

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



Form **990-EZ**

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, organizations that operate one or more hospital facilities, and certain controlling
organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total
assets less than \$500,000 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

	1 0111	93)U-LZ	Private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and ce	ertain contro	olling	2010
			of the Treasur enue Service	Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 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 requ	200,000 an	d total	Open to Public
7				lendar year, or tax year beginning OCT 1, 2010 and ending SE	P 30	s. ວິດ	Inspection
5	ВС	heck if	r	<u> </u>			tification number
حس	a	pplicab	""	GREATER LOWELL HEALTH ALLIANCE OF	D Cilipioy	CI IUCII	uncauon number
AUG	\vdash	٦	ess change	CHNA 10, INC.	27	040	8037
	\vdash	٦ .	change		E Telepho		
	F	7	10.0		•		
الفاذي	늗	٦.	inated	295 VARNUM AVE. City or town, state or country, and ZIP + 4			7-6000
6 2 7	≒¦ ډ	JAmen □	aca rotarii	· ·	F Group		ion
₀ {{}.∜			act pending I	LOWELL, MA 01854	Numbe		les is
			iting Metho				_ff the organization is not
], g				WW.GREATERLOWELLHEALTHALLIANCE.ORG	•		ach Schedule B
				s (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527			0-EZ, or 990-PF).
				the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not			
				not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization of	hooses to	file a re	eturn, be sure to file a
			te return.				
				nd 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	II ,		60 056
	_	_		below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$	69,256.
	Pa	<u>irt l</u>		nue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions for	Part I.)	
				the organization used Schedule O to respond to any question in this Part I			<u>X</u>
] 1		ons, gifts, grants, and similar amounts received	Ľ	`—	69,256.
		2	-	ervice revenue including government fees and contracts		2	
		3		ip dues and assessments	ئــا	3	
		4	Investmen		<u> </u>	<u> </u>	
		5a		unt from sale of assets other than inventory 5a		- }	
		ı		or other basis and sales expenses 5b		-	
		1	-	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5	C	
/ AV T T		ı	_	d fundraising events			
	ne	a		me from gaming (attach Schedule G if greater than			
	Revenue	١.	\$15,000)	<u> 6a]</u>			
	Re	þ		me from fundraising events (not including \$ of contributions			
				aising events reported on line 1) (attach Schedule G if the sum of such			
			•	me and contributions exceeds \$15,000)			
		ı		t expenses from gaming and fundraising events			
		1		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<u> </u>	d	· · · · · · · · · · · · · · · · · · ·
		i		s of inventory, less returns and allowances 7a			
		i .		of goods sold 7b			
				it or (loss) from sales of inventory (Subtract line 7b from line 7a)	<u> </u>	C	
		8		nue (desame in Schadule d)	· —	<u> </u>	60 256
		9	Total reve			9	69,256.
		10	Grants and	inilar amounts paud (list in Schedule 0)		0	
20	,	11	- 4	in to or to a complete service of the service of th	⊢	1	20 212
8	ses	12	Salaries, o	ther compensation, and employee benefits	_	2	32,313.
\rightleftharpoons	ens	13	Profession	al fees and other payments of ricependent contractors	_	3	6,610.
۵.	Expenses	14	Occupancy	rent, willness and maintenance		4	1 727
SEP 1 8 2012	_	15		ublications, postage, and shipping	_	5	1,737.
		16		nses (describe in Schedule 0) SEE SCHEDULE O	· -	6	24,635.
SCANNED		17		enses. Add lines 10 through 16		7	24,635. 65,295. 3,961.
Ž	ţ	18		(deficit) for the year (Subtract line 17 from line 9)	<u> </u>	8	3,961.
Z	sse	19		or fund balances at beginning of year (from line 27, column (A))			E0 800
Ö	Net Assets			ee with end-of-year figure reported on prior year's return)	_	9	52,702.
Ø	2	20		iges in net assets or fund balances (explain in Schedule 0)	_	0	<u> </u>
		21		or fund balances at end of year. Combine lines 18 through 20	▶ 2	1	56,663.
	LHA	For	Paperwork	Reduction Act Notice, see the separate instructions.			Form 990-EZ (2010)

032171 02-02-11

27-0408037 Page 2

LPa	art II Balance Sheets. (see the instructions for Part II.)							
	Check if the organization used Schedule O to respond to any question	n in this Part II				X		
			(A) Beginning of year	\top	(B) E	nd of year		
22	Cash, savings, and investments	Ť	57,020	. 22		62,886.		
23		·	<u> </u>	23				
24		o t	108,505			70,977.		
25		·	165,525			133,863.		
26	<u></u>	o t	112,823			77,200.		
27	,	F	52,702			56,663.		
	art III Statement of Program Service Accomplishme			. • [2/	E,	xpenses		
	Check if the organization used Schedule O to respond to any questi	*	10 101 1 411 1112/	X		for section		
Wha	at is the organization's primary exempt purpose?SEE SCHEDULE					and 501(c)(4)		
						ons and section) trusts; optional		
	scribe what was achieved in carrying out the organization's exempt p services provided, the number of persons benefited, and other releva			ribe	for others			
_	SEE SCHEDULE O	ant information for each	i program title.			<u> </u>		
20	SEE SCHEDOLE O		 					
						65 005		
	(Grants \$) If this amount includes foreign	grants, check here			28a	65,295.		
29								
								
	(Grants \$) If this amount includes foreign	grants, check here			29a			
30								
	(Grants \$) If this amount includes foreign	grants, check here	•		30a			
31	Other program services (describe in Schedule O)							
	(Grants \$) If this amount includes foreign	grants, check here	•		31a			
32	Total program service expenses (add lines 28a through 31a)	<u> </u>			32	65,295.		
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)								
	<u>art iv List of Officers, Directors, Trustees, and Rey</u>	Employees. List each	one even if not compensated	(see the	instructions f	for Part IV)		
<u>LP</u> ë	Check if the organization used Schedule O to respond to any questr		one even if not compensated	(see the	instructions f	for Part IV)		
<u></u>		on in this Part IV	· ·	T	instructions f			
	Check if the organization used Schedule O to respond to any questi		ours (c) Compensation	(d) c	ontributions employee	(e) Expense account and		
<u></u>		on in this Part IV (b) Title and average h	ours (c) Compensation	(d) C to e bene	ontributions employee ifit plans & eferred	(e) Expense		
	Check if the organization used Schedule O to respond to any questi	on in this Part IV (b) Title and average h per week devoted t position	ours (c) Compensation o (if not paid, enter	(d) C to e bene	ontributions employee fit plans &	(e) Expense account and		
NO	Check if the organization used Schedule O to respond to any questi (a) Name and address DRMAND DESCHENE	on in this Part IV (b) Title and average h per week devoted t position PRESIDENT 8	ours (c) Compensation (If not paid, enter -0)	(d) C to e bene d com	ontributions employee fit plans & eferred pensation	(e) Expense account and		
NO 29	Check if the organization used Schedule O to respond to any question (a) Name and address ORMAND DESCHENE OF VARNUM AVE., LOWELL, MA 01854	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 8 10.00	ours (c) Compensation (If not paid, enter -0) DIRECTOR	(d) C to e bene d com	ontributions employee ifit plans & eferred	(e) Expense account and		
NO 29 MI	Check if the organization used Schedule O to respond to any question (a) Name and address ORMAND DESCHENE OF VARNUM AVE., LOWELL, MA 01854 CCHELLE DAVIS	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 8 10.00 EXECUTIVE I	ours (c) Compensation (if not paid, enter -0) DIRECTOR O	(d) C to e bene d com	ontributions employee if the plans & eferred pensation	(e) Expense account and		
NO 29 MI 29	Check if the organization used Schedule O to respond to any question (a) Name and address ORMAND DESCHENE OS VARNUM AVE., LOWELL, MA 01854 CCHELLE DAVIS OS VARNUM AVE., LOWELL, MA 01854	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 8 10.00 EXECUTIVE I	ours (c) Compensation (if not paid, enter -0) DIRECTOR O O	(d) C to e bene d com	ontributions employee fit plans & eferred pensation	(e) Expense account and		
NO 29 MI 29	Check if the organization used Schedule O to respond to any question (a) Name and address ORMAND DESCHENE OS VARNUM AVE., LOWELL, MA 01854 CHELLE DAVIS OS VARNUM AVE., LOWELL, MA 01854 PATRICIA CRANE	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 8 10.00 EXECUTIVE IT 10.00 TREASURER 8	ours (c) Compensation (if not paid, enter -0) DIRECTOR O DIRECTOR O DIRECTOR	(d) C to c bene d com	ontributions employee fit plans & eferred pensation 0.	(e) Expense account and other allowances		
NO 29 MI 29 M•	Check if the organization used Schedule O to respond to any question (a) Name and address ORMAND DESCHENE OS VARNUM AVE., LOWELL, MA 01854 CHELLE DAVIS OS VARNUM AVE., LOWELL, MA 01854 PATRICIA CRANE OS VARNUM AVE., LOWELL, MA 01854	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 8 10.00 EXECUTIVE I 10.00 TREASURER 8 10.00	ours (c) Compensation (if not paid, enter -0) DIRECTOR O DIRECTOR O DIRECTOR O DIRECTOR	(d) C to c bene d com	ontributions employee if the plans & eferred pensation	(e) Expense account and other allowances		
NO 29 MI 29 M• 29 CR	Check if the organization used Schedule O to respond to any question (a) Name and address ORMAND DESCHENE OS VARNUM AVE., LOWELL, MA 01854 CHELLE DAVIS OS VARNUM AVE., LOWELL, MA 01854 PATRICIA CRANE OS VARNUM AVE., LOWELL, MA 01854 RAIG SLATIN	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 8 10.00 EXECUTIVE I 10.00 TREASURER 8 10.00 CLERK & DIE	ours (c) Compensation (If not paid, enter -0) DIRECTOR O DIRECTOR O A DIRECTOR O RECTOR	(d) C to c bene	ontributions employee fift plans & eferred pensation 0 .	(e) Expense account and other allowances		
NO 29 MI 29 CR 29	Check if the organization used Schedule O to respond to any question (a) Name and address ORMAND DESCHENE OS VARNUM AVE., LOWELL, MA 01854 CCHELLE DAVIS OS VARNUM AVE., LOWELL, MA 01854 PATRICIA CRANE OS VARNUM AVE., LOWELL, MA 01854 RAIG SLATIN OS VARNUM AVE., LOWELL, MA 01854	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 8 10.00 EXECUTIVE I 10.00 TREASURER 8 10.00 CLERK & DII 10.00	ours (c) Compensation (if not paid, enter -0) DIRECTOR O DIRECTOR O DIRECTOR O DIRECTOR	(d) C to c bene	ontributions employee fit plans & eferred pensation 0.	(e) Expense account and other allowances		
NO 29 MI 29 CR 29 BE	Check if the organization used Schedule O to respond to any question (a) Name and address ORMAND DESCHENE OS VARNUM AVE., LOWELL, MA 01854 CCHELLE DAVIS OS VARNUM AVE., LOWELL, MA 01854 PATRICIA CRANE OS VARNUM AVE., LOWELL, MA 01854 RAIG SLATIN OS VARNUM AVE., LOWELL, MA 01854 RAIG SLATIN OS VARNUM AVE., LOWELL, MA 01854 ERNARD LYNCH	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 10.00 EXECUTIVE I 10.00 TREASURER 10.00 CLERK & DIE 10.00 DIRECTOR	ours (c) Compensation (If not paid, enter -0) DIRECTOR O DIRECTOR O DIRECTOR O A DIRECTOR O O RECTOR	(d) C to e bene d com	ontributions employee fift plans & eferred pensation 0 . 0 . 0 .	(e) Expense account and other allowances		
NO 29 MI 29 CR 29 BE 29	Check if the organization used Schedule O to respond to any question (a) Name and address ORMAND DESCHENE OS VARNUM AVE., LOWELL, MA 01854 CCHELLE DAVIS OS VARNUM AVE., LOWELL, MA 01854 PATRICIA CRANE OS VARNUM AVE., LOWELL, MA 01854 CAIG SLATIN OS VARNUM AVE., LOWELL, MA 01854 CRANCE SLATIN OS VARNUM AVE., LOWELL, MA 01854 CRANCE LYNCH OS VARNUM AVE., LOWELL, MA 01854	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 10.00 EXECUTIVE I 10.00 TREASURER 10.00 CLERK DIF 10.00 DIRECTOR 10.00	ours (c) Compensation (If not paid, enter -0) DIRECTOR O DIRECTOR O A DIRECTOR O RECTOR	(d) C to e bene d com	ontributions employee fift plans & eferred pensation 0 .	(e) Expense account and other allowances		
NO 29 MI 29 CR 29 E29 RA	Check if the organization used Schedule O to respond to any question (a) Name and address ORMAND DESCHENE OS VARNUM AVE., LOWELL, MA 01854 CHELLE DAVIS OS VARNUM AVE., LOWELL, MA 01854 PATRICIA CRANE OS VARNUM AVE., LOWELL, MA 01854 RAIG SLATIN OS VARNUM AVE., LOWELL, MA 01854 CRANAD LYNCH OS VARNUM AVE., LOWELL, MA 01854 CRANAD LYNCH OS VARNUM AVE., LOWELL, MA 01854 CRANARD LYNCH	on in this Part IV (b) Title and average hereweek devoted to position PRESIDENT 10.00 EXECUTIVE I 10.00 TREASURER 10.00 CLERK & DIF 10.00 DIRECTOR 10.00 DIRECTOR	ours (c) Compensation (If not paid, enter-0) DIRECTOR O DIRECTOR O DIRECTOR O A DIRECTOR O O O O O O O O O O O O O O O O O O	(d) C to c bene com	ontributions employee fift plans & eferred pensation O . O . O .	(e) Expense account and other allowances		
NO 29 MI 29 CR 29 BE 29 RA 29	Check if the organization used Schedule O to respond to any question (a) Name and address DRMAND DESCHENE DESCHENE DESCHENE DESCHELLE DAVIS DESCHELLE DAVI	on in this Part IV (b) Title and average here week devoted to position PRESIDENT (10.00) EXECUTIVE IN 10.00 TREASURER (10.00) CLERK (10.00) DIRECTOR (10.00) DIRECTOR (10.00)	ours (c) Compensation (If not paid, enter -0) DIRECTOR O DIRECTOR O DIRECTOR O A DIRECTOR O O RECTOR	(d) C to c bene com	ontributions employee fift plans & eferred pensation 0 . 0 . 0 .	(e) Expense account and other allowances		
NO 29 M1 29 M• 29 CR 29 BE 29 RA 29	Check if the organization used Schedule O to respond to any question (a) Name and address ORMAND DESCHENE OS VARNUM AVE., LOWELL, MA 01854 CCHELLE DAVIS OS VARNUM AVE., LOWELL, MA 01854 PATRICIA CRANE OS VARNUM AVE., LOWELL, MA 01854 RAIG SLATIN OS VARNUM AVE., LOWELL, MA 01854 ERNARD LYNCH OS VARNUM AVE., LOWELL, MA 01854 CCHEL CHADDOCK OS VARNUM AVE., LOWELL, MA 01854 CCHEL CHADDOCK OS VARNUM AVE., LOWELL, MA 01854 ORCAS GRIGG-SAITO	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 8 10.00 EXECUTIVE I 10.00 TREASURER 8 10.00 CLERK & DIF 10.00 DIRECTOR 10.00 DIRECTOR 10.00 DIRECTOR	ours (c) Compensation (If not paid, enter -0) DIRECTOR O DIRECTOR O A DIRECTOR O O O O O O O O O	(d) C to c bene d com	ontributions employee fift plans & eferred pensation 0. 0. 0.	(e) Expense account and other allowances		
NO 29 MI 29 M· 29 CR 29 RA 29 DO 29	Check if the organization used Schedule O to respond to any question (a) Name and address DRMAND DESCHENE DESCHENE DESCHELLE DAVIS DESCHEL	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 10.00 EXECUTIVE I 10.00 TREASURER 10.00 CLERK & DIF 10.00 DIRECTOR 10.00 DIRECTOR 10.00 DIRECTOR 10.00 DIRECTOR 10.00 DIRECTOR 10.00	ours (c) Compensation (If not paid, enter-0) DIRECTOR O DIRECTOR O DIRECTOR O A DIRECTOR O O O O O O O O O O O O O O O O O O	(d) C to c bene d com	ontributions employee fift plans & eferred pensation O . O . O .	(e) Expense account and other allowances		
NO 29 MI 29 CR 29 E29 RA 29 DO 29 CA	Check if the organization used Schedule O to respond to any question (a) Name and address DRMAND DESCHENE DESCHENE DESCHELLE DESCHELLE DAVIS DESCHELLE MA 01854 DESCHELLE CHADDOCK DESCHELLE DESCHELLE MA 01854 DESCHELLE CHADDOCK DESCHELLE DAVIS DESCHELLE MA 01854 DESCHELLE CHADDOCK DESCHELLE MA 01854 DESCHELLE DAVIS DESCHELLE MA 01854 DESCHELLE DAVIS DESCHELLE MA 01854 DESCHELLE DAVIS DESCHELLE	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 10.00 EXECUTIVE I 10.00 TREASURER 10.00 CLERK & DIF 10.00 DIRECTOR 10.00	ours (c) Compensation (If not paid, enter -0) DIRECTOR O DIRECTOR O A DIRECTOR O O O O O O O O	(d) C to c bene com	ontributions employee fift plans & efferred pensation 0. 0. 0. 0.	(e) Expense account and other allowances		
NO 29 MI 29 CR 29 E29 E29 E29 CR 29 CR 29 CR 29 E29 E29 E29 E29 E29 E29 E29 E29 E29	Check if the organization used Schedule O to respond to any question (a) Name and address ORMAND DESCHENE OS VARNUM AVE., LOWELL, MA 01854 CCHELLE DAVIS OS VARNUM AVE., LOWELL, MA 01854 PATRICIA CRANE OS VARNUM AVE., LOWELL, MA 01854 RAIG SLATIN OS VARNUM AVE., LOWELL, MA 01854 CRNARD LYNCH OS VARNUM AVE., LOWELL, MA 01854 CCHEL CHADDOCK OS VARNUM AVE., LOWELL, MA 01854 CCHEL CHADDOCK OS VARNUM AVE., LOWELL, MA 01854 ORCAS GRIGG-SAITO OS VARNUM AVE., LOWELL, MA 01854 AROLE COWAN OS VARNUM AVE., LOWELL, MA 01854 CROLE COWAN	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 10.00 EXECUTIVE I 10.00 TREASURER 10.00 CLERK & DIF 10.00 DIRECTOR 10.00	ours (c) Compensation (If not paid, enter -0) DIRECTOR O DIRECTOR O A DIRECTOR O O O O O O O O O	(d) C to c bene com	ontributions employee fift plans & eferred pensation 0. 0. 0.	(e) Expense account and other allowances		
NO 29 MI 29 CR 29 E29 E29 CA 29 CA 29 SO	Check if the organization used Schedule O to respond to any question (a) Name and address ORMAND DESCHENE OS VARNUM AVE., LOWELL, MA 01854 CCHELLE DAVIS OS VARNUM AVE., LOWELL, MA 01854 PATRICIA CRANE OS VARNUM AVE., LOWELL, MA 01854 CRAIG SLATIN OS VARNUM AVE., LOWELL, MA 01854 CRNARD LYNCH OS VARNUM AVE., LOWELL, MA 01854 CCHEL CHADDOCK OS VARNUM AVE., LOWELL, MA 01854 CCHEL CHADDOCK OS VARNUM AVE., LOWELL, MA 01854 CCHEL CHADDOCK OS VARNUM AVE., LOWELL, MA 01854 CRCAS GRIGG-SAITO OS VARNUM AVE., LOWELL, MA 01854 CROLE COWAN OS VARNUM AVE., LOWELL, MA 01854	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 10.00 EXECUTIVE I 10.00 TREASURER 10.00 CLERK & DIF 10.00 DIRECTOR 10.00	ours (c) Compensation (If not paid, enter -0) DIRECTOR DIRECTOR O . RECTOR O . 0 . 0 .	(d) C to c bene com	ontributions employee fift plans & eferred pensation 0. 0. 0. 0. 0. 0.	(e) Expense account and other allowances		
NO 29 MI 29 M. 29 ER 29 ER 29 CR 29 ER 29 CR 29 ER ER 29 ER 29 ER 29 ER 29 ER 29 ER 29 ER 29 ER 29 ER 29 ER 29 ER 2 ER 2	Check if the organization used Schedule O to respond to any question (a) Name and address ORMAND DESCHENE OS VARNUM AVE., LOWELL, MA 01854 CCHELLE DAVIS OS VARNUM AVE., LOWELL, MA 01854 PATRICIA CRANE OS VARNUM AVE., LOWELL, MA 01854 CRAIG SLATIN OS VARNUM AVE., LOWELL, MA 01854 CRNARD LYNCH OS VARNUM AVE., LOWELL, MA 01854 CCHEL CHADDOCK OS VARNUM AVE., LOWELL, MA 01854 CCHEL CHADDOCK OS VARNUM AVE., LOWELL, MA 01854 CCHEL CHADDOCK OS VARNUM AVE., LOWELL, MA 01854 CRCAS GRIGG-SAITO OS VARNUM AVE., LOWELL, MA 01854 CROLE COWAN OS VARNUM AVE., LOWELL, MA 01854 CONTITH PEOU OS VARNUM AVE., LOWELL, MA 01854 CONTITH PEOU	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 10.00 EXECUTIVE 110.00 TREASURER 10.00 CLERK & DIF 10.00 DIRECTOR 10.00	ours (c) Compensation (If not paid, enter -0) DIRECTOR O DIRECTOR O A DIRECTOR O O O O O O O O	(d) C to c bene com	ontributions employee fift plans & efferred pensation 0. 0. 0. 0.	(e) Expense account and other allowances		
NO 29 MI 29 ER 20 ER ER 20 ER 20 ER 20 ER 20 ER ER ER ER ER ER ER ER ER ER ER ER ER	Check if the organization used Schedule O to respond to any question (a) Name and address ORMAND DESCHENE OS VARNUM AVE., LOWELL, MA 01854 CCHELLE DAVIS OS VARNUM AVE., LOWELL, MA 01854 PATRICIA CRANE OS VARNUM AVE., LOWELL, MA 01854 RAIG SLATIN OS VARNUM AVE., LOWELL, MA 01854 CRNARD LYNCH OS VARNUM AVE., LOWELL, MA 01854 CCHEL CHADDOCK OS VARNUM AVE., LOWELL, MA 01854 CCHEL CHADDOCK OS VARNUM AVE., LOWELL, MA 01854 CRCAS GRIGG-SAITO OS VARNUM AVE., LOWELL, MA 01854 CRCAS GRIGG-SAITO OS VARNUM AVE., LOWELL, MA 01854 CROLE COWAN OS VARNUM AVE., LOWELL, MA 01854 CREMIAH MENYONGAI	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 10.00 EXECUTIVE 11.000 TREASURER 10.00 CLERK & DIFT 10.00 DIRECTOR 10.00	ours (c) Compensation (If not paid, enter -0) DIRECTOR DIRECTOR O. RECTOR O. O. O. O. O.	(d) C to c bene d com	ontributions employee fift plans & efferred pensation O. O. O. O. O. O.	(e) Expense account and other allowances		
NO 29 MI 29 CR 29 DO 29 CA 29 CA 29 29 29 29 29 29 29 29 29 29 29 29 29	Check if the organization used Schedule O to respond to any question (a) Name and address ORMAND DESCHENE OS VARNUM AVE., LOWELL, MA 01854 CHELLE DAVIS OS VARNUM AVE., LOWELL, MA 01854 PATRICIA CRANE OS VARNUM AVE., LOWELL, MA 01854 RAIG SLATIN OS VARNUM AVE., LOWELL, MA 01854 CRINARD LYNCH OS VARNUM AVE., LOWELL, MA 01854 CHEL CHADDOCK OS VARNUM AVE., LOWELL, MA 01854 CRCAS GRIGG-SAITO OS VARNUM AVE., LOWELL, MA 01854 CRCAS GRIGG-SAITO OS VARNUM AVE., LOWELL, MA 01854 CROLE COWAN OS VARNUM AVE., LOWELL, MA 01854 CROLE COWAN OS VARNUM AVE., LOWELL, MA 01854 CRITTIPEOU OS VARNUM AVE., LOWELL, MA 01854 CREMIAH MENYONGAI OS VARNUM AVE., LOWELL, MA 01854 CREMIAH MENYONGAI	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 10.00 EXECUTIVE 110.00 TREASURER 10.00 CLERK & DIF 10.00 DIRECTOR 10.00	ours (c) Compensation (If not paid, enter -0) DIRECTOR DIRECTOR O . RECTOR O . 0 . 0 .	(d) C to c bene d com	ontributions employee fift plans & eferred pensation 0. 0. 0. 0. 0. 0.	(e) Expense account and other allowances		
NO 29 M1 29 CR 29 E29 E29 E29 CA 29 50 29 JE	Check if the organization used Schedule O to respond to any question (a) Name and address ORMAND DESCHENE OS VARNUM AVE., LOWELL, MA 01854 CCHELLE DAVIS OS VARNUM AVE., LOWELL, MA 01854 PATRICIA CRANE OS VARNUM AVE., LOWELL, MA 01854 RAIG SLATIN OS VARNUM AVE., LOWELL, MA 01854 CRNARD LYNCH OS VARNUM AVE., LOWELL, MA 01854 CCHEL CHADDOCK OS VARNUM AVE., LOWELL, MA 01854 CCHEL CHADDOCK OS VARNUM AVE., LOWELL, MA 01854 CRCAS GRIGG-SAITO OS VARNUM AVE., LOWELL, MA 01854 CRCAS GRIGG-SAITO OS VARNUM AVE., LOWELL, MA 01854 CROLE COWAN OS VARNUM AVE., LOWELL, MA 01854 CREMIAH MENYONGAI	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 10.00 EXECUTIVE 11.000 TREASURER 10.00 CLERK & DIFT 10.00 DIRECTOR 10.00	ours (c) Compensation (If not paid, enter -0) DIRECTOR DIRECTOR O. RECTOR O. O. O. O. O.	(d) C to c bene d com	ontributions employee fift plans & efferred pensation O. O. O. O. O. O.	(e) Expense account and other allowances		
NO 29 MI 29 CR 29 E 29 CA 29 CA 29 RA	Check if the organization used Schedule O to respond to any question (a) Name and address ORMAND DESCHENE OS VARNUM AVE., LOWELL, MA 01854 CHELLE DAVIS OS VARNUM AVE., LOWELL, MA 01854 PATRICIA CRANE OS VARNUM AVE., LOWELL, MA 01854 RAIG SLATIN OS VARNUM AVE., LOWELL, MA 01854 CRINARD LYNCH OS VARNUM AVE., LOWELL, MA 01854 CHEL CHADDOCK OS VARNUM AVE., LOWELL, MA 01854 CRCAS GRIGG-SAITO OS VARNUM AVE., LOWELL, MA 01854 CRCAS GRIGG-SAITO OS VARNUM AVE., LOWELL, MA 01854 CROLE COWAN OS VARNUM AVE., LOWELL, MA 01854 CROLE COWAN OS VARNUM AVE., LOWELL, MA 01854 CRITTIPEOU OS VARNUM AVE., LOWELL, MA 01854 CREMIAH MENYONGAI OS VARNUM AVE., LOWELL, MA 01854 CREMIAH MENYONGAI	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 10.00 EXECUTIVE I 10.00 TREASURER 10.00 CLERK & DII 10.00 DIRECTOR 10.00	ours (c) Compensation (If not paid, enter -0) DIRECTOR DIRECTOR O. RECTOR O. O. O. O. O.	(d) C to c bene com	ontributions employee fift plans & efferred pensation O. O. O. O. O. O.	(e) Expense account and other allowances		
NO 29 MI 29 CR 29 DO 29 CA 29 RA 29 RA 29	Check if the organization used Schedule O to respond to any question (a) Name and address ORMAND DESCHENE OS VARNUM AVE., LOWELL, MA 01854 CCHELLE DAVIS OS VARNUM AVE., LOWELL, MA 01854 PATRICIA CRANE OS VARNUM AVE., LOWELL, MA 01854 RAIG SLATIN OS VARNUM AVE., LOWELL, MA 01854 CRNARD LYNCH OS VARNUM AVE., LOWELL, MA 01854 CCHEL CHADDOCK OS VARNUM AVE., LOWELL, MA 01854 CCHEL CHADDOCK OS VARNUM AVE., LOWELL, MA 01854 CRCAS GRIGG-SAITO OS VARNUM AVE., LOWELL, MA 01854 CROLE COWAN OS VARNUM AVE., LOWELL, MA 01854 CROLE COWAN OS VARNUM AVE., LOWELL, MA 01854 CREMIAH MENYONGAI OS VARNUM AVE., LOWELL, MA 01854 CREMIAH MENYONGAI OS VARNUM AVE., LOWELL, MA 01854 CREMIAH MENYONGAI	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 10.00 EXECUTIVE I 10.00 TREASURER 10.00 CLERK & DIF 10.00 DIRECTOR 10.00	ours (c) Compensation (If not paid, enter -0) DIRECTOR O DIRECTOR O	(d) C to c bene com	ontributions employee fift plans & efferred pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	(e) Expense account and other allowances		
NO 29 MI 29 CR 29 E 29 CA 29 CA 29 KE	Check if the organization used Schedule O to respond to any question (a) Name and address ORMAND DESCHENE OS VARNUM AVE., LOWELL, MA 01854 CHELLE DAVIS OS VARNUM AVE., LOWELL, MA 01854 PATRICIA CRANE OS VARNUM AVE., LOWELL, MA 01854 RAIG SLATIN OS VARNUM AVE., LOWELL, MA 01854 ERNARD LYNCH OS VARNUM AVE., LOWELL, MA 01854 CHEL CHADDOCK OS VARNUM AVE., LOWELL, MA 01854 CRCAS GRIGG-SAITO OS VARNUM AVE., LOWELL, MA 01854 CROLE COWAN OS VARNUM AVE., LOWELL, MA 01854 CROLE COWAN OS VARNUM AVE., LOWELL, MA 01854 CROLE COWAN OS VARNUM AVE., LOWELL, MA 01854 CREMIAH MENYONGAI	on in this Part IV (b) Title and average here week devoted to position PRESIDENT 10.00 EXECUTIVE I 10.00 TREASURER 10.00 CLERK & DII 10.00 DIRECTOR 10.00	ours (c) Compensation (If not paid, enter -0) DIRECTOR O DIRECTOR O	(d) C to c bene com	ontributions employee fift plans & efferred pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	(e) Expense account and other allowances		

Form 990-EZ (2010) CHNA 10, INC.

Part V | Other Information (Note the sta

27-0408037

Page 3

	Check if the organization used Schedule O to respond to any question in this Part V		Ye	<u>۔</u> بد
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in		ᢡ	•
	Schedule 0	33		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended		<u> </u>	•
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	۳	-	•
•	reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or	ł		
•	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N	į
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	000		
•	complete applicable parts of Schedule N	36	Ì	
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			•
	Did the organization file Form 1120-POL for this year?	37Ь		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	3/6	┢	
50 a	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	304	\vdash	
39	Section 501(c)(7) organizations. Enter:	i	1	
	Initiation fees and capital contributions included on line 9 N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1	[
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1	i	
70 a	section 4911 0 • ; section 4912 0 • .			
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
υ	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40Ь		
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	400	\vdash	
·				
4	or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	=-	4-	
	organization	l		
	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	ŀ	
41	373	400	L	•
	The organization's books are in care of ▶ PATRICIA CRANE Telephone no. ▶ 978-93	7-6	0.0	i
72 0	Located at ≥ 295 VARNUM AVE., LOWELL, MA	1185	4	•
h	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		Ye	
	account)?	42b	 ``	
	If "Yes," enter the name of the foreign country:	120		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
٠	If "Yes," enter the name of the foreign country:	720	<u> </u>	•
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
73	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	. '	,
	and onto the unrount of all oxompt into est tooked of accorded during the ax year	11/23		•
			Υe	
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		Ë	
774	Form 990-EZ	44a	1	
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	774	\vdash	•
U	of Form 990-EZ	144		
	Did the organization receive any payments for indoor tanning services during the year?	446	\vdash	
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44c	\vdash	,
u	n 165 to the 476, has the organization nieu a contribut the port these payments? It 180, provide an explanation	I	Ī	
_	ın Schedule O	44d		

GREATER LOWELL HEALTH ALLIANCE OF

Form 990-EZ	(2010)	CHNA	10,	INC.						27-0408	037		Page 4
								 _	<u> </u>			Yes	
-	•			-	~		neaning of sect	٠,	• ,		45	<u> </u>	X
	-	•		_	•			ity within th	e meaning of section	512(b)(13)?	Ì	1	
				need to be con	•						45a	<u> </u>	<u> </u>
	•		-	ndirectly, in po	olitical campai	gn activities	on behalf of or u	n opposition	to candidates for p	ublic office?	- <u>: :</u> -		
		Schedule C, P		 -			-				46	<u> </u>	X
Part VI								_	charitable tru				
	_							ns 47-49b a	and 52, and complet	e the tables for I	ines 50	and 5	'
	Check if	the organization	on used	Schedule O to	respond to an	y question i	n this Part VI					IV	븠
4= 5.1.1												res	No
				activities? If "							47	├	X
							complete Sche	dule E			48	├ ┈	X
	_	_		to an exempt i		related org	anization?				49a	├	<u> </u>
								49b					
								rs, airectors	, trustees and key e	iipioyees) wiio	eachite	ceiveu	more
man a	100,000 01	compensation	i iroin ui	e organization.	i there is not	ile, eliter ive		rage houre	(c) Compensation	(d) Contribution		e) Expe	
	(a) Na	ma and addrag	oc of one	h employee pa	ud more		(b) Title and aver per week dev		(c) Compensation	to employee	ه ا	ccount	
	(a) IVai		an \$100,			1	positio			benefit plans & deferred	oth		vances
					.111					compensation	+		
													
· · · · · · · · · · · · · · · · · · ·		·								 	\dashv		—
									 	 	\dashv		
										 	+		
]			
											\dashv		
									1		1		
organi		ere is none, ei me and addre		e." NO		ud more tha	n \$100,000		(b) Type of se	vice	(c) Cor	npensa	tion
													
		<u> </u>						<u> </u>					
									 				
						2400.000			<u> </u>				
		•		ractors each re	•			.vav					
	•	•			ection 501(c)(ع) organiza	tions and 4947(a	ı)(ı) nonexe	шрт	_	~ 1	, <u> </u>	
cnarita		TVIAR BURE	The same of the sa	d Schedule A	ea this return, in	cluding accor	npanying schedules	and statemen	its, and to the best of it	y knowledge and i		es _ suue,	No
	correct, and	d complete Dec	fon of	preparer (other th	nan officer) is bas	sed on all infor	mation of which pre	parer has any	knowledge	10 11/	- 12		
Sign	Signate	ne in officer		7 Car						Date Date	12		
Here		RMAND :		HENE,	PRESID	ENT							
		<u> </u>			Depression			T Date	Chack	of Invite			
Deid	Print	Type preparer	s name		Preparer's	signature	K	Date	Check	oved PTIN			
Paid	ITOG	DDII OT	a 0		M	1/1/	1665	18/1n/	self- emplo		a D	<i>></i> ^	
Prepare		EPH GI		MODE 3 C	MA	11/11/	100	10/11/	<u> </u>		00	50,	126
Use Onl		name C		TOFIAS	ANT CORP.	שמה			Firm's Eli		764	0.00	<u> </u>
	Firm's	address >		BOYLST		EET			Phone no	617-	/ D T -	- U b (, U
A4 (2 25 5				ON, MA		 -					₹ ₹ .	. T	
U321/4	discuss th	is return with	the prep	arer shown ab	ove? See instr	uctions					<u> </u>		No
03-04-11											Form	990-E2	(2010)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public

GREATER LOWELL HEALTH ALLIANCE OF Name of the organization Employer identification number CHNA 10, INC. 27-0408037 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated **b** Type II d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation-managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization organizátion in col. n col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Nο Yes No Yes No LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010 CHNA 10, INC. 27-04080 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and	- · · ·				197.55	(1) 1014.
	membership fees received. (Do not						
	include any "unusual grants.")			37,555.	40,605.	69,256.	147,416.
2	Tax revenues levied for the organ-						
	ızation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			37,555.	40,605.	69,256.	147,416.
5	The portion of total contributions]					
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		_				
	on line 1 that exceeds 2% of the				-		
	amount shown on line 11,						
	column (f)						144,468.
6	Public support. Subtract line 5 from line 4						2,948.
	ction B. Total Support	T					
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008 37,555.	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	<u> </u>		37,333.	40,605.	69,256.	147,416.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royaltiesand_income_from-similar_sources						
-	Net income from unrelated business	<u> </u>					
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						<u></u>
	or loss from the sale of capital]				
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			1			147,416.
12	Gross receipts from related activities,	etc. (see instructi	ons)	<u> </u>		12	
	First five years. If the Form 990 is for	•	,	rd, fourth, or fifth ta	ı x year as a sectioi		
	organization, check this box and stor	o here					ightharpoons X
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	·			
	Public support percentage for 2010 (column (f))		14	%
	Public support percentage from 2009				Į	15	%
16a	33 1/3% support test - 2010.If the o				4 is 33 1/3% or mi	ore, check this bo	x and
	stop here. The organization qualifies		-				. ▶□
0	33 1/3% support test - 2009.If the o				line 15 is 33 1/3%	or more, check th	is box
47-	and stop here. The organization qual						ightharpoonup
ı/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fact					t IV how the organ	ization
h	meets the "facts-and-circumstances"					7a and bord 5	▶
	10% -facts-and-circumstances tes						
	more, and if the organization meets the organization meets the facts-and-circ						·
18	Private foundation. If the organization						
	The state of the s	Sid flot offood a	DON ON MILE TO, TO	<u>, 100, 17a, 01 170</u>	_	dule A (Form 990	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (er fiscal year beginning in)	Sec	ction A. Public Support						
membership fees received. (Do not include any "turusual grants.") 2 Gross receipts from admissions, merchandes and or services performed, or facilities furnished in any activity that is related to the originization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513 4 Tax revenues leved for the organization's tax-exempt purpose or services or facilities for the organization's behalf 5 The value of services or facilities furnished in a services or facilities furnished by a governmental unit to the organization without charge 6 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from desqualified persons by Amounts included on lines 1, 2, and 3 received from desqualified persons by Amounts included on lines 1, 2, and 3 received from desqualified persons by Amounts included on lines 1, 2, and 3 received from desqualified persons to a service or facilities and the services of the services or facilities and subtless	Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
unclude any "unusual grants.") 2 Gross receipts from admissions, merchandise acid or services per format, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues level for the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues level for the organization's benefit and ether paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts motuded on lines 1, 2, and 3 received from disqualified persons by Amounts founded on lines 1, 2, and 3 received for give lines 1 and 1 to 1 t	1	Gifts, grants, contributions, and		_				
2. Gross receipts from admissions, merchandles and of services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues leved for the organization's tax exempt purpose organization's benefit and either part to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization's benefit and either part to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3 received from disqualified persons by Amounts micited on lines 1, 2, and 3 received from disqualified persons by Amounts micited on lines 1, 2, and 3 received from disqualified persons by Amounts micited on lines 1, 2, and 3 received from disqualified persons by Amounts micited on lines 1, 2, and 3 received from disqualified persons by Amounts micited on lines 1, 2, and 3 received from disqualified persons by Amounts from disqualified persons by Amounts from lines 1, 2, and 3 received from secret the species of \$5.00 or 1% of the secret the secret of \$5.00 or 1% of the secret through through the secret through the secret through through thr		membership fees received. (Do not						
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization is tax-exempt purpose of a control tax exempt purpose or expended on its behalf or expended on its behalf or expended on the behalf of the organization without charge of Total. Add lines 1 through 5 The value of services or facilities furnished by a governmental unto the organization without charge of Total. Add lines 1 through 5 A mounts included on lines 2 and 3 received from disqualified persons by Amounts included on lines 2 and 3 received from disqualified persons by Amounts included on lines 2 and 3 received from disqualified persons by Amounts included on lines 2 and 3 received from disqualified persons by Amounts included on lines 2 and 3 received from disqualified persons by Amounts included on lines 2 and 3 received from disqualified persons by Amounts from lines and 3 received from disqualified persons by Amounts from lines 2 and 3 received from disqualified persons by Amounts from lines 2 and 3 received from disqualified persons by Amounts from lines 2 and 3 received from disqualified persons by Amounts from line 2 and 3 received from disqualified persons by Amounts from lines 2 and 3 received from disqualified persons by Amounts from lines 2 and 3 received from disqualified persons by Amounts from lines 2 and 3 received from disqualified persons by Amounts from lines 2 and 3 received from disqualified persons by Amounts from lines 3 received from disqualified persons by Amounts from lines 3 received from disqualified persons by Amounts from lines 3 received from disqualified persons by Amounts from lines 3 received from disqualified persons by Amounts from lines 3 received from disqualified persons by Amounts from lines 3 received from disqualified		include any "unusual grants.")						
formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross recepts from activities that are not an unrelated trade or business under section 513 4 Tax revenues lewed for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from dequalified persons b Amounts included on lines 1, 2, and 3 received from dequalified persons but exceed the peater of \$5,000 or 11 of the services of the s	2	Gross receipts from admissions,						
any activity that is related to the organization's tax exempt purpose of organization's tax exempt purpose of the organization's tax exempt purpose of the organization's tax exempt purpose of the organization's thenefit and either paid to or expended on its behalf or expended on the behalf or expended on the behalf of the organization's benefit and either paid to or expended on the behalf of the organization's benefit and either paid to or expended on the behalf of the organization without charge of the organization of the organization without charge of the organization organizatio		•						
originization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or bus inness under section 513 4 Tax revenues leveld for the organization's benefit and either paid to or expended on its behalf or the organization without charge furnished by a governmental unit to the organization without charge for Total. Add lines 1 through 5 7.9 Amounts included on lines 1, 2, and 3 received from disqualified persons behavior and several received from disqualified persons behavior and the several received from the sex and several received from the sex and		•					Į	
3 Gross recepts from activities that are not an unrelated trade or business under section 513 4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a A mounts included on lines 1, 2, and 3 received from disqualified persons by anounts included on lines 2 and 3 received from disqualified persons by anounts included on lines 2 and 3 received from disqualified persons by anounts included on lines 2 and 3 received from disqualified persons that exceed the great of 5000 to 16 of the ceived on the seal of capture of 5000 to 16 of the ceived on the seal of 5000 to 16 of the ceived on the seal of 5000 to 16 of the ceived on the seal of 5000 to 16 of the ceived on the seal of 5000 to 16 of the ceived on the seal of 5000 to 16 of the ceived on the seal of 5000 to 16 of the ceived on the seal of 5000 to 16 of the ceived on the seal of 5000 to 16 of the ceived on the seal of 5000 to 16 of the ceived on the seal of 5000 to 16 of the ceived on the seal of 5000 to 16 of the ceived on the seal of 5000 to 16 of the ceived on the seal of 5000 to 16 of the ceived on the seal of 5000 to 16 of the 5000 to 16		· . ·						
mess under section 513 4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons b amounts included on lines 1, 2, and 3 received from disqualified persons b amounts included on lines 2 and 3 received from disqualified persons that exceet the greate of 55,000 or 1% of the smooth for line 13 for the year of 3,000 or 1% of the smooth for line 13 for the year of 3,000 or 1% of the smooth for line 13 for the year of 15 for	3	• • • • • • • • • • • • • • • • • • • •		-				
4 Tax revenues levied for the organization's benefit and either paid to or expended on the behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 9 Amounts included on lines 1, 2, and 3 received from disqualified persons but exceed the method persons but exceed the method persons to the same of the same disqualified persons in the 15 of the year of Add lines 7 and 70		•						
training to the part of the part of or expended on its behalf furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons by amounts included on lines 2 and 3 received from disqualified persons by amounts included on lines 2 and 3 received from disqualified persons by amounts in the disqualified persons by amounts from the 6 10a Gross income from interest, organization organization from interest, organization organization from interest, organization organization from interest, organization diplication from interest, organization from interest, organization diplication from interest, organization organization from interest, organization diplication from interest, organization diplication from interest, organization diplication from interes		iness under section 513				}		
training to the part of the part of or expended on its behalf furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons by amounts included on lines 2 and 3 received from disqualified persons by amounts included on lines 2 and 3 received from disqualified persons by amounts in the disqualified persons by amounts from the 6 10a Gross income from interest, organization organization from interest, organization organization from interest, organization organization from interest, organization diplication from interest, organization from interest, organization diplication from interest, organization organization from interest, organization diplication from interest, organization diplication from interest, organization diplication from interes	4	Tax revenues levied for the organ-				<u> </u>		
or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7.a Amounts included on lines 1, 2, and 3. received from disqualified persons by Amounts included on lines 1, 2, and 3. received from disqualified persons by Amounts include on lines 2 and 3 received ben other than desqualified persons that exceed the greater 45,000 or 14 or the 3 means are seen to make a secret by a secret 10 or 15	Ī	•						
5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons 9 Amounts included on lines 2 and 3 received secured to the organization of the discussion of the discus		•				1		
turnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2, and 3 received from disqualified persons b Amounts included on lines 2, and 3 received from disqualified persons b Amounts included on lines 2, and 3 received in the search of the search o	5	,	-				-	
the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1 flot of the amount on line 13 for the year c Add lines 7 and 7 b 8 Public support (spatigate is immines) Section B. Total Support (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from smalls acurees b Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, regularly camed on 12 Other income floor unrelated business activities not included in line 10b, regularly camed on 13 Total support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 14 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 5 Public support percentage from 2009 Schedule A, Part III, line 15 16 96 5 Section D. Computation of fluebtime fine floor more than 33 1/3%, support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 16 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	Ü							
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received to mother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of the other than the second than the squalified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of Add lines 7a and 7b 8 Public support (Sentralize Intention) Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business as activities not included in line 10b, whether or not the businesses is regularly carned on 20 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part IV, and 12) 13 Total support percentage from 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 17 Investment income percentage from 2009 Schedule A, Part III, line 15 16 9,6 18 Total support percentage from 2009 Schedule A, Part III, line 15 19 3a 31 13% support tests - 2009. If the organization (di 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 bits 31 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33 1/3%, ch							1	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater 45,000 or 1% of the amount on line 13 for the year C Add lines 7 and 77 b 8 Public support Significate / familiate 5) 9 Amounts from line 6 10 a Gross income from miterest, dividends, payments received on securities loans, rents, royalties and income from similar sources 10 Unrelated business taxable modes (less section 511 taxes) from businesses acquired after June 30, 1976 2 Add lines 10a and 10b 11 Net microme from unrelated business activities not included on line 10b, whether or not the business is regularly carned on or loss from the sale of capital assets (Explain in Part IV.) 3 Total support fixed lines 9, 10c, 11, and 12) 14 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 8ection C. Computation of Public Support Percentage 15 Public support percentage from 2009 Schedule A, Part III, line 15 8ection D. Computation of Investment Income Percentage 17 Investment income percentage from 2009 Schedule A, Part III, line 15 8ection D. Computation of Investment Income Percentage 17 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Jan 31 1/3% support tests - 2006. 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 by 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 18 is more than 33 1/3%, one than 33 1/3%, one than 33 1/3%, one than 33 1/3%, one than 33 1/3%, organization did not check	_					 	 	
3 received from disqualified persons b Amounts included on lines 2 and 3 received the greated of \$3.000 or 1% of the secret the greated of \$3.000 or 1% of		<u> </u>				 	 	
b Ancounts included on lines 2 and 3 received the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support Spitnatise (timilise) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business as a sectivities not included in line 10b, whether or not the business is regularly carried on 10s from the sale of capital assests (Explain in Part IV, a) 13 Total support (Aedilines, 9, 10c., 11, and 12) 4 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 2010 (line 8, column (f) divided by line 13, column (f)) 15 Mestiment income percentage for 2009 Schedule A, Part III, line 15 16 9/6 18 Public support tests - 2010. 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 19 And line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 And line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 And 10 A	7 6			1		1		
to monther than disqualided persons that exceed the getter of \$5,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the year of year (or 1% of the year of year	,	• •	<u> </u>			 		
amount on line 13 for the year C Add lines 7a and 7b 8 Public support (Sphardlane 7c lon line 5) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 10 Unrelated business taxable income (less section 51 taxes) from businesses adunction from the sources 10 Unrelated business taxable income (less section 51 taxes) from businesses activities not included in line 10b, whether or not the business is regularly camed on 10 Other income. Do not include gain or loss from the sale of capital assests (Sciplan in Part IV.) 13 Total support (joint line 9, toc. 11, and 12) 14 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 from 2009 Schedule A, Part III, line 15 96 16 Public support percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19 a 33 1/3% support tests - 2010. 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 10 b 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 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 11 Part of the first part of th	•							
c Add lines 7a and 7b 8 Public support (Spharutine 7s tion line 5) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from smilar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support(add lines 3, b.0.1, and 12) 14 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 from 2009 Schedule A, Part III, line 15 96 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2010. 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 13 1/3% support tests - 2009. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 13 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization				ļ				
8 Public support (solination for the state of the state o		· ·				 		
Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business sable income (less section from the taxen of included in line 10b, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part IV.) 13 Total support, dea lines 9, 10c, 11, and 12) 14 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 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 18 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2010. 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%, support tests - 2009. If the organization did not check the box on line 14 or line 19a, 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 19 Jan 19 Jan 20 Jan						 		
Calendar year (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly camed on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Asd lines, 9, to., 11, and 12.) 14 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 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage for 2009 Schedule A, Part III, line 15 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 19 33 1/3% support tests - 2010. If the organization did not check the box on line 14 or 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 Income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	8	Public support (Subtract line 7c from line 6)		<u> </u>	<u></u>		<u> </u>	
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support (Add lines 9, 10c. 11, and 12) 14 First five years. If the Form 990 is for the 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 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 18 96 19 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 19 a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 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 b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or ine 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	=		(-) 000C	(L) 0007	() 0000	(4) 2000	T ()0010	10.7-4-1
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly camed on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (pad lines 9, 10c, 11), and 12) 14 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 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 17 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2010. 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 - 200e. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			(a) 2006	(b) 2007	(c) 2008	(a) 2009	(e) 2010	(1) Iotal
dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part IV.) 13 Total support(padd lines 9, 10c, 11, and 12) 14 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 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization					<u> </u>	 	 	
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on rolss from the sale of capital assets (Explain in Part IV.) 13 Total support (add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the 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 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	100							
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support(add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the 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 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
(less section 511 taxes) from businesses acquired after June 30, 1975 c. Add lines 10a and 10b 11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13. Total support (Add lines 9, 10c, 11, and 12) 14. First five years. If the Form 990 is for the 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 2010 (line 8, column (f) divided by line 13, column (f)) 16. Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17. Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18. Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			_	! 		 	<u> </u>	
acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on great as set (Explain in Part IV.) 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c. 11, and 12.) 14 First five years. If the Form 990 is for the 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 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 Description of the progenization plant is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ı							
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the 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 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 1		,				1		
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the 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 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2010. 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 1 Investment income percentage from 2009 Schedule A, Part III, sine 17 19a 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 1 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 15		·				 	<u> </u>	
activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the 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 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2010. 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 10 Jan 10 J						 	ļ <u> </u>	
whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IIV.) 13 Total support (Add lines 9, 10c, 11, and 12.) 14 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 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19 a 33 1/3% support tests - 2010. 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 10 b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	11							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the 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 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 1		whether or not the business is						
or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the 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 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		2 ,				<u> </u>	\	
assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12) 14 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 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	12					1		
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 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2009 Schedule A, Part III, line 17 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 19 Investment income percentage from 2009 Schedule A, Part III, line 17 19 Investment income percentage from 2009 Schedule A, Part III, line 17 19 Investment income percentage from 2009 Schedule A, Part III, line 17 19 Investment income percentage from 2009 Schedule A, Part III, line 17 19 Investment income percentage from 2009 Schedule A, Part III, line 17 19 Investment income percentage from 2009 Schedule A, Part III, line 17 10 Investment income percentage from 2009 Schedule A, Part III, line 17 10 Investment income percentage from 2009 Schedule A, Part III, line 17 10 Investment income percentage from 2009 Schedule A, Part III, line 17 10 Investment income percentage from 2009 Schedule A, Part III, line 17 11 Investment income percentage from 2009 Schedule A, Part III, line 17 12 Investment income percentage from 2009 Schedule A, Part III, line 17 13 Investment income percentage from 2009 Schedule A, Part II				ļ			ļ	
Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	13	Total support (Add lines 9, 10c, 11, and 12)		<u></u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	14	First five years. If the Form 990 is for	r the organization's	s first, second, thu	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) orga	nızation,
15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19 a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	_		i- 0					▶∟_
16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization				•	column (f))			
17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							16	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							т т	
19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization					ne 13, column (f))			
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 - 2009 . If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		· · · · · · · · · · · · · · · · · · ·	-					
b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	19:	• •	-		•			e 17 is not
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			=	•	, ,		-	▶□
	ł	• •	-			•		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions					•	, , , , ,	_	on ► 📙
	20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	<u> </u>

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

GREATER LOWELL HEALTH ALLIANCE OF CHNA 10. INC.

Employer identification number 27 – 0408037

CHNA 10, INC.	27-	0408037
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
FOOD & FUNCTIONS		6,092.
SUPPLIES	-	4,405.
BOOKS & SUBSCRIPTIONS		186.
STAFF EDUCATION & PROGRAMS		1,600.
ADVERTISEMENT & PROMOTIONS		1,021.
INSURANCE	 	1,056.
TRAVEL		2,876.
LICENSES, PERMITS & TAXES		115.
FREIGHT CHARGES		259.
EQUIPMENT		210.
ANNUAL MEETING		350.
COMMON HEALTH CONTIBUTION		6,465.
TOTAL TO FORM 990-EZ, LINE 16		24,635.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
CONTRIBUTION RECEIVABLE	108,505.	67,914.
OTHER RECEIVABLES	0.	3,063.
TOTAL TO FORM 990-EZ, LINE 24	108,505.	70,977.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES	S:	
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO LGH	4,318.	9,287.
PLEDGED CONTRIBUTIONS	108,505.	67,913.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (For	m 990 or 990-EZ) (2010)

032211 01-24-11

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

GREATER LOWELL HEALTH ALLIANCE OF CHNA 10, INC.

Employer identification number 27-0408037

TOTAL TO FORM 990-EZ, LINE 26

112,823.

77,200.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - OUR MISSION IS TO IDENTIFY
AND ADDRESS HEALTHCARE ISSUES FACING THE GREATER LOWELL COMMUNITY. BY
RAISING AWARENESS AND PROVIDING RESOURCES FOR OUR COMMUNITIES, SCHOOLS,
CIVIC AND BUSINESS LEADERS, AND HEALTHCARE PROVIDERS, WE EMPOWER THEM
TO MAKE DECISIONS AND TAKE ACTIONS THAT WILL LEAD TO AN IMPROVEMENT IN
THE OVERALL HEALTH OF OUR COMMUNITIES.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

IN ORDER TO KEEP IN LINE WITH OUR MISSION, GLHA IDENTIFIES

HEALTH ISSUES THAT POSE A THREAT TO THE WELL-BEING OF

COMMUNITY RESIDENTS, IDENTIFIES AND EVALUATES

OPPORTUNITIES WHERE HEALTHCARE SERVICES ARE NOT BEING PROVIDED AND

DEVELOPS STRATEGIES TO ADDRESS THOSE NEEDS. GLHA RESEARCHES AND ADOPTS

EVIDENCE-BASED INITIATIVES TO HELP SPECIFIC POPULATIONS IN NEED IN THE

COMMUNITY AND PROVIDES LEADERSHIP IN CREATING EXPANDED PARTNERSHIPS

WITH THE COMMUNITY NETWORK OF HEALTHCARE PROVIDERS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Name of exempt organization GREATER LOWELL HEALTH ALLIANCE OF CHNA 10, INC. Number, street, and room or suite no. If a P.O box, see instructions. 29 5 VARNUM AVE. City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOWELL, MA 01854 Enter the Return code for the return that this application is for (file a separate application for each return) Application Serving 990 Form 990-EZ O1 Form 1041-A O8 Form 990-FF O4 Form 5227 10 Form 990-FF O4 Form 5227 11 Form 6069	Form 8868 (Rev. 1-2011)					Page 2
Note. Only complete Part II if you have already been granted an automate 3-month extension on a previously filled Form 8868. Part III Additional (Not Automatic) 3-Month Extension of Time. Cnly file the original (no copies needed). Name of exempt organization. Name of exempt organization or surface in the property of the property	If you are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II and check this bo	x	•	X
Plyou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Name of exempt organization great programs after the proper of the proper					8868.	
Name of exempt organization print if the brain property of the property of th	 If you are filing for an Automatic 3-Month Extension, compl 	ete only Pa	art I (on page 1).			
SPEATER LOWELL HEALTH ALLIANCE OF 27-0408037	Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the original (no c	opies r	needed).	
SEET BY DOWNIN FLEATTH ADITANCE OF Number, street, and room or suite no. If a P.O box, see instructions.				Emp	loyer identification	number
Company Com	GREATER DOWELL HEALTH ALLIA	INCE O	F			
Number, street, and room or suite no. If a P.O. box, see instructions. Number Number Number Number Number Number	File by the			2	7-0408037	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOWELL MA 01854 Application Return Application Return S For Code	extended Number, street, and room or suite no. If a P.O box, due date for 295 VARNUM AVE.	see instruc	tions.			
Application Return Application Return Server Code Code	return See City, town or post office, state, and ZIP code. For a	foreign add	lress, see instructions.			
Application s For Code Form 990 BL Form 99						
SFOR STOP SOL STOP SOL STOP SOL STOP SOL STOP SOL SOL STOP SOL SOL SOL SOL SOL SOL SOL S	Enter the Return code for the return that this application is for (f	ile a separa	te application for each return)			0 1
The books are in the care of PATRICIA CRANE The books are in the	Application	Return	Application			Return
Form 990-BL O2 Form 1041-A O8 Form 990-EZ O1 Form 4720 O9 Form 990-F Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 6069 O6 Form 8870 O1 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. PATRICIA CRANE The books are in the care of ▶ 295 VARNUM AVE. − LOWELL, MA 01854 Telephone No. ▶ 978-937-6000 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box If it is ro rad rot fine group, check this box OX ▶ If the state an additional-3-month extension of time unit AUGUST_15_, 20.12_ For calendar year or other tax year beginning OCT 1, 2010 and ending SEP 30, 2011 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification Index penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, its true, correct, and complete, and that I am authorized to prepare this form.	ls For	Code	Is For			Code
The books are in the care of ▶ 295 VARNUM AVE. — LOWELL, MA 01854 Telephone No. ▶ 978-937-6000 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the story part of the group, check this box ▶ □ and attach a list with the names and ElNs of all members the extension is for. If the story part of the group, check this box ▶ □ and attach a list with the names and ElNs of all members the extension is for. If the story part of the group, check this box ▶ □ and attach a list with the names and ElNs of all members the extension is for. If the story part of the group, check this box ▶ □ and attach a list with the names and ElNs of all members the extension is for. If the story part of the group, check this box ▶ □ and attach a list with the names and ElNs of all members the extension is for. If the story part of the group, check this box ▶ □ and attach a list with the names and ElNs of all members the extension is for. If the story part of the group, check this box ▶ □ and attach a list with the names and ElNs of all members the extension is for. A li-request an additional 3-month-extension of-time units and a state in line 5 is for less than 12 months, check reason. □ Initial return □ Final return □ Change in accounting period The state in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-BL, 990-FF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. By the state of the group	Form 990	01				
Tom 990-PF O4 Form 5227 10 Tom 990-T (knex. 401(a) or 408(a) trust) O5 Form 6069 11 Tom 990-T (knex other than above) O6 Form 8670 TOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8668. PATRICIA CRANE The books are in the care of ▶ 295 VARNUM AVE LOWELL, MA 01854 Telephone No.▶ 978-937-6000 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the extension is for form group, check this box If this a year entered in line 5 is for less than 12 months, check reason. Initial return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prove overpayment allowed as a credit and any amount paid previously with Form 8868. C Balance due. Subtract line 8b from line 8a. include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification Under	Form 990-BL	02	Form 1041-A			08
Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 6069 11 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. PATRICIA CRANE The books are in the care of ▶ 295 VARNUM AVE LOWELL, MA 01854 Telephone No.▶ 978-937-6000 FAX No.▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. If the tax year entered in line 5 is for less than 12 months, check reason. Initial return Change in accounting period The this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment with this form, if required, by using previously with Form 8868. C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, its true, correct, and complete, and that I am authorized to prepare this form.	Form 990-EZ	01	Form 4720			09
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. PATRICIA CRANE	Form 990-PF	04	Form 5227		<u></u>	10
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. PATRICIA CRANE The books are in the care of ▶ 295 VARNUM AVE LOWELL, MA 01854 Telephone No. ▶ 978-937-6000 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this for part of the group, check this box ▶ □ and attach a list with the names and EINs of all members the extension is for. If the tax year entered in line 5 is for less than 12 months, check reason. □ Initial return □ Final return □ Change in accounting period Tate in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, its true, correct, and complete, and that I am authorized to prepare this form.	Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
PATRICIA CRANE The books are in the care of ▶ 295 VARNUM AVE LOWELL, MA 01854 Telephone No. ▶ 978-937-6000 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box ■ and attach a list with the names and ElNs of all members the extension is for. If the stary ear entered in line 5 is for less than 12 months, check reason. □ Initial return □ Final return □ Change in accounting period The tax year entered in line 5 is for less than 12 months, check reason. □ Initial return □ Final return □ Change in accounting period The tax year entered in line 5 is for less than 12 months, check reason. □ Initial return □ Final return □ Change in accounting period The tax year entered in line 5 is for less than 12 months, check reason. □ Initial return □ Final return □ Change in accounting period The tax year entered in line 5 is for less than 12 months, check reason. □ Initial return □ Final return □ Change in accounting period The tax year entered in line 5 is for less than 12 months, check reason. □ Initial return □ Final return □ Change in accounting period The tax year entered in line 5 is for less than 12 months, check reason. □ Initial return □ Final return □ Change in accounting period The tax year entered in line 5 is for less than 12 months, check reason. □ Initial return □ Final r	Form 990-T (trust other than above)		<u> </u>			12
The books are in the care of ▶ 295 VARNUM AVE LOWELL, MA 01854 Telephone No.▶ 978-937-6000 FAX No.▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	STOP! Do not complete Part II if you were not already grante	ed an autor	natic 3-month extension on a previou	sly file	ed Form 8868.	
Telephone No. ▶ 978-937-6000 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and ElNs of all members the extension is for. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ and attach a list with the names and ElNs of all members the extension is for. If this is for part of the group, check this box ▶ and attach a list with the names and ElNs of all members the extension is for. AUGUST 15, 2012. For calendar year, or other tax year beginning OCT 1, 2010 , and ending SEP 30, 2011 If the tax year entered in line 5 is for less than 12 months, check reason.		_	01.771			
If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box Initial return Change in accounting period The tax year entered in line 5 is for less than 12 months, check reason. Initial return Change in accounting period The tax year entered in line 5 is for less than 12 months, check reason. Initial return Change in accounting period The tax year entered in line 5 is for less than 12 months, check reason. Initial return Final return Final return Final return Change in accounting period The tax year entered in line 5 is for less than 12 months, check reason. Initial return Change in accounting period The tax year entered in line 5 is for less than 12 months, check reason. Initial return Final return Final return Final return Final return By 16 this is porting the extension and entered in line 2 is for less than 12 months, check reason. Initial return By 27 the tax year entered in line 2 is for less than 12 months, check reason. Initial return Final return Final return Final return By 38 this is for the whole group, check th		<u>. – г</u>				
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. 4. I request an additional 3-month extension of time until AUGUST 15., 2012. 5. For calendar year or other tax year beginning OCT 1, 2010 , and ending SEP 30, 2011. 6. If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Final return Final return ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN. 8a. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 6. Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8a. \$ 0. Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, its true, correct, and complete, and that I am authorized to prepare this form.						
and attach a list with the names and EINs of all members the extension is for. Indicate the group, check this box Indicate the group, check this box Indicate the group of time until AUGUST 15., 2012						
Frequest an additional 3-month-extension of time until AUGUST_15, 2012 Series and additional 3-month-extension of time until AUGUST_15, 2010 And ending SEP 30, 2011 Series and ending s						
For calendar year, or other tax year beginning OCT 1, 2010, and ending SEP 30, 2011 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				memb	ers the extension is	s tor.
If the tax year entered in line 5 is for less than 12 months, check reason. Initial return Change in accounting period Total return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. By a \$ 0.8				SED	30 2011	,
Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Ba \$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Bignature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.						
State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.		CHECK IEas	on. Initial return	rinair	etum	
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0. C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ 0. Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.						
A COMPLETE AND ACCURATE RETURN. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ 0. Signature and Verification Juder penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, tis true, correct, and complete, and that I am authorized to prepare this form.		GATHE	R THE INFORMATION RE	OUT	RED TO PRI	EPARE
If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. By If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. By Symptotic line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, tis true, correct, and complete, and that I am authorized to prepare this form.				· × · ·		
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, t is true, correct, and complete, and that I am authorized to prepare this form.						
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, t is true, correct, and complete, and that I am authorized to prepare this form.	8a If this application is for Form 990-BL, 990-PF, 990-T, 4720	or 6069. e	nter the tentative tax, less any			
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, t is true, correct, and complete, and that I am authorized to prepare this form.		,, -	,,	8a	s	0.
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, t is true, correct, and complete, and that I am authorized to prepare this form.	·	, enter any	refundable credits and estimated		`	
previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, this true, correct, and complete, and that I am authorized to prepare this form.		-				
EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification Juder penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, t is true, correct, and complete, and that I am authorized to prepare this form.			,	8b	s	0.
Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, to true, correct, and complete, and that I am authorized to prepare this form.	c Balance due. Subtract line 8b from line 8a. Include your p	payment with	th this form, if required, by using			.
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, t is true, correct, and complete, and that I am authorized to prepare this form.	EFTPS (Electronic Federal Tax Payment System). See inst	tructions.	· · · · · ·	8c	\$	0.
t is true, correct, and complete, and that I am authorized to prepare this form.						
Signature ► Title ► PRESIDENT Date ►	Under penalties of perjury, I declare that I have examined this form, incluit is true, correct, and complete, and that I am authorized to prepare this	iding accomp form.	panying schedules and statements, and to the	e best o	f my knowledge and t	elief,
	Signature ▶ Title ▶	PRESI	DENT	Date	•	

Form 8868 (Rev. 1-2011)