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)

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

For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

D Employer identification number
04-3478266

E Telephone number
(617) 232-1424

G Gross receipts $ 587,342

F Name and address of principal officer
DEBORAH A GIRARD
111 OLD RD TO NINE ACRE COR NO 1005
CONCORD, MA 017421441

H(a) Is this a group return for affiliates? Yes □ No □

H(b) Are all affiliates included? Yes □ No □

H(c) Group exemption number

I Tax-exempt status
501(c)(3) □ 501(c) ( ) □ (insert no.) □ 4947(a)(1) or □ 527


J Website: MELANOMAFOUNDATIONNE.ORG

K Form of organization
 Corporation □ Trust □ Association □ Other □

L Year of formation 1999 □
M State of legal domicile MA □

Part I Summary

1 Briefly describe the organization’s mission or most significant activities
PUBLIC EDUCATION AND RESEARCH IN CONNECTION WITH MELANOMA CANCER

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) 3 □ 14 □

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 □ 14 □

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 □ 8 □

6 Total number of volunteers (estimate if necessary) 6 □ 30 □

7a Total unrelated business revenue from Part VIII, column (C), line 12 $0 □

7b Net unrelated business taxable income from Form 990-T, line 34 $0 □

Revenue

8 Contributions and grants (Part VIII, line 1h) $457,292 □ 363,285 □

9 Program service revenue (Part VIII, line 2g) $0 □ 0 □

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) $2,409 □ 1,302 □

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) $14,113 □ 87,206 □

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) $473,814 □ 451,793 □

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) $0 □ 0 □

14 Benefits paid to or for members (Part IX, column (A), line 4) $0 □ 0 □

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $282,886 □ 301,153 □

16a Professional fundraising fees (Part IX, column (A), line 11e) $0 □ 0 □

16b Total fundraising expenses (Part D, column (D), line 25) $105,668 □

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) $209,001 □ 158,338 □

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) $491,897 □ 459,491 □

19 Revenue less expenses Subtract line 18 from line 12 $-18,173 □ -7,698 □

Net Assets or Fund Balances

20 Total assets (Part X, line 16) $332,240 □ 320,587 □

21 Total liabilities (Part X, line 26) $12,605 □ 8,650 □

22 Net assets or fund balances Subtract line 21 from line 20 $319,635 □ 311,937 □

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

DEBORAH A GIRARD, EXECUTIVE DIRECTOR

Firm’s EIN □ (978) 840-1635

Print/Type preparer’s name LEONARD F LEADER □
Preparer’s signature LEONARD F LEADER □

Date 2011-11-14 □
Check if self-employed □

PTIN □

Paid Preparer Use Only

Firm’s name LEONARD F LEADER CPA □
Firm’s address 14 MANNING AVE STE 500 □
LEOMINSTER, MA 014537668 □

May the IRS discuss this return with the preparer shown above? (see instructions) Yes □ No □

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y Form 990 (2010)
Part III Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission

WE ARE A NON-PROFIT ORGANIZATION DEDICATED TO EDUCATING CHILDREN ABOUT THE NEED FOR SUN-SAFE BEHAVIOR, TO INCREASING PUBLIC AWARENESS ABOUT THE DANGERS OF THE SUN, AND TO HELPING PEOPLE COPE WITH MELANOMA

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? □ Yes □ No

If “Yes,” describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? □ Yes □ No

If “Yes,” describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses $ 309,412 including grants of $ ) (Revenue $ )

EDUCATING THE PUBLIC ABOUT MELANOMA AND PROVIDING SUPPORT TO THOSE CONDUCTING RESEARCH INTO THE PREVENTION OF, TREATMENT OF, AND CURE FOR THE DISEASE

4b (Code ) (Expenses $ including grants of $ ) (Revenue $ )

4c (Code ) (Expenses $ including grants of $ ) (Revenue $ )

4d Other program services (Describe in Schedule O )

(Expenses $ including grants of $ ) (Revenue $ )

4e Total program service expenses $ 309,412
## Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
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<tr>
<td>2</td>
<td>Yes</td>
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<td>3</td>
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<td>11a</td>
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<td>11f</td>
<td>Yes</td>
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<td>12a</td>
<td>Yes</td>
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<td>12b</td>
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<td>13</td>
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<td>14a</td>
<td>No</td>
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<td>14b</td>
<td>No</td>
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<td>15</td>
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<td>18</td>
<td>Yes</td>
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<td>19</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>20a</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### Section 501(c)(3) Organizations

- Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

### Other Requirements

- Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- Did the organization maintain any conservation easements, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II
- Did the organization maintain any collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- Did the organization directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V
- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII
- Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

### Additional Financial Statements

- Did the organization maintain an office, employees, or agents outside of the United States?
- Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV
- Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Parts II and IV
- Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Parts III and IV
- Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I
- Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- Did the organization operate one or more hospitals? If "Yes," complete Schedule H
- If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note: Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If “Yes,” complete Schedule I, Parts I and II.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If “Yes,” complete Schedule I, Parts I and III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Did the organization answer “Yes” to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees? If “Yes,” complete Schedule I.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If “Yes,” answer lines 24b-24d and complete Schedule K. If “No,” go to line 25.</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Did the organization act as an “on behalf of” issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If “Yes,” complete Schedule L, Part I.</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ? If “Yes,” complete Schedule L, Part I.</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization’s tax year? If “Yes,” complete Schedule L, Part II.</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If “Yes,” complete Schedule L, Part III.</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a A current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b A family member of a current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If “Yes,” complete Schedule L, Part IV.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Did the organization receive more than $25,000 in non-cash contributions? If “Yes,” complete Schedule M.</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If “Yes,” complete Schedule M.</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>31 Did the organization liquidate, terminate, or dissolve and cease operations? If “Yes,” complete Schedule N, Part I.</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If “Yes,” complete Schedule N, Part II.</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If “Yes,” complete Schedule R, Part I.</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>34 Was the organization related to any tax-exempt or taxable entity? If “Yes,” complete Schedule R, Parts II, III, IV, and V, line 1.</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If “Yes,” complete Schedule R, Part V, line 2.</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If “Yes,” complete Schedule R, Part VI.</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** All Form 990 filers are required to complete Schedule O.
Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gambling (gambling) winnings to prize winners?

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

3a Did the organization have unrelated business gross income of $1,000 or more during the year?

3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4b If "Yes," enter the name of the foreign country.

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?

6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).

7a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

7b If "Yes," did the organization notify the donor of the value of the goods or services provided?

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7d If "Yes," indicate the number of Forms 8282 filed during the year.

8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the sponsoring organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

8a Did the organization make any taxable distributions under section 4966?

8b Did the organization make any contributions under section 4947(a)(1) of the Internal Revenue Code?

8c Did the organization make any contributions under section 4947(a)(1) of the Internal Revenue Code?

8d Did the organization receive any payments for indoor tanning services during the tax year?

8e If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.
### Part VI  Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI.

#### Section A. Governing Body and Management

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number of voting members of the governing body at the end of the tax year.</td>
<td>14</td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of voting members included in line 1a, above, who are independent.</td>
<td>14</td>
</tr>
<tr>
<td>2</td>
<td>Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>No</td>
</tr>
<tr>
<td>5</td>
<td>Did the organization become aware during the year of a significant diversion of the organization’s assets?</td>
<td>No</td>
</tr>
<tr>
<td>6</td>
<td>Does the organization have members or stockholders?</td>
<td>No</td>
</tr>
<tr>
<td>7a</td>
<td>Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?</td>
<td>No</td>
</tr>
<tr>
<td>7b</td>
<td>Are any decisions of the governing body subject to approval by members, stockholders, or other persons?</td>
<td>No</td>
</tr>
<tr>
<td>8a</td>
<td>Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a. The governing body.</td>
<td>Yes</td>
</tr>
<tr>
<td>8b</td>
<td>Each committee with authority to act on behalf of the governing body.</td>
<td>Yes</td>
</tr>
<tr>
<td>9</td>
<td>Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If &quot;Yes,&quot; provide the names and addresses in Schedule O.</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td>Does the organization have local chapters, branches, or affiliates?</td>
<td>No</td>
</tr>
<tr>
<td>10b</td>
<td>If “Yes,” does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?</td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>Yes</td>
</tr>
<tr>
<td>11b</td>
<td>Describe in Schedule O the process, if any, used by the organization to review this Form 990.</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Does the organization have a written conflict of interest policy? If &quot;No,&quot; go to line 13.</td>
<td>Yes</td>
</tr>
<tr>
<td>12b</td>
<td>Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td>Yes</td>
</tr>
<tr>
<td>12c</td>
<td>Does the organization regularly and consistently monitor and enforce compliance with the policy? If &quot;Yes,&quot; describe in Schedule O how this is done.</td>
<td>Yes</td>
</tr>
<tr>
<td>13</td>
<td>Does the organization have a written whistleblower policy?</td>
<td>Yes</td>
</tr>
<tr>
<td>14</td>
<td>Does the organization have a written document retention and destruction policy?</td>
<td>Yes</td>
</tr>
<tr>
<td>15</td>
<td>Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a. The organization's CEO, Executive Director, or top management official.</td>
<td>Yes</td>
</tr>
<tr>
<td>15b</td>
<td>Other officers or key employees of the organization. If &quot;Yes&quot; to line 15a or 15b, describe the process in Schedule O (See instructions.)</td>
<td>No</td>
</tr>
<tr>
<td>16a</td>
<td>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</td>
<td>No</td>
</tr>
<tr>
<td>16b</td>
<td>If &quot;Yes,&quot; has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?</td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed:

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

- [ ] Own website
- [x] Another's website
- [ ] Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

THE ORGANIZATION
111 OLD RD TO NINE ACRE COR NO 1005
CONCORD, MA 017424141
(617) 232-1424
### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII: [ ]

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter '0' in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization’s **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any **current** officer, director, or trustee.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (describe hours for related organizations in Schedule O)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) DEBORAH A GIRARD EXECUTIVE DIRECTOR</td>
<td>40 00</td>
<td>X</td>
<td>X</td>
<td>135,757</td>
<td>0</td>
</tr>
<tr>
<td>(2) AMY WALLS PRESIDENT</td>
<td>2 00</td>
<td>X</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(3) MARY ANN SMEGLIN CLERK</td>
<td>1 00</td>
<td>X</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(4) LEONARD LEADER TREASURER</td>
<td>2 00</td>
<td>X</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(5) PATRICIA DARMAN DIRECTOR</td>
<td>1 00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(6) JAY FABER DIRECTOR</td>
<td>1 00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(7) SCOTT HAZARD DIRECTOR</td>
<td>1 00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(8) ERIN JOSPE DIRECTOR</td>
<td>1 00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(9) DIANE MALONEY DIRECTOR</td>
<td>1 00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(10) MARTIN PADLEY DIRECTOR</td>
<td>1 00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(11) KELLI PEDROTA DIRECTOR</td>
<td>1 00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(12) MEGHAN ROTHSCCHILD DIRECTOR</td>
<td>1 00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(13) KEN SMITH DIRECTOR</td>
<td>1 00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(14) ERIC WETLAUFER DIRECTOR</td>
<td>1 00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(15) EMILY WISE DIRECTOR</td>
<td>1 00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Part VII  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (describe hours for related organizations in Schedule 0)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual Trustee</td>
<td>Officer</td>
<td>Key employee</td>
<td>Former employee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>or director</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 1b Sub-Total       |                                                                                |                                   |                                                 |                                                 |                                                 |
| c Total from continuation sheets to Part VII, Section A |                                                                                |                                   |                                                 |                                                 |                                                 |
| d Total (add lines 1b and 1c) |                                                                                |                                   |                                                 |                                                 |                                                 |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization: 1

| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person |

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>No</td>
</tr>
</tbody>
</table>

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization: 0
### Part VIII  Statement of Revenue

<table>
<thead>
<tr>
<th>Contributions, gifts, grants and other similar amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512, 513, or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>269,745</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>93,540</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h Total. Add lines 1a-1f</strong></td>
<td></td>
<td>363,285</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Program Service Revenue

<table>
<thead>
<tr>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

#### Other Revenue

<table>
<thead>
<tr>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### Contributions, gifts, grants and other similar amounts

<table>
<thead>
<tr>
<th>Contributions, gifts, grants and other similar amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512, 513, or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>269,745</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>93,540</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h Total. Add lines 1a-1f</strong></td>
<td></td>
<td>363,285</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Program Service Revenue

<table>
<thead>
<tr>
<th>Business Code</th>
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<tbody>
<tr>
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</tbody>
</table>

#### Other Revenue

<table>
<thead>
<tr>
<th>Business Code</th>
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<tbody>
<tr>
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</tr>
</tbody>
</table>

### 3 Investment income (including dividends, interest and other similar amounts). 
1,302

### 4 Income from investment of tax-exempt bond proceeds 
1,302

### 5 Royalties 

#### 6a Gross Rents

#### 6b Less rental expenses

#### 6c Rental income or (loss)

#### 6d Net rental income or (loss)

### 7a Gross amount from sales of assets other than inventory

#### 7b Less cost or other basis and sales expenses

#### 7c Gain or (loss)

#### 7d Net gain or (loss)

### 8a Gross income from fundraising events 

#### 8b Less direct expenses

#### 8c Net income or (loss) from fundraising events 

### 9a Gross income from gaming activities See Part IV, line 19

#### 9b Less direct expenses

#### 9c Net income or (loss) from gaming activities

### 10a Gross sales of inventory, less returns and allowances

#### 10b Less cost of goods sold

#### 10c Net income or (loss) from sales of inventory

### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 11a All other revenue

<table>
<thead>
<tr>
<th>11a All other revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

### 12 Total revenue, See Instructions 

<table>
<thead>
<tr>
<th>12 Total revenue, See Instructions</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### Form 990 (2010)

<table>
<thead>
<tr>
<th>Page</th>
<th>9</th>
</tr>
</thead>
</table>

### Instructions

451,793 0 0 88,508
### Part IX - Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to individuals in the U.S. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>160,491</td>
<td>112,492</td>
<td>15,999</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>120,167</td>
<td>61,476</td>
<td>10,920</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan contributions (include section 401(k) and section 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>20,495</td>
<td>12,501</td>
<td>2,050</td>
</tr>
<tr>
<td>a</td>
<td>Fees for services (non-employees) Management</td>
<td>400</td>
<td>400</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>150</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>6,500</td>
<td>6,500</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>18,428</td>
<td>9,214</td>
<td>9,214</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>28,281</td>
<td>20,046</td>
<td>4,299</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>5,293</td>
<td>4,499</td>
<td>529</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>10,480</td>
<td>6,288</td>
<td>1,048</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>6,097</td>
<td>4,268</td>
<td>610</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>561</td>
<td>561</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td>164</td>
<td>164</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>843</td>
<td>843</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>3,239</td>
<td>1,455</td>
<td>820</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>EDUCATIONAL MATERIALS</td>
<td>49,065</td>
<td>49,065</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>SUPPORT GROUPS</td>
<td>27,752</td>
<td>27,752</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>DUES &amp; SUBSCRIPTIONS</td>
<td>855</td>
<td>300</td>
<td>195</td>
</tr>
<tr>
<td>d</td>
<td>LICENSES &amp; FEES</td>
<td>150</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>REPAIRS &amp; MAINTENANCE</td>
<td>80</td>
<td>56</td>
<td>16</td>
</tr>
<tr>
<td>f</td>
<td>All other expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses Add lines 1 through 24f</td>
<td>459,491</td>
<td>309,412</td>
<td>44,411</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs Check here if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash—non-interest-bearing</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>309,815</td>
<td>316,859</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td></td>
<td>15,000</td>
</tr>
<tr>
<td>5</td>
<td>Receivables from current and former officers, directors, trustees, key</td>
<td></td>
<td>2,570</td>
</tr>
<tr>
<td></td>
<td>employees, and highest compensated employees Complete Part II of Schedule L</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Receivables from other disqualified persons (as defined under section</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>employers, and sponsoring organizations of section 501(c)(9) voluntary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>employees’ beneficiary organizations (see instructions) Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td></td>
<td>1,113</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment cost or other basis Complete Part VI of</td>
<td></td>
<td>332,240</td>
</tr>
<tr>
<td></td>
<td>Schedule D</td>
<td>3,742</td>
<td>320,587</td>
</tr>
<tr>
<td></td>
<td>b Less accumulated depreciation</td>
<td>972</td>
<td>3,343</td>
</tr>
<tr>
<td>11</td>
<td>Investments—publicly traded securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments—other securities See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments—program-related See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets.</strong> Add lines 1 through 15 (must equal line 34)</td>
<td>332,240</td>
<td>320,587</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td></td>
<td>8,650</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability Complete Part IV of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Payables to current and former officers, directors, trustees, key</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>employees, highest compensated employees, and disqualified</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>persons Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities Complete Part X of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities.</strong> Add lines 17 through 25</td>
<td>12,605</td>
<td>8,650</td>
</tr>
</tbody>
</table>

### Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.

| 27 | Unrestricted net assets                                                     | 319,635               | 311,937         |
| 28 | Temporarily restricted net assets                                          |                       |                 |
| 29 | Permanently restricted net assets                                          |                       |                 |

### Organizations that do not follow SFAS 117, check here ▶ ▼ and complete lines 30 through 34.

| 30 | Capital stock or trust principal, or current funds                         |                       |                 |
| 31 | Paid-in or capital surplus, or land, building or equipment fund            |                       |                 |
| 32 | Retained earnings, endowment, accumulated income, or other funds          |                       |                 |
| 33 | Total net assets or fund balances                                          | 319,635               | 311,937         |
| 34 | **Total liabilities and net assets/fund balances**                         | 332,240               | 320,587         |
### Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>6</td>
<td>Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>No</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>Yes</td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes,&quot; to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td>No</td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>No</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</td>
<td></td>
</tr>
</tbody>
</table>
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.

Part I  Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is

1  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).
4  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

5  A organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)
8  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11  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
   a  Type I  b  Type II  c  Type III - Functionally integrated  d  Type III - Other
   e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
   f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
   g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
      (i) a person who directly or indirectly controls, either alone or together with persons described in (ii)
      and (iii) below, the governing body of the the supported organization?
      (ii) a family member of a person described in (i) above?
      (iii) a 35% controlled entity of a person described in (i) or (ii) above?
   h  Provide the following information about the supported organization(s)

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(iii) Is the organization in col (i) listed in your governing document?</th>
<th>(iv) Did you notify the organization in col (i) of your support?</th>
<th>(v) Is the organization in col (i) organized in the US?</th>
<th>(vi) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the instructions for Form 990  Cat No 11285F  Schedule A (Form 990 or 990-EZ) 2010
### 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.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. Add lines 1 through 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public Support. Subtract line 5 from line 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total support (Add lines 7 through 10)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (See instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) | 14 |

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization |  |

16b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization |  |

17a **10% facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization |  |

17b **10% facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization |  |

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions |  |
## Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants&quot;)</td>
<td>187,578</td>
<td>175,193</td>
<td>486,978</td>
<td>457,292</td>
<td>363,285</td>
<td>1,670,326</td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td>311,722</td>
<td>490,471</td>
<td>10,646</td>
<td>14,113</td>
<td>87,206</td>
<td>914,158</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td>499,300</td>
<td>665,664</td>
<td>497,624</td>
<td>471,405</td>
<td>450,491</td>
<td>2,584,484</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>8 Public Support (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,584,484</td>
</tr>
</tbody>
</table>

## Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>499,300</td>
<td>665,664</td>
<td>497,624</td>
<td>471,405</td>
<td>450,491</td>
<td>2,584,484</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>7,739</td>
<td>11,197</td>
<td>6,795</td>
<td>2,409</td>
<td>1,302</td>
<td>29,442</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>7,739</td>
<td>11,197</td>
<td>6,795</td>
<td>2,409</td>
<td>1,302</td>
<td>29,442</td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on or otherwise included in gross income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support (Add lines 9, 10a, 10b, 11 and 12)</td>
<td>507,039</td>
<td>676,861</td>
<td>504,419</td>
<td>473,814</td>
<td>451,793</td>
<td>2,613,926</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 98.870%

16 Public support percentage from 2009 Schedule A Part III, line 15 16 98.850%

## Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c (f) divided by line 13 column (f)) 17 1.130%

18 Investment income percentage from 2009 Schedule A Part III, line 17 18 1.150%

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.

19b 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.

20 Private Foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions.
Part IV Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
### SCHEDULE D (Form 990) Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 7, 8, 9, 10, 11, 12.

**Part I** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? □ Yes □ No

6. Did the organization inform all grantors, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? □ Yes □ No

**Part II** Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply)
   - Preservation of land for public use (e.g., recreation or pleasure)
   - Preservation of an historically important land area
   - Protection of natural habitat
   - Preservation of a certified historic structure
   - Preservation of open space

2. Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
</tbody>
</table>

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year □

4. Number of states where property subject to conservation easement is located □

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? □ Yes □ No

6. Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year □

7. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year □

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? □ Yes □ No

9. In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III** Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 □

(ii) Assets included in Form 990, Part X □

2. If the organization received or held works of art, historical treasures, or other similar assets having financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a. Revenues included in Form 990, Part VIII, line 1 □

b. Assets included in Form 990, Part X □
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3  Using the organization’s accession and other records, check any of the following that are a significant use of its collection items (check all that apply)
   a ☐ Public exhibition
   b ☐ Scholarly research
   c ☐ Preservation for future generations
   d ☐ Loan or exchange programs
   e ☐ Other

4  Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIV

5  During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?  □ Yes  □ No

Part IV  Escrow and Custodial Arrangements. Complete if the organization answered “Yes” to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  □ Yes  □ No

b  If “Yes,” explain the arrangement in Part XIV and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a  Did the organization include an amount on Form 990, Part X, line 21?

b  If “Yes,” explain the arrangement in Part XIV

Part V  Endowment Funds. Complete if the organization answered “Yes” to Form 990, Part IV, line 10.

1a  Beginning of year balance

b  Contributions

c  Investment earnings or losses

d  Grants or scholarships

e  Other expenditures for facilities and programs

f  Administrative expenses

g  End of year balance

2  Provide the estimated percentage of the year end balance held as

   a  Board designated or quasi-endowment  ▶
   b  Permanent endowment  ▶
   c  Term endowment  ▶

3a  Are there endowment funds not in the possession of the organization that are held and administered for the organization by
   (i) unrelated organizations
       (ii) related organizations

b  If “Yes” to 3a(ii), are the related organizations listed as required on Schedule R?

4  Describe in Part XIV the intended uses of the organization’s endowment funds

Part VI  Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of investment</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a  Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b  Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c  Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d  Equipment</td>
<td></td>
<td></td>
<td>4,315</td>
<td>972</td>
</tr>
<tr>
<td>1e  Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)).  ▶
### Part VII  Investments—Other Securities. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Total. (Column (b) should equal Form 990, Part X, col.(B) line 12.)*

### Part VIII Investments—Program Related. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment type</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
</table>

*Total. (Column (b) should equal Form 990, Part X, col.(B) line 13.)*

### Part IX  Other Assets. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
</table>

*Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)*

### Part X  Other Liabilities. See Form 990, Part X, line 25.

1. **Federal Income Taxes**

<table>
<thead>
<tr>
<th>(a) Description of Liability</th>
<th>(b) Amount</th>
</tr>
</thead>
</table>

*Total. (Column (b) should equal Form 990, Part X, col.(B) line 25.)*

2. Fin 48 (ASC 740) Footnote: In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).
## Part XI  Reconciliation of Change in Net Assets from Form 990 to Financial Statements

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (Form 990, Part VIII, column (A), line 12)</td>
<td>451,793</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (Form 990, Part IX, column (A), line 25)</td>
<td>459,491</td>
</tr>
<tr>
<td>3</td>
<td>Excess or (deficit) for the year: Subtract line 2 from line 1</td>
<td>-7,698</td>
</tr>
<tr>
<td>4</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other (Describe in Part XIV)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Total adjustments (net): Add lines 4 - 8</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>Excess or (deficit) for the year per financial statements: Combine lines 3 and 9</td>
<td>-7,698</td>
</tr>
</tbody>
</table>

## Part XII  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>587,342</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains on investments</td>
<td>135,549</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIV)</td>
<td>135,549</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>451,793</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIV)</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total Revenue: Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)</td>
<td>451,793</td>
</tr>
</tbody>
</table>

## Part XIII  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>595,040</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>135,549</td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIV)</td>
<td>135,549</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>459,491</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIV)</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total expenses: Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)</td>
<td>459,491</td>
</tr>
</tbody>
</table>

## Part XIV  Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48</td>
<td>PART X, LINE 2 (FIN 48 (ASC 740) FOOTNOTE TEXT) ACCOUNTING FOR UNCERTAIN TAX POSITIONS THE FOUNDATION HAS ADOPTED FASB'S ACCOUNTING STANDARD CODIFICATION 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, THAT CLARIFIES THE ACCOUNTING AND RECOGNITION FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE FOUNDATION'S INCOME TAX RETURNS THE FOUNDATION'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES THE FOUNDATION'S OPEN AUDIT PERIODS ARE 2007-2010 THE FOUNDATION EVALUATES ALL TAX POSITIONS IN CONFORMITY WITH FASB'S ACCOUNTING STANDARD CODIFICATION 450, CONTINGENCIES, WHICH Requires RECORDING TAX LIABILITIES THAT ARE PROBABLE AND CAN BE REASONABLY ESTIMATED AS OF DECEMBER 31, 2010, THE FOUNDATION BELIEVES THAT NO SUCH ACCRUALS ARE REQUIRED</td>
<td></td>
</tr>
<tr>
<td>PART XII, LINE 2D - OTHER ADJUSTMENTS</td>
<td>SPECIAL EVENTS DIRECT EXPENSES 135,549</td>
<td></td>
</tr>
<tr>
<td>PART XIII, LINE 2D - OTHER ADJUSTMENTS</td>
<td>SPECIAL EVENTS DIRECT EXPENSES 135,549</td>
<td></td>
</tr>
</tbody>
</table>
### Part I  Fundraising Activities

Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply:
   - a. Mail solicitations
   - b. Internet and e-mail solicitations
   - c. Phone solicitations
   - d. In-person solicitations
   - e. Solicitation of non-government grants
   - f. Solicitation of government grants
   - g. Special fundraising events

2a. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
   - Yes
   - No

2b. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

3. List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
### Part II Fundraising Events

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th></th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other Events</th>
<th>(d) Total Events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MARATHONPLEDGES</td>
<td>GOLF OUTING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Gross receipts</td>
<td>140,190</td>
<td>164,361</td>
<td>187,949</td>
</tr>
<tr>
<td>2</td>
<td>Less Charitable contributions</td>
<td>140,190</td>
<td>57,600</td>
<td>71,955</td>
</tr>
<tr>
<td>3</td>
<td>Gross income (line 1 minus line 2)</td>
<td>106,761</td>
<td>115,994</td>
<td>222,755</td>
</tr>
</tbody>
</table>

#### Direct Expenses

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Non-cash prizes</td>
<td>456</td>
<td></td>
<td>456</td>
</tr>
<tr>
<td>6</td>
<td>Rent/facility costs</td>
<td></td>
<td>22,720</td>
<td>200</td>
</tr>
<tr>
<td>7</td>
<td>Food and beverages</td>
<td></td>
<td>525</td>
<td>16,265</td>
</tr>
<tr>
<td>8</td>
<td>Entertainment</td>
<td></td>
<td></td>
<td>700</td>
</tr>
<tr>
<td>9</td>
<td>Other direct expenses</td>
<td></td>
<td>22,274</td>
<td>10,102</td>
</tr>
<tr>
<td>10</td>
<td>Direct expense summary</td>
<td>Add lines 4 through 9 in column (d)</td>
<td></td>
<td>135,549</td>
</tr>
<tr>
<td>11</td>
<td>Net income summary</td>
<td>Combine lines 3 and 10 in column (d)</td>
<td></td>
<td>87,206</td>
</tr>
</tbody>
</table>

### Part III Gaming

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th></th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/Instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Non-cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Volunteer labor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Direct expense summary</td>
<td>Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Net gaming income summary</td>
<td>Combine lines 1 and 7 in column (d)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Enter the state(s) in which the organization operates gaming activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Is the organization licensed to operate gaming activities in each of these states?</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;No,&quot; Explain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>If &quot;Yes,&quot; Explain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; Explain</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule G (Form 990 or 990-EZ) 2010
11 Does the organization operate gaming activities with nonmembers? [ ] Yes [ ] No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? [ ] Yes [ ] No

13 Indicate the percentage of gaming activity operated in
   a The organization’s facility [ ]
   b An outside facility [ ]

14 Provide the name and address of the person who prepares the organization’s gaming/special events books and records.

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? [ ] Yes [ ] No

b If “Yes,” enter the amount of gaming revenue received by the organization ▶ $ ________ and the amount of gaming revenue retained by the third party ▶ $ ________

c If “Yes,” enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $ ▶

Description of services provided ▶

[ ] Director/officer [ ] Employee [ ] Independent contractor

17 Mandatory distributions
   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? [ ] Yes [ ] No
   b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ▶ $ ▶

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

<table>
<thead>
<tr>
<th>Identifier</th>
<th>ReturnReference</th>
<th>Explanation</th>
</tr>
</thead>
</table>

Schedule G (Form 990 or 990-EZ) 2010
# Schedule J (Form 990)

## Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

- Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
- Attach to Form 990. See separate instructions.

### Name of the organization

MELANOMA FOUNDATION OF NEW ENGLAND INC

**Employer identification number**

04-3478266

### Part I Questions Regarding Compensation

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ First-class or charter travel</td>
<td>□ Housing allowance or residence for personal use</td>
</tr>
<tr>
<td></td>
<td>□ Travel for companions</td>
<td>□ Payments for business use of personal residence</td>
</tr>
<tr>
<td></td>
<td>□ Tax indemnification and gross-up payments</td>
<td>□ Health or social club dues or initiation fees</td>
</tr>
<tr>
<td></td>
<td>□ Discretionary spending account</td>
<td>□ Personal services (e.g., maid, chauffeur, chef)</td>
</tr>
<tr>
<td>1b</td>
<td>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If &quot;No,&quot; complete Part III to explain</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Compensation committee</td>
<td>□ Written employment contract</td>
</tr>
<tr>
<td></td>
<td>□ Independent compensation consultant</td>
<td>□ Compensation survey or study</td>
</tr>
<tr>
<td></td>
<td>□ Form 990 of other organizations</td>
<td>□ Approval by the board or compensation committee</td>
</tr>
<tr>
<td>4</td>
<td>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Receive a severance payment or change-of-control payment from the organization or a related organization?</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Participate in, or receive payment from, an equity-based compensation arrangement?</td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ The organization?</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Any related organization?</td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; to line 5a or 5b, describe in Part III</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ The organization?</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Any related organization?</td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; to line 6a or 6b, describe in Part III</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If &quot;Yes,&quot; describe in Part III</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If &quot;Yes,&quot; describe in Part III</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>If &quot;Yes&quot; to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

---

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990
### Part II  Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

<table>
<thead>
<tr>
<th>(A) Name</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation reported in prior Form 990 or Form 990-EZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) DEBORAH A GIRARD</td>
<td>(i) 130,000 (ii) 5,757</td>
<td>0</td>
<td>0</td>
<td>24,734</td>
<td>160,491</td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(3)</td>
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<tr>
<td>(16)</td>
<td></td>
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</tr>
</tbody>
</table>
**Part III  Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part 1, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
</table>

Schedule J (Form 990) 2010
**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

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

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORM 990, PART VI, SECTION B, LINE 11</td>
<td>THE TREASURER DISTRIBUTED THE FORM 990 TO THE DIRECTORS AND RESPONDED TO ANY QUESTIONS OR COMMENTS THEY HAD</td>
<td></td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------</td>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION B, LINE 12C</td>
<td>IN CONNECTION WITH EACH MATERIAL TRANSACTION, THE ORGANIZATION ASCERTAINS WHETHER ANY DIRECTOR OR KEY EMPLOYEE HAS A CONFLICT OF INTEREST AND, IF SO, THE ORGANIZATION WOULD COMPLY WITH THE CONFLICT OF INTEREST POLICY</td>
<td></td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------</td>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION B, LINE 15A</td>
<td>THE BOARD OF DIRECTORS MET AND REVIEWED COMPENSATION PAID TO EXECUTIVE DIRECTORS OF COMPARABLE ORGANIZATIONS. THE DIRECTORS OF THE ORGANIZATION, ALL OF WHOM ARE DISINTERESTED, UNANIMOUSLY APPROVED THE COMPENSATION PACKAGE AT A MEETING AFTER FULL DISCLOSURE AND DISCUSSION OF ALL THE PERTINENT DETAILS. THE DIRECTORS’ DISCUSSION AND APPROVAL WAS RECORDED IN THE ORGANIZATION’S MINUTES.</td>
<td></td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------</td>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION C, LINE 19</td>
<td>THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST</td>
<td></td>
</tr>
</tbody>
</table>