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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

Department of the Treasury Internal Revenue Service

	artment of t nal Revenu	he Treasury e Service		► The organization may have to use a copy of this	s return to satisfy state repor	ting requirements	Open to	Public Inspection
	For the	2009 calen	dar year,	or tax year beginning 12/01	, 2009, and endi	ng 11/30	, 20	010
В	Check if ap	oplicable	[С		D Employ	yer Identification	on Number
	Addre	ss change	Please use IRS label	FRANK J. BATTAGLIA		52-	1273277	•
	Name	change	or print or type.	SIGNAL 13 FOUNDATION, INC	•	E Teleph	one number	-
	Initial	return	See specific	P.O. BOX 24801		410	-335-10	56
	Termi	ination	Instruc- tions.	BALTIMORE, MD 21220-0801				
	Amen	ided return				G Gross r	receipts \$	1,078,043.
	Applic	cation pending	F Name a	and address of principal officer BARBARA BI	RANDNER	H(a) Is this a group retui		
			SAME A	AS C ABOVE		H(b) Are all affiliates inc		Yes No
ī	Tax-ex	xempt stati			7(a)(1) or 527	If 'No,' attach a list	(see instructio	ons) — — —
J	Websi			NAL13FOUNDATION.ORG	(-)(.)	H(c) Group exemption n	umber ►	
K	Form of	organization	X Corpora	ation Trust Association Other▶	L Year of Forma		State of legal d	lomicile MD
Pã	irt I	Summ			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	1 Br			ganization's mission or most significant ad	ctivities TO PROVI	DE FINANCIAL	SUPPOF	RT IN THE
ø	l			O ACTIVE BALTIMORE CITY PO				
anc	L	IVILIAN	L_AS W	VELL AS TO PROVIDE SCHOLARS	SHIPS TO THESE	SAME_POLICE	DEPART	MENT
ern	E	MPLOYER	IS					
Š	2 Cl	neck this b		if the organization discontinued its operation		ore than 25% of its	assets	
જ	3 N			nbers of the governing body (Part VI, line			3	36
ies	5 To			nt voting members of the governing body ovees (Part V. line 2a)	(Part VI, line 1b)		5	36
Ę.	6 To			teers (estimate if necessary)			6	1
₹ 8	7a To			business revenue from Part VIII, column (C), line 12		7a	0.
2011 Activities & Governance	b Ne	•		s taxable income from Form 990-T, line 34			7b	0.
_თ						Prior Year	•	Current Year
≈ ੂ	8 C	ontributions	and gran	nts (Part VIII, line 1h)		136,4		128,799.
Z	1		-	nue (Part VIII, line 2g)				
3	1	-		art VIII, column (A), lines 3, 4, and 7d)		-102,1	180.	113,607.
O"	11 0	ther revenu	ie (Part V	III, column (A), lines 5, 6d, 8c, 9c, 10c, ar	nd 11e)	1	156.	· · · ·
<u> </u>	12 To	otal revenu	e – add li	nes 8 through 11 (must equal Part VIII, co	olumn (A), line 12)	34,4	171.	242,406.
SCANNED JUN Expenses	13 G	rants and s	ımılar am	ounts paid (Part IX, column (A), lines 1-3)	52,5	538.	61,485.
Z	14 Be	enefits paid	to or for	members (Part IX, column (A), line 4)	-			
Ö	15 Sa	alaries, oth	er compe	nsation, employed bereite Rari-X, colur	nn (A), lines 5-10)	28,4	109.	35,173.
13e CO	16a Pi	rofessional	fundraisir	ng fees (Part IX, column (A), line 11e)	,			
ĝ				nses (Partix, colymny(D), gney25) - 18				^
ũ	17 0	ther expens	ses (Part	IX, column (4), lines 11a-11d, 11f-24f)		39,0	147	31,397.
	18 To	otal expens	es Add I	nes 13-17 (must earral Part-IX-column f	line 25)	119,9		128,055.
	19 R	evenue les	s expense	nes 13-17 (must capal Part IX, column (4)]	-85,5		114,351.
8 8					J	Beginning of Y		End of Year
Nat Assets or Fund Balances	20 To	otal assets	(Part X. li	ne 16)		1,817,5		1,929,716.
A Ba	21 To	otal liabilitie				18,2		23,399.
şş	22 N		•	ances Subtract line 21 from line 20		1,799,2		1,906,317.
Pa	art II		ure Blo			1,133,2	201.]	1, 900, 317.
<u> </u>					companying schedules and sta	tements, and to the host of	of my knowledg	and holiof, it is
		true, correct,	and complete	I declare that I have examined this return including accepted by Declaration of preharer (other than officer) is based or	all information of which prep	arer has any knowledge	miny knowledg	je and belief, it is
Sig	gn	•	رولم	in aleve) <i>-27.</i>	2011
He	re	Signature	of flicer			Date		2011
		>		JOHN PAT	ERAKIS	- 1)	IPEC	TOK
		Type or p	rint name an	d title			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	, , , ,
					Date	Check if	Preparer	r's identifying number tructions)
Pa		Preparer's				self- employed	. (300 11131	
Pr		signature	► JAM	ES E. CRISP	5/24/1	1 ' -	N/A	
	rer's	Firm's name		SS MENDELSOHN & ASSOCIATES			1	
Us	se nly	yours if self- employed),		S CHARLES ST STE 1800		EIN ► N	I/A	
OI	''y	address, and ZIP + 4		TIMORE, MD 21201-3102		Phone no	_	685-5512
Ma	v the IRS			with the preparer shown above? (see inst	ructions)	1. 110110 110	<u>(110)</u>	Yes No
				rwork Reduction Act Notice see the sen			12/20/00	Form 990 (2009)

Form 990 (2009) FRANK J. BATTAGLIA

Part IV Checklist of Required Schedules

			Yes	No
_			163	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part L	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	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		9 C 1 6	
•	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 16? If 'Yes,' complete Schedule D, Part IX			33.
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			i i
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	x	
12/	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No			i
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional [12 A] X			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	_	Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Form 990 (2009) FRANK J. BATTAGLIA

Part IV Checklist of Required Schedules (continued)

	- Total Control Contro			
	•		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 19 If 'Yes,' complete Schedule I, Parts I and II	21	Х	
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 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		X
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	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		Х
	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? <i>If 'Yes,' complete Schedule L, Part I</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		х
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)	, ,		raga.
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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? If 'Yes,' complete Schedule R, Part I	33		Х
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>x</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		х
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		х
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	
DA.	A	Earn	. 000	ranna

			Yes	No
	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable.			
bl	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c l	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1		4 ·	• •
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
l	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		188	***
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b I	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
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	· (\$)(*)	i.	缧.
; I	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		-ي - يا يو	*:
5 a \	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<u></u> 7а		X
ь	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	3		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		Χ
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from other members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12 a	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 12b			

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

sec.	tion A.	Governing	<u>a Roa</u>	y and	ı ıvıaı	nage	<u>eme</u>	<u>nt</u>															
																1						Yes	No
1 a	Enter the	number of vo	oting m	ember	rs of the	he go	overn	iing b	oody	,						L	1a			3	_		
b	Enter the	number of vo	oting m	ember	rs that	t are	ınder	pend	lent								1Ь			3	6		
2	Did any officer, d	officer, directo irector, truste	r, trust e or ke	ee, or y empl	key e loyee?	mplo ?	yee h	nave	a fa	amily	relai	tions	ship oi	r a bu	usines	s rela	ations	ship w	ith any	other	2		X
3	Did the o	rganization de s, directors or	elegate	contro	ol over kev er	r mar	nager	ment to a	t duti mar	lies ci nager	usto	marı t con	ly per	forme	ed by	or ur	nder t	he dir	ect sup	ervision	3		Х
4		rganization m			-		-			~											4		X
		prior Form 9					5																
5		rganization be				g the	e year	r of a	a ma	aterial	ıl dive	ersio	n of t	ihe or	ganız	ation	's ass	sets?			5		Х
6	Does the	organization	have n	nembe	rs or s	stock	cholde	ers?							•						6		Х
7 a	Does the	organization	have m	nember	rs, sto	ockho	olders	s, or	othe	er per	rsons	s wh	o may	y elec	t one	or m	ore r	nembe	ers of t	he	7a		Х
ь	•	decisions of th	he gove	ernina ⁱ	body :	subie	ect to	appi	roval	al by r	mem	nbers	s. stoc	kholo	ders.	or oth	ner pe	ersons	2		7b		X
	_	rganization co	•	-	-	•				-					•		•			ear by	1		
Ü	the follow		Jilleilip	oranec	Jusiy (docui	mem	uie	mee	ungs	S HER	u (i	wille	iii acti	10115	indei	lanci	i duiiii	y ine y	ear by		<u> </u>	
а	The gove	rning body?																			8a	X	
b	Each cor	nmittee with a	authorit	y to ac	t on t	oehal	If of t	he go	overi	rning	body	y?									8b	Х	
9	Is there a	any officer, dii tion's mailing	rector c	or trust	ee, or Yes.'ı	r key provid	empl	loyee	e list	ted in	n Par ' <i>addi</i>	rt VII	l, Sect	tion A Sched	A, who	can	not b	e reac	hed at	the	9		Х
Sec		Policies															eauii	ed b	v the	Interna			
	enue Code		`				•						•				•		,				
																-						Yes	No
10 a	Does the	organization	have lo	ocal ch	apters	s, bra	anche	es, oi	r affı	iliates	s?										10a		X
b	If 'Yes,' o	does the organiches to ensur	nızatıor re their	n have	writte	en po	olicies	and	d prod with	cedur	ires (se of	gove f the	rning organ	the a	ctiviti	es of	such	chapt	ers, af	filiates,	10Ь		
		organization p																			11	Х	
		ın Schedule (-								_		-	-		_		JLE O			
		organization				-		-	-	-											12a		X
t	Are office	ers, directors	or trust	lees, a	nd ke	y em	ıploye	ees r	equi	ired to	to dis	sclos	e ann	nually	intere	ests t	hat c	ould g	ive rise	;	12b		
C	Does the	organization O how this is	regular s done	rly and	cons	isteni	itly m	onito	or an	nd enf	force	e cor	nplian	nce w	ith th	e poli	cy? /	f 'Yes,	' desci	ıbe ın	12c		
13	Does the	organization	have a	writte	n whi	stlebl	lower	rpoli	icv ²												13		X
14	Does the	organization	have a	writte	n doc	umer	nt ret	entio	on ar	nd de	estru	ction	polic	:y?							14	Х	
15	Did the p	process for de comparability	termini v data	ng con	npens	ation	n of th	he fo	llowi	ing pr	erso	ns ir f the	nclude delihe	e a re eratio	view	and a	appro	val by	ındepe	ndent			
a		inization's CE			•	•															15a	Х	- ~
	_	ficers of key e							_		. 0	0.0.	~~~				Ū				15b		X
		o line 15a or 1				~					(See	ınst	ructioi	ns)									
16 a	Did the o	organization in	nvest in		•					•	•				or sın	nılar a	arran	gemer	it with	a taxabl	16a	-	X
ı	-	has the organ		adonte	ed a w	writtei	n not	ורע פ	n pro	ocedi	ure r	-earin	rina th	ne ord	าลกเรา	ation	to ev	aluato	ite nar	ticinatio			
•	in joint v	enture arrang th respect to	jements	s under	r appli	licable	e fed	eral i	tax la	law, a	and t	taker	n step	s to s	safeg	uard	the o	rganiz	ation's	exempt	' 16Ь		
Sec	tion C.	Disclosur	es																				
17	List the	states with wh	iich a c	opy of	this F	-orm	990 ı	ıs rec	quire	ed to	be f	iled	► _ <u>M</u>	1D _									
18	Section (6104 requires on Indicate ho	an org	anızatı make	on to these	make avail	e its l ilable	Form Che	ns 10 eck a	023 (d all tha	or 10 at ap	024 i oply	f appl	licable	e), 99	0, an	d 990)-T (50	1(c)(3)	s only)	avaılab	e for	public
	Own	website		Anot	her's	webs	site			Χ] ι	Upor	n req	uest										
19	Describe stateme	ın Schedule nts available t	O whet o the p	her (ar	nd if s SI	o, ho	ow) th SCHE	ne or EDU	rganı: LE	ızatıo 0	on ma	akes	its go	overn	ıng do	ocum	ents,	confli	ct of in	terest po	olicy, ai	nd fina	ancial
20	State the	e name, physi RA BRANDI	cal add	iress, a	and te	elepho	one n	numb	oer o	of the	pers	son v	who p	osses	sses t	he bo	ooks a	and re	cords o	of the or			
		Diamipi		~~ <u>~</u>			: <u>-</u>		-7-5-1	=		=+_+.		•_•	_ = ±			<u>-</u>	<u> </u>	¥¥			

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 d (A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average		tion (hat app	ly)	Reportable	Reportable compensation from	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099 MISC)	amount of other compensation from the organization and related organizations
WILLIAM L. JEWS										
DIRECTOR	1	X						0.	0.	0.
MARTIN G. KNOTT, JR.										
PRESIDENT	1	X		X				0.	0.	0.
TERRY E. NOLAN										
TREASURER	1	X		Х				0.	0.	0.
JOHN PATERAKIS										
DIRECTOR	1	X						0.	0.	0.
LEONARD J. ATTMAN										
DIRECTOR	1	X						0.	0.	0.
STUART M. BROOKS										
DIRECTOR	1	X			ļ			0.	0.	0.
F. EDWARD GOETZ										
DIRECTOR	1	X						0.	0.	0.
PAIGE T. DAVIS, SR.										
DIRECTOR	1	X						0.	0.	0.
NICHOLAS A. DEFELICE										
DIRECTOR	1	X						0.	0.	0.
JOSEPH A. DEFRANCIS										
DIRECTOR	1	X						0.	0.	0.
GREGORY DEVOU										
VICE PRESIDENT	1	X		Х				0.	0.	0.
L. SCOTT DONAHOO		İ								
DIRECTOR	1	Х						0.	0.	0.
JOHN B. FRANZONE										
DIRECTOR	11	Х						0.	0.	0.
BILL HOOPER										
DIRECTOR	1	X						0.	0.	0.
JULIE LANDAU										
DIRECTOR	1	X	Ш			L		0.	0.	0.
LOUIS_JGRASMICK										
DIR EMERITUS	111	X						0.	0.	0.
RICHARD A. GROSSI										
DIRECTOR	1	X						0.	0.	0.
ВАА		1	TEEA	01071	. 11	/10/09			 	Form 990 (2009)

Part VII Section A. Officers, Directors, Trus	tees, k	(ey	Em	ıplo	oye	es,	an	d Highest Con	pensated Emp	loyee	s (co	nt.)
, (A)	(B)				c)			(D)	(E)		(F)	
Name and Title	Average hours per week	1		Officer		a Highest co		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	amo coi or a	Estimated bunt of ot inpensation from the ganization ind relate	ther on on ed
		trustee	al trustee		yee	Highest compensated employee				org	ganizatio	ns
CARL T. JULIO DIRECTOR	1	Х						0.	0.			0.
PAMELA_W. LAPIDES					ŀ							
DIRECTOR J.P. GRANT	1	Х	-	<u> </u>	<u> </u>	-		0.	0.			0.
DIRECTOR	1	Х						0.	0.			0.
LOUIS P. MATHEWS, JR.	1	Λ		_	<u> </u>	\vdash		0.	0.			
DIRECTOR	1	Х						0.	0.			0.
GUY MATRICCIANI, JR.								-	, ,			
SECRETARY	1	X		X		<u> </u>		0.	0.			0.
LOU MAZZULLI, JR.				İ				_	_			_
DIRECTOR NEWING	1	Х		<u> </u>	_	├	_	0.	0.			0.
DAVID_H. NEVINS DIRECTOR	1	Х						0.	0.			0
JAMES P. O'CONOR		_^		-	 	\vdash		0.	<u> </u>			0.
DIRECTOR	1	Х						0.	0.			0.
OSBORNE A PAYNE												
DIR EMERITUS	1	Х				<u> </u>		0.	0.			0.
MARY JO PONS									_			_
DIR EMERITUS	1	Х			_	-		0.	0.			0.
H. FRANCES REAVES DIRECTOR	1	Х						0.	0.			0.
MARTIN R. RESNICK	<u> </u>					<u> </u>	-	0.	0.			<u> </u>
DIRECTOR	1	Х						0.	0.			0.
VICKIE ROSELLINI												
DIRECTOR	1	X		<u> </u>	L	<u> </u>		0.	0.	·· · · · · · · · · · · · · · · · · · ·		0.
1b Total							•	30,000.	0.			0.
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	stec	abo	ove:) wh	o re	ceived more than	\$100,000 in reporta	able co	mpens	ation
nom the organization											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trust	ee, I	key	emp	ploy	ee,	or hi	ghest compensate	ed employee	3	100	Х
 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to individual 	portable han \$15	e cor 50,00	npe	nsat If 'Y	tion ′es′	and com	l oth	er compensation i e Schedule J for s	from such			
 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci. 	compens	atio	n fro	om a	any	unre	elate	d organization for	services	5		X
Section B. Independent Contractors	neaule .	101	Suc	пре	9/50	11		 , ,	 -	1 2	<u> </u>	<u> </u>
Complete this table for your five highest compensal compensation from the organization	ted inde	pend	dent	cor	ntra	ctors	tha	t received more th	nan \$100,000 of		·	
						-	-					
Name and business addres	ss							Description o	of Services		C) ensatio	on
2. Tatal aventure of orders and are desired as a first and a second as a first	been a second	Lance 1	L	l = 11		. 1:-1	ام ما	lhava Vivita				
2 Total number of independent contractors (including \$100,000 in compensation from the organization >		umi	iea	10 17	1056	e iist	ed a	move) who receive	ed more than			

, -		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
v	1a Federated campaigns. 1a	<u> </u>	Tevende		312, 313, 01 314
ANT	b Membership dues 1b				
A O	c Fundraising events 1c 14, 391.				
RA	d Related organizations 1d				
آ≩"	e Government grants (contributions) 1 e				[ن
Sign					
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above. g Noncash contribus included in lns 1a-1f \$				
N N	h Total. Add lines 1a-1f	128,799.	•		<u>.</u> .4
 	Business Code	120, 199.			24
EN	2a				
핥	b				
<u> 5</u>	c				
\ <u>\ \</u>	d				
S E	_		·		-
R S	f All other program service revenue				
8	g Total. Add lines 2a-2f)
\neg	3 Investment income (including dividends, interest and				,
	other similar amounts)	63,769.			63,769.
l	4 Income from investment of tax-exempt bond proceeds ▶				
l	5 Royalties				
	(i) Real (ii) Personal	,			* * * .
	6a Gross Rents		*		1 4 4
	b Less rental expenses				100
	c Rental income or (loss)				
	d Net rental income or (loss)		 		
	7a Gross amount from sales of (i) Securities (ii) Other				* ,
	assets other than inventory 885, 475.				
	b Less cost or other basis				
	and sales expenses 835, 637.				
j	c Gain or (loss) 49,838.	40 020	. ~		40.000
- 1	a rect gain or (1033)	49,838.			49,838.
INUE	8a Gross income from fundraising events (not including \$ 14,391.				
OTHER REVE	of contributions reported on line 1c)				
ER	See Part IV, line 18				
된	b Less direct expenses b				<u> </u>
	c Net income or (loss) from fundraising events				-
	9a Gross income from gaming activities See Party IV, line 19				, [
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances				
					!
	2 2000 0000 0 goods 0012		=		
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
					·
	11 a		 -		
İ	d All other revenue	·			
	e Total. Add lines 11a-11d	-			
	12 Total revenue. See instructions	242,406.	0.	0.	113,607.

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).

Total expenses	All other organizations must com	(A)	(B)	(C)	(D)
and organizations in the U.S. See Part IV, line 21 to 16,500.	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and	Fundraising
the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 13 and 16 4 Benefits paid to or for members Compensation of current officers, directors, Compensation rot included above, to dissipating persons of selected under section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 490(s) and section 401(s) employer confributions 10 Payroll taxes 11 Fees for services (non-employees) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public offician, depletion, and amontization 21 Payments to affiliates 22 Depreciation, depletion, and amontization 23 Insurance 4 Other expenses flemize expenses not covered above (Expenses grouped together soft of the expenses flemize expenses for any federal, state, or local public offician, depletion, and amontization 23 Insurance 4 Other expenses flemize expenses not covered stove (Expenses grouped together soft of the expenses flemize expenses for any federal, state, or local public offician, depletion, and amontization 241. 241. 241. 25 Told flantonal expenses. Add lines 1 through 24t 26 Joint costs. Check here * 1 if following SOP 982 Complete the line only if the costs from a combined educational	and organizations in the U.S. See Part IV,	16,500.	16,500.		· 043
organzations, and individuals odiside the U.S. See Part IV, lins 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, insistes, and key employees Compensation of current officers, directors, insistes, and key employees Compensation not included above, 10 disqualitied previous desired under section 4958(c)(3)(8) employer contributions 4 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 b Legal c Accounting d Lobbyring e Port fundraising sixes. See Part IV, lin 17 finvestiment management fees g Other 13 Office expenses 6,695. d Information technology 18 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 10 Interest 11 Payments of affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses entitive expenses on conventions, and meetings 16 Interest 17 Payments to affiliates 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Payments to affiliates 10 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses grouped together and labeled miscellaneous may not exceed 5% of lotal despenses shown on line 25 18 PROFESSIONAL FEES 10,447. 10,447. 11,634. 128,055. 14,380. 12,380. 12,380. 13,480. 14,580. 16,6570. 18 Payments to affiliates 19 Payments to affiliates 10,447. 10,447. 11,634. 11,634. 12,380. 13,400. 14,400. 15,400. 16,400. 17,400. 18,400. 18,400. 18,400. 18,400. 18,400. 18,400. 19,400.		44,985.	44,985.		
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (see faired under section 4958(n)(1) and persons described in section 4958(n)(1) and persons described in section 4958(n)(1) and persons described in section 4958(n)(1) and persons described in section 4958(n)(1) and persons described in section 4968(n)(1) and section 403(b) employer of the section 403(b) employer of 403(b) employer of 403(b) employer of 403(b) employer of 403(b) employer of 403(b) employer of 403(b) employer of 403(b) employer of 403(b) employer of 403(b) employer of 403(b) employer of 403(b) employer of 403(b) employer of 403(b) employer of 403(b) emplo	organizations, and individuals outside the			·	
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dissipalified persons (as defined under section 4958((r)) and persons described in section 4958((r)) (a) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		32,500.	0.	32,500.	0.
8 Penson plan contributions (include section 401(k) and section 403(h) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) 13 Amangement 15 Legal 16 Accounting 17 Legal 18 Legal 19 Legal 10 Legal 11 Legal 11 Legal 12 Legal 13 Legal 14 Legal 15 Legal 16 Legal 17 Legal 18 Legal 19 Legal 19 Legal 10 Legal 10 Legal 11 Legal 11 Legal 12 Legal 13 Legal 14 Legal 15 Legal 16 Legal 17 Legal 18 Legal 19 Legal 10 Legal 10 Legal 10 Legal 11 Legal 12 Legal 13 Legal 14 Legal 15 Legal 16 Legal 17 Legal 18 Legal 19 Legal 19 Legal 10 Legal 10 Legal 10 Legal 11 Legal 12 Legal 13 Legal 14 Legal 15 Legal 15 Legal 16 Legal 17 Legal 18 Legal 19 Legal 19 Legal 19 Legal 19 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 11 Legal 12 Legal 13 Legal 14 Legal 15 Legal 16 Legal 17 Legal 18 Legal 19 Legal 19 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 11 Legal 11 Legal 12 Legal 13 Legal 14 Legal 15 Legal 16 Legal 17 Legal 18 Legal 18 Legal 19 Legal 19 Legal 19 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 10 Legal 11 Legal 12 Legal 13 Legal 14 Legal 15 Legal 16 Legal 16 Legal 17 Legal 17 Legal 18 Leg	disqualified persons (as defined under section 4958(f)(1) and persons described in	0.	0.	0.	0.
401 (k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 2,673. 2,673. 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 6,695. 6,695. 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (Expenses prouped together and fabeled missetlaineous may not exceed below) a PROFESSIONAL FEES b TINVESTMENT FEES 10,447. 11 (10 ther expenses 22 Interest 12,380. b TINVESTMENT FEES 10,447. 10 Joint costs. Check here following SOP 98.2 Complete tis line only if the organization reported in column (B) joint costs (from a combined educational	7 Other salaries and wages				
10 Payroll taxes	401(k) and section 403(b) employer				
11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 6, 695. 6, 695. 6, 695. 6, 695. 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a PROFESSIONAL FEES 10, 447. 1 All other expenses 5 Total functional expenses. Add lines 1 through 24t 26 Joint costs, Check here P if following SOP 952 Complete this line only if the organization reported in column (B) joint costs from a combined deducational	9 Other employee benefits				
a Management b Legal c Accounting d Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 6, 695. 6, 695. 14 Information technology 15 Royalities 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other openses Itemize expenses not cover of above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a PROFESSIONAL FEES 10, 447. c d f All other expenses. 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs, Check here I if following SOP 98.2 Complete this line only if the organization reported in column (8) joint costs from a combined deductional	-	2,673.		2,673.	
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Depreciation, depletion, and amortization 241. 241.	20 Interest				· · · · · · · · · · · · · · · · · · ·
1,634. 1,634. 1,634. 24	21 Payments to affiliates				
Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a PROFESSIONAL FEES 12,380. 12,380. b INVESTMENT FEES 10,447. 10,447. c d e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 128,055. 61,485. 66,570. 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	• • •				
covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a PROFESSIONAL FEES 12,380. 12,380. b INVESTMENT FEES 10,447. 10,447. c d e f All other expenses f All other expenses. Add lines 1 through 24f 128,055. 61,485. 66,570. 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		1,634.		1,634.	
b INVESTMENT FEES 10,447. 10,447. c	covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
c d e f All other expenses 25 Total functional expenses. Add lines 1 through 24t 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					
d e f All other expenses. 25 Total functional expenses. Add lines 1 through 24t 26 Joint costs. Check here I if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	b INVESTMENT FEES	10,447.		10,447.	
f All other expenses. 25 Total functional expenses. Add lines 1 through 24t 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	c				
f All other expenses. 25 Total functional expenses. Add lines 1 through 24t 26 Joint costs. Check here I if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational					
25 Total functional expenses. Add lines 1 through 24€ 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	e				
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	f All other expenses.		-		
SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational		128,055.	61,485.	66,570.	0.
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	-			Form 990 (2009)

		,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	500.	1	500.
Ì	2	Savings and temporary cash investments	231, 361.	2	432,824.
	3	Pledges and grants receivable, net		3	
ļ	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))	*	· .	
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net		7	
S E	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis 10a 1,203. Complete Part VI of Schedule D		1. S.	
	h	Less accumulated depreciation. 10b 1,024	420.	10 c	179.
		Investments – publicly-traded securities	1,576,484.	11	1,489,613.
		Investments – other securities See Part IV, line 11	1,510,404.	12	1,405,015.
		Investments – other securities See Fart IV, line 11	ļ 	13	·
		Intangible assets		14	
	15	Other assets See Part IV, line 11	8,759.	15	6,600.
		Total assets Add lines 1 through 15 (must equal line 34)	1,817,524.	16	1,929,716.
	17	Accounts payable and accrued expenses	11,513.	17	12,149.
	18	Grants payable	6,750.	18	11,250.
	19	Deferred revenue	0,730.	19	11,230.
L	20	Tax-exempt bond liabilities		20	
Å	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
A B L L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
Ť		of Schedule L		22	
Ē	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	18,263.	26	23,399.
N		Organizations that follow SFAS 117, check here X and complete lines			
Ĕ	[27 through 29 and lines 33 and 34.		_	
A S	27	Unrestricted net assets	1,520,286.	27_	1,627,342.
SET	28	Temporarily restricted net assets	278,975.	28	278,975.
Ś	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here			
		lines 30 through 34.			
FU20	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ĺ	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZCE の	33	Total net assets or fund balances	1,799,261.	33	1,906,317.
5	34	Total liabilities and net assets/fund balances.	1,817,524.	34	1,929,716.

		_	
Form 990 (2009)	FRANK	1	BATTAGLIA

52-1273277 Page **12**

ran XI Financial Statements and Reporting			
•		Yes	No
1 Accounting method used to prepare the Form 990 \overline{X} Cash $\overline{\Box}$ Accrual $\overline{\Box}$ Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		·	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	,		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both	\$		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		

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Form 990 (2009)

SCHEDULE A (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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 52-1273277

lame o	f the		e of the organization FRANK J. BATTAGLIA SIGNAL 13 FOUNDATION, INC. Employer identification number 52-1273277											
Part	_						م علم ما			27327				
				IS (All organizations use it is (For lines 1 thro			_		See I	nstruct	ions			
1	M	•		sociation of churches desc			-	,						
2	Н			A)(ii). (Attach Schedule 8		Section	170(0)	(I KAKI)						
3	H			e organization described	•	on 1700	Ι ΥΊΥΔΥ	71117						
4	Н			ed in conjunction with a h					n/hV1V	AVIII) E	ator the becauted	¹c		
•	ш	name, city, and sta		ou in conjunction with a n	iospitai t	ac scribe	.u 300	,0011 17	O(DX I X	-XIII) L	iter the nospital	3		
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)												
6 7	X	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)												
8	\bigsqcup	A community trust	described in section	170(b)(1)(A)(vi). (Comple	te Part I	I)								
9		An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
10		An organization org	ganized and operated	exclusively to test for pu	iblic safe	ety See	section	1 509(a)	(4).					
11		more publicly supp	orted organizations o	l exclusively for the benef described in section 509(a zation and complete lines	a)(1) or	section	509(a)(ictions (2) See	of, or ca section	rry out tl 509(a)(3	ne purposes of a common of the book of the	one or ox that		
		a Type I	b Type II	c Type III	l – Fund	ctionally	ıntegraf	ted		d 🗌	Type III- Othe	er		
е		By checking this bothan foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	rganization is not controll an one or more publicly si	led direc upportec	tly or in d organi	directly zations	by one describ	or more ed in se	disqual	ified persons of $\theta(a)(1)$ or section	ther n		
f	f 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													
g		Since August 17, 2	006, has the organiza	ation accepted any gift o	r contrib	oution fr	om any	of the f	ollowing	persons		T		
		(i) a person who below, the go	directly or indirectly overning body of the s	controls, either alone or supported organization?	together	with pe	ersons d	escribe	d ın (ıı)	and (III)	11 g (i)	No		
		(ii) a family mem	iber of a person desc	cribed in (i) above?							11 g (ii)			
		(iii) a 35% contro	lled entity of a persor	n described in (i) or (ii) al	bove?						11 g (iii)	<u> </u>		
h		Provide the following	ng information about	the supported organization	ns									
	(1) Name of Supported Organization	(ii) EIN	(III) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in col d in your erning ment?	the organ	ou notify iization in (i) of ipport?	organizat	s the ion in col zed in the S ?	(VII) Amount of Su	pport		
					Yes	No	Yes	No	Yes	No				
								_						
otal														

BAA

Schedule A (Form 990 or 990-EZ) 2009

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) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 530,887 48,232 29,291 136,495. 128,799 873,704. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0<u>.</u> 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 3,000 3,000 3,000 the public without charge 3,000 3,000 15,000. Total. Add lines 1-through 3 533,887 51,232 32,291 139,495 131,799 888,704. The portion of total *22, 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) 15,243. Public support. Subtract line 5 from line 4 873,461. Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 7 Amounts from line 4 533,887 51,232 32,291 139,495 131,799 888,704. Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form 62,931 92,155. 75,993 63,126. 63,769 similar sources. 357,974. Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV 338,563 49,468 82,388 20,776 491,195. Total support. Add lines 7 through 10 1,737,873. Gross receipts from related activities, etc. (see instructions) 0. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ . Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 50.3% 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 48.3% 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

52-1273277 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar 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') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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, 3 received from disqualified persons b 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 c Add lines 7a and 7b 4 Public support (Subtract line * 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 10b. whether or not the business is regularly carried on 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) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule /	A (Form	1 990 or	990-E	Z) 2009	FR	ANK	J.	BA'	TTAC	SLIA						!	52-12	27327	7	Page 4
Part IV	Supp Part	p <mark>leme</mark> II, line	ntal Ir e 17a	nforma or 17b	tion. ; and	Com Part	iple t III,	te th Iine	ns p e 12.	art to Pro	o pro vide	ovide any	the othe	explar r addit	nations tional ii	requi nform	red by ation.	y Part See ı	II, line nstructi	10; ons.
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SCHEDULE D · (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Name (of the organization			Employer Identification	number
	NK J. BATTAGLIA NAL 13 FOUNDATION, INC.			52-1273277	
Par	Organizations Maintaining Donor the organization answered 'Yes' to	Advised Funds or Other Similar Fund	ds or Acco	ounts Complete	ıf
	the organization answered Tes to		/h) F:		
1	Total number at end of year	(a) Donor advised funds	(D) FI	unds and other acco	ounts
	Aggregate contributions to (during year)				
	Aggregate grants from (during year)				
	Aggregate value at end of year				
		nor advisors in writing that the assets held in do	nor advised	∏Yes	□No
	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	rs, and donor advisors in writing that grant fund the benefit of the donor or donor advisor or for a fit??	any other	Yes	□ No
Par	t II Conservation Easements Comple	ete if the organization answered 'Yes' t	o Form 99	0, Part IV, line	7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)			*
	Preservation of land for public use (e g , r Protection of natural habitat	ecreation or pleasure) Preservation o		ally important land a storic structure	rea
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in	the form of a		
			*	Held at the End of	the Year
	Total number of conservation easements		2a		
	Total acreage restricted by conservation easer		2b		
	Number of conservation easements on a certif		2c	····	
	Number of conservation easements included in	• • •	2 d		
3		transferred, released, extinguished, or terminate	ed by the org	janization during the	e tax
4	year ► Number of states where property subject to co	nservation easement is located •	_		
	and enforcement of the conservation easemer		_	ations, Yes	☐ No
6	Staff and volunteer hours devoted to monitoring the year -	ng, inspecting, and enforcing conservation ease	ments		
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing conservation easement	s =		-
8	Does each conservation easement reported or $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	line 2(d) above satisfy the requirements of sec	ction	Yes	No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote tonservation easements	conservation easements in its revenue and expens o the organization's financial statements that de	se statement, escribes the	and balance sheet, a organization's accou	nd unting for
Par	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line 8	Other Sim 3.	ilar Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	SFAS 116, not to report in its revenue stateme ic exhibition, education, or research in furtherarnts that describes these items	ent and balar nce of public	nce sheet works of a service, provide, in	rt, historical Part XIV,
b	treasures, or other similar assets held for publi amounts relating to these items	SFAS 116, to report in its revenue statement a ic exhibition, education, or research in furtherar	and balance s nce of public	sheet works of art, h service, provide the	nistorical following
	(i) Revenues included in Form 990, Part VIII,	line 1		► \$	
	(ii) Assets included in Form 990, Part X			- \$	
	amounts required to be reported under SFAS	•	or financial ga	ain, provide the follo	wing
	Revenues included in Form 990, Part VIII, line	1		- \$	
b	Assets included in Form 990, Part X			►\$ ►\$	

Part III Organizations Maintain	ing Collections	of Art, Histo	oricai Treasures, or	Other Similar Ass	ets (continued)	
3 Using the organization's acquisition items (check all that apply)	accession and oth	ner records, che	ck any of the following t	hat are a significant us	e of its collection	
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other				
c Preservation for future generati	ions			-	-	_
4 Provide a description of the organiz Part XIV	zation's collections	and explain how	w they further the organ	ization's exempt purpos	se in	
5 During the year, did the organizatio assets to be sold to raise funds rate	her than to be mai	ntained as part	of the organization's col	lection?	Yes No	
Part IV Escrow and Custodial A	Arrangements	Complete if c	organization answer	ed 'Yes' to Form 99	90, Part IV, line	
9, or reported an amour	nt on Form 990	, Part X, line	21.			
1 a Is the organization an agent, truste included on Form 990, Part X?	e, custodian, or ot	her intermediary	for contributions or oth	er assets not	Yes No)
b If 'Yes,' explain the arrangement in	Part XIV and com	plete the follow	ıng table			
					Amount	
c Beginning balance				1c		
d Additions during the year				1 d		
 Distributions during the year 				1 e		
f Ending balance				1f		
2a Did the organization include an ame	Yes No)				
b If 'Yes,' explain the arrangement in						
Part V Endowment Funds Com	plete if organiz	ation answer	<u>ed 'Yes' to Form 99</u>	0, Part IV, line 10.		
	(a) Current year	(b) Prior yea			(e) Four years back	Κ
1 a Beginning of year balance						
b Contributions				* * * * *		
c Net Investment earnings, gains, and losses						1
d Grants or scholarships			7-4-7			
e Other expenditures for facilities and programs						
f Administrative expenses				* ,		
g End of year balance			3>%			
2 Provide the estimated percentage of	of the year end bal	ance held as				_
a Board designated or quasi-endowm	nent ►	8				
b Permanent endowment						
c Term endowment ►	8					
3a Are there endowment funds not in organization by	the possession of	the organization	that are held and admir	nistered for the	Yes N	<u> </u>
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	—
b If 'Yes' to 3a(ii), are the related org	ianizations listed a	s required on So	chedule R?		3b	
4 Describe in Part XIV the intended u					55	
Part VI Investments-Land, Bui				line 10	· -	—
Description of investment	(a) Cos	t or other basis	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value	_
1 a Land			` ′ -	•		
b Buildings						
c Leasehold improvements						
d Equipment	· · · · ·		1,203.	1,024.	17	9
e Other				1,021.		<u></u> -
Total. Add lines 1a through 1e (Column	(d) must equal For	m 990. Part X (column (B). line 10(c))		17	9
BAA	,	,	<u> </u>		ule D (Form 990) 2	

Schedule D (Form 990) 2009 FRANK J. BATTAGLIA		52-1273277	Page 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, line 1	2. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990 Part X, col (B) line 12) ►			
Part VIII Investments-Program Related (See F	orm 990, Part X, line	13) N/A	 '
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market value	
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13) ►			1
Part IX Other Assets (See Form 990, Part X,	line 15) N/A		
(a) De	scription	(b) Book va	alue
	· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·		
			
Total. (Column (b) must equal Form 990, Part X, col (B), In		▶	
Part X Other Liabilities (See Form 990, Part	X, line 25)		
(a) Description of Liability	(b) Amount		ı
Federal Income Taxes			ı
			ŀ
			!
			!
	-		;
			1
Total (Column (b) must equal Form 990, Part X, col (B) line 25)			!
2. FIN 48 Footnote In Part XIV, provide the text of the foot	note to the organization's fi	nancial statements that reports the organization's	liability

	dule D (Form 990) 2009 FRANK J. BATTAGLIA		-1273277	Page 4
Part		inancial Statements		040 400
	Total revenue (Form 990, Part VIII,column (A), line 12)			242,406.
	Total expenses (Form 990, Part IX, column (A), line 25)			128,055.
	Excess or (deficit) for the year Subtract line 2 from line 1			114,351.
	Net unrealized gains (losses) on investments			78,075.
	Donated services and use of facilities			
	Investment expenses			
	Prior period adjustments		-	7 205
	Other (Describe in Part XIV) SEE PART XIV			<u>-7,295.</u>
	Total adjustments (net) Add lines 4 through 8			70,780.
	Excess or (deficit) for the year per audited financial statements. Combine lines 3			185,131.
	XII Reconciliation of Revenue per Audited Financial Statement	S With Revenue per Re	turn	207 075
	Total revenue, gains, and other support per audited financial statements		1 392/2	307,875.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	20 075		
	Net unrealized gains on investments Donated services and use of facilities	2a 78,075.		
	F	2b		
	Recoveries of prior year grants.	2c 2d	Ste.	
	Other (Describe in Part XIV)	20		70 075
	Add lines 2a through 2d Subtract line 2e from line 1		_2e	78,075.
-	1	ı	3 ^å₹ 5	229,800.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4 -		
	Investments expenses not included on Form 990, Part VIII, line 7b	4a 12 COC		
	Other (Describe in Part XIV) SEE PART XIV	4b 12,606.		10 606
	Add lines 4a and 4b		4c 5	12,606.
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) XIII Reconciliation of Expenses per Audited Financial Statemer	ata With Evenance now		242,406.
	Total expenses and losses per audited financial statements	its with Expenses per	1	122 744
	Amounts included on line 1 but not on Form 990, Part IX, line 25		a eiget	122,744.
	Donated services and use of facilities	2a	****	
	Prior year adjustments	2b		
	Other losses	2c		
	Other (Describe in Part XIV) SEE PART XIV	2d 5,136.	11/2 3	
	Add lines 2a through 2d	Zu 3,130.		E 126
	Subtract line 2e from line 1		2e 3	5,136. 117,608.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		117,000.
	Investments expenses not included on Form 990, Part VIII, line 7b	4a	S.	
	Other (Describe in Part XIV) SEE PART XIV	4b 10,447.		
	Add lines 4a and 4b	40 10,447.		10 447
			4c 5	10,447.
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18) t XIV Supplemental Information		5	128,055.
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and and and and Part XIII, lines 2d and and and and Part XIII, lines 2d and and and and and and and and an	rt III, lines 1a and 4, Part IV, nd 4b Also complete this pa	lines 1b and 2 rt to provide ai	tb, Part V, ny additional
 	·			

Schedule D (Form 990) 2009 FRANK J. BATTAGLIA Part XIV Supplemental Information (continued)	52-1273277	Page 5
Part XIV Supplemental Information (continued)		
•		
		- -
		-
		

SCHEDULE I

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2009

OMB No 1545-0047

Open to Public

× 2 (h) Purpose of grant or assistance !Rantall Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Employer identification number X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 52-1273277 (g) Description of non cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) SEE PART IV (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Part 1 General Information on Grants and Assistance (b) EIN 1 (a) Name and address of organization FRANK J. BATTAGLIA or government Name of the organization

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations

2 Enter total number of section 501(c)(3) and government organizations

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 FRANK J. BATTAGLIA

Partill Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed 52-1273277

(f) Description of non-cash assistance	•				other additional information.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
(e) Method of valuation (book, FMV, appraisal, other)					, line 2, and any		HE_GRANT	MMITTEE	IENTS, AS					.
(d) Amount of non-cash assistance			:		to provide the information required in Part I	<u>USED</u>	COMMITTEE MONITORS THE USE OF THE GRANT	SCHOLARSHIP CO	SCHOLARSHIP RECIPIENTS, AS	 		 		
(c) Amount of cash grant	44,985.				rovide the informat	<u>F HOW GRANTS ARE USED</u>	MITTEE MONITOR	IE AWARDS. THE	ON FROM THE SCH]		
(b) Number of recipients	21				اسا			S FUNDED BY IF	RED INFORMATIC	PPLICATION		; ; ; ; ;	 	.
(a) Type of grant or assistance	FINANCIAL ASSISTANCE				Partश्रऽ Supplemental Information. Complete this par	PART I, LINE 2 - GRANTMAKER'S DESCRIPTION O	THE_BOARD_OF_DIRECTOR'S_GRANT_ASSESSMENT	AWARDS_AND_REVIEWS_EXPENDITURES_FUNDED_BY_THE_AWARDSTHE_SCHOLARSHIP_COMMITTEE	RECEIVES AND REVIEWS THE REQUIRED INFORMATION FROM THE	DESCRIBED_IN_THE_SCHOLARSHIP_APPLICATION		1 t t t t t t t t t t t t t t t t t t t		

BAA

Schedule I (Form 990) 2009

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2009

Open to Publication

Department of the Treasury Internal Revenue Service ► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See instructions for Form 990.

Name of the Organization

Employler Identification number

FRANK J. BATTAGLIA 52-1273277 Part Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** (A) (B) (C) (D) (E) **(F)** Position (check all that apply) Name and Title Average hours per week Reportable compensation from Reportable compensation from Estimated amount of other Officer amount of other compensation from the organization and related organizations Institutional trustee Highest compensated employee Individual the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) director employee trustee HENRY A. ROSENBERG, JR. DIRECTOR Х 0. 0 0. GEORGE L. RUSSELL, JR. DIR. - EMERITUS 1 X 0 0 0. JIM STREETT DIRECTOR 1 Х 0 0. 0. KAREN SCHUSTER DIRECTOR 1 Х 0 0 0. HANAN SIBEL DIRECTOR X 0. 0. 0. JOHN VONTRAN DIRECTOR 1 X 0 0. 0. MICHAEL MCDANIEL DIRECTOR 1 X 0 0. 0. PAUL G. WOOD DIRECTOR 1 Х 0 0 0. KENNY BROWN DIRECTOR Χ 0. 0. 0. MARC DUBIN DIRECTOR 1 Х 0 0 0. RICHARD CERNAK DIR. - EMERITUS 1 X 0 0 0. BARBARA BRANDNER EXECUTIVE DIREC 20 Х 30,000 0 0.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Name of the organization FRANK J. BATTAGLIA SIGNAL 13 FOUNDATION, INC.	Employer identification number 52-1273277								
	32-12/32//								
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS									
THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S BOARD OF DIRECTORS.									
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCES	<u>s for ceo, exec. dir., or top m</u>								
THE BOARD OF DIRECTORS REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR ON AN									
ANNUAL BASIS AND DECIDES ON AN APPROPRIATE INCREASE IN COMPENSATION, IF ANY.									
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE									
THE ORGANIZATION'S PROVIDES ITS GOVERNING DOCUMENTS, FORM 990	AND FINANCIAL								
STATEMENTS UPON RECEIPT OF A WRITTEN REQUEST.									

Schedule 0 (Form 990) 2009 Page 2										
Name of the organization	FRANK J. BATTAGLIA SIGNAL 13 FOUNDATION, INC.	Employer identification number								
	SIGNAL 13 FOUNDATION, INC.	52-1273277								
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2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

FRANK J. BATTAGLIA SIGNAL 13 FOUNDATION, INC.

52-1273277

NATURE AND SOURCE	E 2009	2008	2007	<u> </u>	2005
SPECIAL EVENTS	TOTAL \$ 0.	20,776. \$ 20,776.	82,388. \$ 82,388.	<u>49,468.</u> \$ 49,468. \$	338,563. 338,563.

2009 SCHEDULE D, PART XIV - SUPPLEMENTAL FRANK J. BATTAGLIA	INFORMATIONPAGE 6
SIGNAL 13 FOUNDATION, INC.	52-1273277
SCHEDULE D, PART XI, LINE 8 OTHER CHANGES IN NET ASSETS OR FUND BALANCES GAAP ADJUSTMENT - ACCRUALS	TOTAL \$ -7,295. \$ -7,295.
SCHEDULE D, PART XII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S	, a <u> </u>
ACCRUED INTEREST RECEIVABLE 11/09 ACCRUED INTEREST RECEIVABLE 11/10 INVESTMENT EXPENSES	\$ 8,759. -6,600. 10,447. \$ 12,606.
SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S	
PAYABLE ADJUSTMENT SCHOLARSHIP PAYABLE 11/10	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
SCHEDULE D, PART XIII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S	
INVESTMENT EXPENSES	TOTAL \$ 10,447.

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Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury

File a separate application for each return.

Internal Revenue	Service		i ne a separ	ate application for each	ii i ctai ii.		1			
 If you are 	filing for an Au	tomatic 3-Month I	xtension, comple	te only Part I and ched	ck this box				► [X]	
_	-		•	tension, complete on		ae 2	of this form)			
•	-	•		n automatic 3-month e		_	•			
				only submit original						
A corporation	required to file	Form 990-T and	equesting an auto	matic 6-month extensi	ion – check th	s box	and comple	te Part I onl	ly ►	
All other corp	oorations (includ eturns	ing 1120-C filers),	partnerships, REI	MICS, and trusts must	use Form 700	1 to re	equest an ex	tension of ti	me to file	
the additiona Form 990-T.	l below (6 month I (not automatic) Instead, you mu	ns for a corporation 3-month extensions 3-month the fully	n required to file F on or (2) you file F	m 8868 if you want a 3 Form 990-T). However, orms 990-BL, 6069, or gned page 2 (Part II) o & <i>Nonprofit</i> s	, you cannot fil : 8870, group ri	e Forr eturns	n 8868 elect s, or a comp	ronically if (osite or cons	 you want solidated 	
	Name of Exempt Or	ganization					Emp	loyer (dentificat	Jon number	
FRANK J. BATTAGLIA SIGNAL 13 FOUNDATION			N INC				52.	52-1273277		
File by the			If a P O box, see instr	uctions	···			12/34/	<u>'</u>	
due date for filing your return See	P.O. BOX		, -							
instructions	City, town or post o	ffice, state, and ZIP co	de For a foreign addres	s, see instructions						
	BALTIMORE	, MD 21220-	0801							
Check type o			application for ea	ach return)						
X Form 990		Γ	Form 990-T (cor	•		ΠFα	orm 4720			
-	Form 990-BL			ction 401(a) or 408(a) t	trust)	\vdash	orm 5227			
⊢ ⊣					_	orm 6069				
Form 990		}-	Form 1041-A	ot outor utarraboto)		⊢⊣	orm 8870			
If the orgaIf this is for check this	or a Group Retu	not have an office rn, enter the orga	nization's four dig	FAX No. ►ss in the United States at Group Exemption Nuis box ► and att	ımber (GEN)		. If this i	is for the wh	▶ ☐ nole group, embers	
		3-month (6 month	s for a corporation	required to file Form	990-T) extensi	on of	time			
until _ The ext	7/15 ension is for the calendar year 2	20 11 , to file organization's re 0 or	the exempt organi turn for	zation return for the or the orange $11/30$	rganization nai	ned a				
2 If this ta	ax year is for les	s than 12 months	, check reason:	Initial return	Fınal retu	n	Chang	ge in accoun	iting period	
	pplication is for indable credits.		-PF, 990-T, 4720,	or 6069, enter the ten	tatıve tax, less	any	3	a \$	0.	
			90-T, enter any re nt allowed as a cre	fundable credits and e	estimated tax p	ayme	nts 3	ь\$	0.	
deposit	Due. Subtract i with FTD coupo tructions	ine 3b from line 3 n or, if required, l	a. Include your pa by using EFTPS (E	yment with this form, Liectronic Federal Tax	or, if required, Payment Syst	em).	3	c \$	0.	
Caution. If yo payment instr	ou are going to nuctions.	nake an electronic	fund withdrawal	with this Form 8868, se	ee Form 8453-	EO ar	d Form 8879	9-EO for		
BAA For Priv	vacy Act and Pa	perwork Reduction	n Act Notice, see	instructions.				Form 886	8 (Rev 4-2009)	