

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

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

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

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

OMB No 1545-1150

2009

Open to Public Inspection

	A For the 2009 calendar year, or tax year beginning January 1, 2009, and ending December 31, 2010									3/ ,20/0				
	Вс	heck if applicable	Please	C Name of organ	ization					D Employ	er ident	tification number		
	$\overline{}$	ddress change	use IRS Tipperary Hill Neighborhood ASSN., Inc.			14 -1903774 E Telephone number								
	=	lame change	label or print or	Number and street	et for PO box	if mail is not delivere	d to street add	ress) Ro	om/suite	E Telepho	ne num	ber		
	<u> </u>	nitial return	type.	(02	Tompk			·		3/5	-4	88-7843		
	י 🖳	erminated	See Specific	City or town, state								<del></del>		
	=	mended return	Instruc-	1 '			all				roup Exemption			
		Application pending Syracuse, NY 13204 Number >												
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). □ G Accounting Method □ Cash □ A Other (specify) □												
				_	anization is not									
												edule B (Form 990,		
	K Check ▶ ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not mo													
	Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return													
	L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)													
	Pa	art Reve	nue, Exp	enses, and C	changes i	n Net Assets o	or Fund Ba	alances	(See the	Instruct	ions t			
						unts received.				·	1 /	11,700		
		2 Program	Program service revenue including government fees and contracts								2	0		
$\Box$		3 Member	ship dues	s and assessme	ents					-	3	100		
2010		4 Investme	ent incom	ne						.	4			
. GS	i	5a Gross ar	nount fro	m sale of asset	s other tha	n inventory .		5a			:			
<b>8</b>		<b>b</b> Less: co	st or othe	er basis and sal	es expense	s		5b		· .		_		
n		c Gain or (								5c	0			
$\exists$	ne	6 Special evi	ents and act	tivities (complete ap	plicable parts	of Schedule G) If an	y amount is fro	m gaming,	, check here	<b>▶</b> □   }.				
_	Revenue	a Gross re	venue (no	ot including \$		of con	tributions				.]			
	Re	reported	on line 1	)				6a						
岁		b Less: dir	ect expe	nses other than	fundraising	g expenses .		6b			<u>:</u>			
SCANNED JUL		c Net inco	me or (lo	ss) from specia	l events and	d activities (Subt	ract line 6b	from line	6a).		5c	0		
Š		7a Gross sa	Gross sales of inventory, less returns and allowances											
en .		b Less: co	st of goo	ds sold				7b			اکت			
\ <b>L</b>		c Gross pr								7c	0			
		8 Other re	venue (de	escribe ► Rad	ce regis	trations, s	old merc	handi	se		8 3	9,593		
				dd lines 1, 2, 3,						▶	9 5	51.393		
				, amounts paid							10	1.300		
		11 Benefits	oaid∓d c	rformembers							11	0		
	Expenses			mpensation, an	id employe	e benefits .					12	0		
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		16 Other	olega de la	desclibe ▶ va	FIOUS NE	g ighborhood eve	ents and	beautifi	cation &	rojects	16 a	9.702		
		17 Fotal ex	penses.	Add lines 10 th	rough 16			·	<del></del>	•	17 4			
	· s					17 from line 9)	· · · · · · · · · · · · · · · · · · ·				18	2.440		
	š					of year (from line	27, colum	n (A)) (m	nust agree	with				
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	Net Assets	20 Other ch	anges in	net assets or fu	ind balance	es (attach explan	ation) .			-	20	0		
	Ž		-			Combine lines 1	-	0.		_	21 /	5,706		
	Pa								re, file For			of Form 990-EZ		
	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 in (See the instructions for Part II.)  (A) Beginning of										(B) End of year			
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	27	Net assets	or fund h	palances (line 2	7 of column	n (B) must agree	with line 21	, 1)	13		27			
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . 13 266							141	1 1/1/11/10					

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

Cat No 106421

Form 990-EZ (2009)

	990-EZ (2003)			-li-b(Coo Abo roots	otions for Dort II	11					
				olishments (See the instri	uctions for Part II	1.)		Expenses			
_ Wha	What is the organization's primary exempt purpose?							(Required for section 501(c)(3) and 501(c)(4)			
Desc	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise										
mani	ner describe	the services provide	led the number o	f persons benefited, and c	ther relevant info	rmation for	organizations and section				
			aca, the married o	, porcono ponomica, ana a				a)(1) trusts, optional			
each	program title	e					for ot	ners)			
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31	Other progra	am services (attach :	schedule)								
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20				hrough 31a)		<b>•</b>	32				
		am service expens	es laud lines 20a i	Facility		tad (Cap tha		trans for Dort IV/			
Par	t IV List o	of Officers, Directors	, Trustees, and Key	Employees. List each one ev							
	-			(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense			
		(a) Name and address		hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compen		account and other allowances			
		<del></del>		devoted to position	Cinci C.,	deterred domper	341011	Olifici dilovianees			
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		Yes	
34	description of each activity	33		+
	the changes	34		+
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		<b>1</b>	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		+
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		+
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		~	
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved	ļ		
39	Section 501(c)(7) organizations. Enter:	] ]	٠,	
a	Initiation fees and capital contributions included on line 9	{		. • • `
40a	Gross receipts, included on line 9, for public use of club facilities		- '	.,.
40a	section 4911 ▶ ; section 4912 ▶ # O ; section 4955 ▶ # O	2	٠.	•
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	ا.ن. سـنا	-4.	J
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			,
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	· .		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		•	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		سد
41	List the states with which a copy of this return is filed. ► New York			
42a		718		2
		32/9	<b>,</b> 	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial	ſ	Vac	No
	account)?	42b	Yes	(_
	If "Yes," enter the name of the foreign country: ▶	720		<del>-</del>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
	If "Yes," enter the name of the foreign country:			<del></del> _
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		l	▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the tax year			<del></del>
		ſ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	[·	7	
	Form 990-EZ	44	*	4
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	:		
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		-
	For	n 990	-EZ	(2009)

employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each employee paid more than \$100,000  (b) Title and serge hours per week devoted to position  (c) Compensation  (d) Compensation  (e) Compensation  (e) Compensation  (f) Compensation  (e) Compensation  (f) Compensation  (e) Compensation  (f) Compensation  (g) Total number of other employees paid over \$100,000  (g) Type of service  (g) Compensation  (g) Type of service  (g) Compensation  (g) Compensation  (g) Type of service  (g) Compensation  (g) Compensati	r ait v	501(c)(3) organizations and section 49 and complete the tables for lines 50 are	47(a)(1) nonexempt cha	ritable trusts mus	t answer question	ns 46	49b	)
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  48 Is the organization a school as described in section 170(b)(1/A)(ii)? If "Yes," complete Schedule E  49 Did the organization make any transfers to an exempt non-charitable related organization?  50 Complete this table for the organization is five highest compensation from the organization. If there is none, enter "None."  (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (c) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (d) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (e) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (e) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (f) Total number of other independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (e) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (f) Total number of other independent contractors each receiving over \$100,000 of contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (g) Name and address of each independent contractors each receiving over \$100,000 of contractors who each received more than \$100,000 of compensation from the organization of prepare in the prepar	46	Old the organization engage in direct or indirect	t political campaign activi	ties on behalf of or	in opposition to		Yes	No
the graphical of a school as described in section 170(b)(1)(A)(b)(1) 11 "Yes," complete Schedule E 49 bit the organization as school as described in section 170(b)(1)(A)(b)(1) 11 "Yes," was the related organization a section 527 organization?  1/ "Yes," was the related organization a section 527 organization?  1/ "Yes," was the related organization a section 527 organization?  (a) Name and address of each employee paid more (b) Title and average (d) Compensation. If there is none, enter "None."  (b) Title and average (d) Compensation in the organization. If there is none, enter "None."  (c) Name and address of each employee paid more (e) Title and average (d) Compensation from the organization. If there is none, enter "None."  (d) Name and address of each employees paid more (e) Total number of other employees paid over \$100,000		•				46		
Dut the organization make any transfers to an exempt non-charitable related organization?  If "Yes," was the related organization associon \$27 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, Lustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  1 Total number of other employees paid over \$100,000  1 Total number of other employees paid over \$100,000  1 Total number of other employees paid over \$100,000  1 Total number of other employees paid over \$100,000  2 Total number of other employees paid over \$100,000  3 Name and address of exchange enter the organization if there is none, enter "None."  (a) Name and address of exchange ended to organization. If there is none, enter "None."  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors pad more than \$100,000  (e) Type of service  (f) Compensation  (g) Type of service  (g) Compensation  (h) Type of service  (g) Compensation  (g) Type of								
b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization is two highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Tritis and several expectations to employee paid more than \$100,000 of compensation of other employees paid over \$100,000.  (c) Total number of other employees paid over \$100,000.  (d) Name and address of each independent contractors five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  (d) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  (e) Name and address of each independent contractors each receiving over \$100,000  (a) Name and address of each independent contractors each receiving over \$100,000  (b) Type of service (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  (e) Compensation  (f) Compensation  (g) Name and address of each independent contractors each receiving over \$100,000  (g) Name and address of each independent contractors each receiving over \$100,000  (g) Name and address of each independent contractors each receiving over \$100,000  (g) Name and address of each independent contractors each receiving over \$100,000  (g) Name and address of each independent contractors each receiving over \$100,000  (g) Name and address of each independent contractors each receiving over \$100,000  (g) Name and address of each independent contractors each receiving over \$100,000  (g) Name an					E			4
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Signature of officer								
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Signature of officer  Brian J. Abbott Trasurer  Type or print name and title  Preparer's signature  Preparer's Signature  Firm's name (or yours if self-employed), address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? See instructions  Date  Check if self-employed Preparer's identifying number (See instructions)  EIN Phone no P								
Paid signature signature   Self-employed   Sel	Sign Here	Signature of officer Brian J. Abbot	t. Trasurer			10		
Preparer's   Firm's name (or yours it self-employed), address, and ZiP + 4   Phone no ▶    May the IRS discuss this return with the preparer shown above? See instructions	Paid	signature	Date	self	Preparer's identifying num	nber (See	- instruct	ions)
yours it self-employed), address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? See instructions ▶ □ Yes □ No	-	Firm Straine (or		<del></del>	<u> </u>			
	use Uni	yours it self-employed), address, and ZIP + 4						
	May the	IRS discuss this return with the preparer show	n above? See instructions		🕨 🗌			