cash	Accrual		Other					
		organization chang edule O	ged its method o	f accounting	g from a prior	year or checke	ed 'O	ther,' exp	olain				
2	a Were	he organization's	financial statem	ents compile	ed or reviewe	d by an indepe	ender	nt accoun	tant?		2a		Х
1	b Were	the organization's	financial statem	ents audited	by an indepi	endent account	ıtant?	•			2b		Х
•	c If 'Yes review	to line 2a or 2b, , or compilation o	does the organize fits financial sta	zation have itements an	a committee to selection of	that assumes r an independer	respo ent ac	onsibility factorials	for oversight o	of the audit,	2c		
	if the o	organization chang edule O	ged either its ove	ersight proce	ess or selection	on process dur	rıng tl	he tax ye	ar, explain				
•		' to line 2a or 2b, lidated basis, sepa			te whether the	e financial stat	terner	nts for the	e year were is	sued on a			
		Separate basis	Consolid	ated basis	☐ Both c	onsolidated an	nd se	parate ba	SIS				
3		esult of a federal : Act and OMB Circ		organization	required to u	ndergo an aud	dit or	audits as	set forth in th	ne Single	3a		Х
i	b If 'Yes or aud	,' did the organiza lits, explain why ir	ation undergo the Schedule O an	required aid describe a	udit or audits? any steps take	If the organizen to undergo s	zation such	n did not i audits	undergo the re	equired audit	3b		

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Form **990** (2009)

ئ ق SCHEDULE À (Form 990 or 990-EZ)

Public Charity Status and Public Support

nonexempt charitable trust.

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Total

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

Employer identification number Arnold Memorial Medical Building Society 01-0500734 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) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 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 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 X 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 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 11 Type III - Other Type III — Functionally integrated 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 If the organization received a written determination from the IRS that is a Type I, Type II 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? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) **(i)** 11 g (i) below, the governing body of the supported organization? a family member of a person described in (i) above? 11 g (ii) 11 g (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organizations h (v) Did you notify the organization in col (i) of (vi) Is the organization in col (i) organized in the US? (iv) Is the (vii) Amount of Support (i) Name of Supported (III) Type of organization (described on lines 1-9 above or IRC section nization in col Organization (i) listed in your your support? (see instructions)) governing document? Yes No Yes No Yes No

•							
	dulé A (Form 990 or 990-EZ) 2009						
Par	t II Support Schedule for (Complete only if you checke	•			(Б)(Т)(А)(ТО) ап	a 170(b)(1)(A)	(VI)
Sec	tion A. Public Support	d the box on line	3, 7, 01 8 01 1 alt				
œgi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						
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						
Sec	tion B. Total Support					T	·
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see ins	structions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501(c)(3	3) ▶ □
	tion C. Computation of Pu						1 0
	Public support percentage for 20 Public support percentage from 2			e 11, column (f)		14	<u>%</u> %
	a 33-1/3 support test — 2009. If the	e organization did	not check the box	on line 13, and	the line 14 is 33-1	<u> </u>	<u> </u>
ı	and stop here. The organization b 33-1/3 support test — 2008. If the and stop here. The organization	e organization did	not check a box of	on line 13, or 16a,	, and line 15 is 33	-1/3% or more, ch	neck this box
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	' test. check this l	box and stop here	. Explain in Part l	V how
ا	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	ind-circumstances	' test, check this t	box and stop here	. Explain in Part I	V how the

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

Sec	tion A. Public Support	Ned the box on line	2 3 OTT art 1)				
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	0.	0.	0.	0.	(0) 2003	0.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the	0.	U.	0.	0.		
	organization's tax-exempt purpose	26,869.	36,179.	40,745.	40,149.		143,942.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	20,0031					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.		0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.		0.
6	Total. Add lines 1 through 5	26,869.	36,179.	40,745.	40,149.		143,942.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons						
Ė	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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)						143,942.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	26, <u>869.</u>	36,179.	40,745.	40,149.		143,942.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	3.	4.	7.	2.		16.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	: Add lines 10a and 10b	3.	4.	7.	2.		16.
11	activities not included inline 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	,	0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (add Ins 9, 10c, 11, and 12.)						143,958.
14	organization, check this box and	s for the organizat stop here	ion's first, second	, third, fourth, or	fifth tax year as a	section 501	(c)(3)
	tion C. Computation of Pul						
	Public support percentage for 200	-		13, column (f))		_	15 99.99%
16	Public support percentage from 2	008 Schedule A, F	Part III, line 15				16 99.99%
Sec	tion D. Computation of Inv						
17	Investment income percentage for	r 2009 (line 10c, d	column (f) divided	by line 13, colum	nn (f))		17 0.01%
18	Investment income percentage from	om 2008 Schedule	A, Part III, line 1	7	•		18 0.01%
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this bo	ox and stop here.	The organization (qualifies as a pub	olicly supported org	ganization	► X
20	33-1/3 support tests — 2008. If the is not more than 33-1/3%, check Private foundation. If the organiz	this box and stop	here. The organiz	ation qualifies as	a publicly support	ied organizat	tion
	riivate iounication. It the organiz	anon did not onec	K G DOX OH IIIO 14	,	CO. One DOX dita 3		· ··

Department of the Treasury Internal Revenue Service Name of the omanization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Employer Identification number 01-0500734 Arnold Memorial Medical Building Society Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a a Total number of conservation easements 2<u>b</u> b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) · 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easement it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 1 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV. the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 ► Ś (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 Arno						01-050		Page 2
Part III Organizations Mainta	ining Colle	ctions	of Art, Hist	orical	Treasures, or	Other Similar As	sets (con	tınued)
3 Using the organization's acquisition items (check all that apply):	on accession a	and other	records, che	ck any o	f the following tha	at are a significant use	of its collec	tion
a Public exhibition			d Loan	or exch	ange programs			
b Scholarly research			e 🗌 Othe	r				
c Preservation for future genera	ations							
4 Provide a description of the organ Part XIV	nzation's colle	ections ar	nd explain hov	v they fu	rther the organiza	ation's exempt purpose	: In	
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to b	e mainta	ained as part o	of the or	ganization's colle	ction?	Yes	No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangem unt on Forr	n 990,	Part X, line	organi e 21.	zation answer	red 'Yes' to Form S	990, Part	IV, line
1 a Is the organization an agent, trus included on Form 990, Part X?						assets not	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV an	d compl	ete the follow	ng table	•			
							Amount	
c Beginning balance					•	1c		
d Additions during the year						1 d		
e Distributions during the year						1e		
f Ending balance						1f		
2a Did the organization include an a	mount on Forn	n 990, P	art X, line 21?	•			Yes	∐ No
b If 'Yes,' explain the arrangement								
Part V Endowment Funds Co	mplete if or	rganıza	tion answe	<u>red 'Y</u> €	es' to Form 99	<u>90, Part IV, line 10</u>	<u>. </u>	· · · · · · · · · · · · · · · · · · ·
	(a) Current	year	(b) Prior ye	ar	(c) Two years back	(d) Three years back	(e) Four	r years back
1 a Beginning of year balance								
b Contributions								
c Net Investment earnings, gains, and losses								
d Grants or scholarships								
Other expenditures for facilities and programs								
f Administrative expenses	Ī .							
q End of year balance								
2 Provide the estimated percentage	of the year e	nd balan	ce held as					
a Board designated or quasi-endow	/ment ►		8					
b Permanent endowment ►								
c Term endowment ►	8							
3a Are there endowment funds not in organization by	n the possessi	on of the	organization	that are	held and adminis	stered for the	Y	es No
(i) unrelated organizations							3a(i)	
(ii) related organizations							3a(ii)	
b If 'Yes' to 3a(ii), are the related of	roanizations l	isted as i	required on Sc	chedule l	R?		3b	
4 Describe in Part XIV the intended	-						1 1	
Part VI Investments-Land, E						. line 10.		·
Description of investment		(a) Cost	or other basis vestment)	(b)	Cost or other asis (other)	(c) Accumulated Depreciation	(d) Boo	ok Value
1 a Land		,			14,000.	· · · · · · · · · · · · · · · · · · ·		14,000.
b Buildings		_			627,355.	186,560.		40,795.
c Leasehold improvements				1	*	<u> </u>		<u></u>
d Equipment					48,234.	34,740.		13,494.
e Other		-		T				
Total. Add lines 1a through 1e (Column	n (d) must ear	ial Form	990. Part X o	column (B), line 10(c))		1 4	68,289.
I van raa mica ta allough to (Column	· (u) musi cyu	01111	, · w		-,, / (0) /	 		

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 Arnold Memorial Part VII Investments—Other Securities See	Medical Building	Society 01-0500734 Pag
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security) Financial derivatives	-	Cost or end-of-year market value
Closely-held equity interests		
Other		
	_	
	_	
		17 - 12 - 13 - 13 - 13 - 13 - 13 - 13 - 13
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)	5 000 5 1 1 1	10)
Part VIII Investments—Program Related (See	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13)		
Part IX Other Assets (See Form 990, Part)		As Destruction
(a)	Description	(b) Book value
	1 - 15)	.
Total. (Column (b) must equal Form 990, Part X, col.(B), Part X Other Liabilities (See Form 990, Pa		
(a) Description of Liability	(b) Amount	
Federal Income Taxes		
		_
		\dashv
]
		_
		7
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		<u> </u>
2. FIN 48 Footnote in Part XIV, provide the text of the footnote update FIN 48	tnote to the organization's fi	nancial statements that reports the organization's liability

BAA	TEEA3304 02/02/10		Schedule D (Form 990) 2009
		 	· -
ınforr	nation		
line 4	, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d a	nd 4b Also complete this part t	o provide any additional
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pai	rt III, lines 1a and 4. Part IV. lin	es 1b and 2b, Part V.
	XIV Supplemental Information		
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		5
	Add lines 4a and 4b		4c
	Other (Describe in Part XIV)	4b	
	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
3	Subtract line 2e from line 1		3
	Add lines 2a through 2d		2e
d	Other (Describe in Part XIV)	2d	
С	Other losses	2c	
b	Prior year adjustments	2b	
а	Donated services and use of facilities	2a	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Total expenses and losses per audited financial statements		1
Par	XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per l	Return
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	Ţ	5
	Add lines 4a and 4b		4c
	Other (Describe in Part XIV)	4b	
	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
_	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Subtract line 2e from line 1		3
	Add lines 2a through 2d		2e
	Other (Describe in Part XIV)	2d	
С	Recoveries of prior year grants	2c	
	Donated services and use of facilities	2b	
	Net unrealized gains on investments	2a	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
	Total revenue, gains, and other support per audited financial statements		1
	XII Reconciliation of Revenue per Audited Financial Statemer		turn
	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	
	Total adjustments (net). Add lines 4 through 8	•	
	Other (Describe in Part XIV)	•	· · · · · · · · · · · · · · · · · · ·
	Prior period adjustments		
	Donated services and use or facilities Investment expenses		-
	Net unrealized gains (losses) on investments Donated services and use of facilities	•	
	Excess or (deficit) for the year Subtract line 2 from line 1		
	Total expenses (Form 990, Part IX, column (A), line 25)		
	Total revenue (Form 990, Part VIII,column (A), line 12)		
	XI Reconciliation of Change in Net Assets from Form 990 to	rinanciai Statements	
	· YI. → Doconciliation of Change in Not Accete from Form 990 to 1	Financial Statements	

SCHEDULE O

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury

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

► Attach to Form 990.

Open to Public Inspection

Name of the organization	Employer identification number
	01-0500734
Pt_VI-B, Line 11A The Board of Directors review the Form 990 at a	
regular meeting before it is signed & mailed.	
Pt VI-C, Line 19 All governing documents, tax returns, and finan	cial
statements are available upon request	

Name(s) shown on return

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No. 1545-0172

2009

Identifying number

01-0500734 Arnold Memorial Medical Building Society Business or activity to which this form relates Form 990 / Form 990EZ Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I. Part I Maximum amount. See the instructions for a higher limit for certain businesses. \$250,000 1 2 Total cost of section 179 property placed in service (see instructions) \$800,000. Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) Property subject to section 168(f)(1) election 15 16 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2009 19,634 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Assets Placed in Service During 2009 Tax Year Using the General Depreciation System Section B -(g) Depreciation (c) Basis for depreciation (e) (f) Method (a) Classification of property (b) Month and year placed (business/investment use Recovery period deduction only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L 25 yrs g 25-year property 27.5 yrs MM S/L h Residential rental property 27.5 yrs MM S/L i Nonresidential real 39 vrs MM S/L property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System S/L 20 a Class life S/L 12 yrs b 12-year S/L MM c 40-year 40 yrs Part IV | Summary (See instructions.) 21 21 Listed property Enter amount from line 28 **Total** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions 19,634. For assets shown above and placed in service during the current year, enter

01-0	5	01	0	7	3	4
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Page 2

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete *only* 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) No 24b If 'Yes,' is the evidence written? Yes 24a Do you have evidence to support the business/investment use claimed? Yes No (d) (e) (f) (h) (i) **(b)** (c) Business/ (g) Cost or other basis Basis for depreciation Recovery period Depreciation deduction Flected Type of property (list vehicles first) Date placed in service Method/ investment section 179 use use only) percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (b) (c) (d) (f) (a) (e) Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Yes Yes No Yes Yes No Yes No Yes No No Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person Is another vehicle available for 36 personal use? Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, 37 by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 38 Do you treat all use of vehicles by employees as personal use? 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles. Part VI | Amortization (a) (b) (c) (d) (e) **(f)** Description of costs Date amortization Amortizable Code section Amortization Amortization period or percentage 42 Amortization of costs that begins during your 2009 tax year (see instructions) Amortization of costs that began before your 2009 tax year 43 43 44 Total. Add amounts in column (f). See the instructions for where to report

Supporting Statement of:

Form 990 p 11/Line 24, column (A)

Description	Amount
Mortgage Notes Payable:	
Balance Due - Note Payable, Union Trust Co 8/1/2008	70,455.
Payments to Union Trust 8/1/08 - 7/31/09	-40,519.
Total	29,936.

Supporting Statement of:

Form 990 p 11/Line 24, column (B)

Description	Amount	
Mortage Notes Payable:		
Balance Due - Note Payable, Union Trust Co 8/1/2009	29,936.	
Payments to Union Trust Co 8/1/09 - 7/31/10	-8,258.	
Total	21,678.	