## Form 990

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For	he 2008 calen	dar year,	or tax year beginning 10/01	2008, and endi	ng 9/30		2009
В	Check	if applicable:						cation Number
	$\Box$	ddress change	Please use IRS label	PATHFINDERS, INC.		52-	22265	73
	$\vdash$	larne change	or print or type.	303 INTERNATIONAL CIRCLE #110			one numbe	
		nitial return	See	COCKEYSVILLE, MD 21030		l l		
	-		specific instruc-	·	-	443	-330-	5370
	$\vdash$	ermination	tions.					
	<del></del>	mended return					receipts \$	427,044.
	∐ A	pplication pending		and address of principal officer: WILLIAM SURHOR	rF	H(a) is this a group retu		tes? Yes X No
_				AS C ABOVE		H(b) Are all affiliates inc If 'No,' attach a list		retions) Yes No
1	Tax	c-exempt statu			or 527	1110, attaci a 1131	. (see made	cuons)
J	We	bsite: ► WW	W.PATH	FINDERSFORAUTISM, ORG		H(c) Group exemption r	umber 🟲	
K	Туре	of organization:	X Corpora	tion Trust Association Other	L Year of Forma	· · · · · · · · · · · · · · · · · · ·		al domicile: MD
P	art I						- tato 07 log	or community 122
	1	Briefly describ	be the org	anization's mission or most significant activities	TO FIND	A PATH FOR (	IIR CH	TINDEN BY
40		GENERATI	NG FUN	DING FOR RESEARCH, PROGRAMS AN	ID EDUCATIO	ON DIRECTED	LUMABL OT/TOTI	THE POLITIC
Activities & Governance		LIVES OF	INDIV	IDUALS WITH AUTISM AND THEIR F	'AMTI.TES	VIT TO TATION FIST.	7 AIRWF	5 "TRIC1270'A T1472" "
Ě						· ·		- <b></b>
Š.	2	Check this bo	x ► Ti	f the organization discontinued its operations of	disposed of mo	ore than 25% of its	assels	
Ü	3	Number of vol	ling mem	bers of the governing body (Part VI, line 1a)			3	14
Š.	4	Number of inc	lependeni	voting members of the governing body (Part V	l, line 1b)		4	14
慧	5	Total number	of employ	ees (Part V, line 2a)			5	
ਓ	6	Total number	of volunte	eers (estimate if necessary)			6	35
∢	/a	Total gross un	related b	usiness revenue from Part VIII, line 12, column	(C)		7a	0.
	b	Net unrelated	business	taxable income from Form 990-T, line 34			7b	0.
						Prior Year		Current Year
•	8	Contributions	and grant	s (Part VIII, line 1h)			07.	316,307.
Revenue	9	Program servi	ce revenu	ie (Part VIII, line 2g)				310,307.
Š	10	Investment inc	come (Pai	t VIII, column (A), lines 3, 4, and 7d)	13,3	34	-13,989.	
č	11	Other revenue	(Part VII	I, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	***********	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13, 303,
	12	Total revenue	- add lin	es 8 through 11 (must equal Part VIII, column (	A) line 12)	448,2	41	302,318.
				unts paid (Part IX, column (A), lines 1-3)			41.	302,310.
				nembers (Part IX, column (A), line 4)				
S				sation, employee benefits (Part IX, column (A),		182,9	90.	195,425.
2	16a	Professional fu	undraising	fees (Part IX, column (A), line 11e)				
Expenses	b	Total fundraisi	ng expens	ses (Part IX, column (D), line 25) ▶	64,840.			
"				, column (A), lines 11a-11d, 11f-24f)		152,9	45	136,534.
Ì				es 13-17 (must equal Part IX, column (A), line 2				331,959.
				Subtract line 18 from line 12				-29,641.
8 8				Total Inc. To Holl Inc.				
Net Assets or Fund Balances	20 .	Total accole (5	ort V lin	ə 16)		Beginning of Y		End of Year
{a	21	Total liabilities	/Darl Y	ine 26),,,,,	*******	510,7		489,787.
<u>5</u> 5							0.	0.
	22   rt	vet assets or t	und balar	ices. Subtract line 21 from line 20	· · · · · · · · · · · · · · · · · · ·	510,7	<u>40. </u>	489,787.
r a	(L(H)@X	Signatu						
		Under penalties of true, correct, and	of perjury, I c	eclare that I have examined this return, including accompanyin eclaration of preparer (other than officer) is based on all inform	g schedules and state	ements, and to the best o	my knowle	dge and belief, it is
			7 1	117 11	osoti oi innoi prepai			
Sig			2h	Murolly		3/3/	LOID	)
ler	'e	Signature of	officer	- •		Date /		
		WIPFIX		SURHOFF Bruce L. Schind	Qr	PRESIDENT	26461	10. CQ C
		• Type or print	name and ti	ite.			- CSI 3	VO I CT
					Date	Check if	Prepar	rer's identifying number istructions)
aic	d	Branavada		11 12 4 -	plant	l self-	(See in	istructions)
re.	_	Preparer's signature		spe way	31291	employed >	ممواك	627510
•	er's		BERM	AN GOLDMAN & RIBAKOW LLP			IFUU	637519
Jse		Firm's name (or yours if self-			7-27-27			
)nl	У	employed), address, and		UNIVERSITY BLVD., #290			2-0624	
		Z!P + 4		COTT CITY, MD 21043			<u>(410)</u>	418-4400
lay	the IR	S discuss this	return wil	th the preparer shown above? (see instructions	) <u></u>		<u>}</u>	X Yes No

Part	Form	990 (2008) PATHFINDERS, INC.	52-2226	573		Page 2
Rively describe the organization's mission: TO FIND A PATH FOR OUR CHILDREN BY GENERATING FUNDING FOR RESEARCH, PROGRAMS AND EDUCATION DIRECTED TOWARD IMPROVING LIVES OF INDIVIDUALS WITH AUTISM AND THEIR FAMILIES.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27.						<u> </u>
TO FIND A PATH FOR QUE CHILDREN BY GENERATING FUNDING FOR RESEARCH, PROGRAMS AND EDUCATION DIRECTED TOWARD IMPROVING LIVES OF INDIVIDUALS WITH AUTISM AND THEIR FAMILIES.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 290-EZ?.  3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?						
EDUCATION DIRECTED TOWARD IMPROVING LIVES OF INDIVIDUALS WITH AUTISM AND THEIR  PAMILIES.  2 Did the organization undertake any significant program services during the year which were not listed on the prior  Form 990 or 990-F22	•		CH. PROGRA	MS AN	D	
PAMILIES.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 930 or 950-E27.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?						
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-F2?		<b></b>				
Form 990 or 990-E27.		EWITTED.				<b>-</b>
Form 990 or 990-E27.						
If Yes, describe these new services on Schedule O.  A Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2			7	ফ	N1_
3 bid the organization cease conducting, or make significant changes in how it conducts, any program services?			·····	Tes	Δ	NO
If "res," describe these charges on Schedule O.  A Describe the exempt purpose schievements 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:			Г	٦	(TE)	
4 (Code:	3		ces?	Yes	X	No
and 501(c)(4) organizations and section 4947(a)(1) intaits 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:		,				
4a (Code:   Code:   (Expenses \$ 175,736. Including grants of \$ ) (Revenue \$ 302,318.)  SUPPORTING AND DEVELOPING LIFESPAN RESEARCH, RESOURCE AND REFERRAL PROGRAMS AND SERVICES FOR INDIVIDUALS WITH AUTISM AND THEIR FAMILIES.  4b (Code:   (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code:   (Expenses \$ including grants of \$ ) (Revenue \$ )	4	Describe the exempt purpose achievements for each of the organization's three largest program services by	y expenses. Sec	tion 501	(c) (3)	
4a (Code:		and 501(c)(4) organizations and section 4547(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.	anocations to on	eis, ine	lotai	
SUPPORTING AND DEVELOPING LIFESPAN RESEARCH, RESOURCE AND REFERRAL PROGRAMS AND SERVICES FOR INDIVIDUALS WITH AUTISM AND THEIR FAMILIES.  4b (Code:		onportoo, and to totally it dray for oder program out to partie.				
SUPPORTING AND DEVELOPING LIFESPAN RESEARCH, RESOURCE AND REFERRAL PROGRAMS AND SERVICES FOR INDIVIDUALS WITH AUTISM AND THEIR FAMILIES.  4b (Code:						
SERVICES FOR INDIVIDUALS WITH AUTISM AND THEIR FAMILIES.  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	4 a				02, 3	<u>18.</u> )
4b (Code:			AL_PROGRAM	<u>s and</u>		
4c (Code:) (Expenses \$including grants of \$) (Revenue \$)		SERVICES FOR INDIVIDUALS WITH AUTISM AND THEIR FAMILIES.				
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			·	·		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				<del></del>
	d.c	(Code: ) (Expenses \$ including grants of \$	(Revenue Š			١
	46	(code:) (coheroes y)	(Trosolice 4			
		~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~				
						<del>_</del>
	-					
4d Other program services. (Describe in Schedule O.)	4d	Other program services. (Describe in Schedule O.)				
(Expenses \$ including grants of \$ ) (Revenue \$ )			\$		)	
4e Total program service expenses ► \$ 175,736. (Must equal Part IX, Line 25, column (B).)						

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Part IV Checklist of Required Schedules Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice Х on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I..... 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II............... 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 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 Х Schedule D, Part IV. X 10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V ..... Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable..... X 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII..... 12 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 X 14a Did the organization maintain an office, employees, or agents outside of the U.S.? ..... 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I..... 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II. Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III...... Х 16 Х Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I.... 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II... 18 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. 19 19 X Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H..... 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If Yes,' complete Schedule I, Parts I and II ..... 21 Х 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If Yes, complete Schedule I, Parts I and III. Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete 23 Х 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25...... X 24 a 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds?..... 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 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..... 25 a Х b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I...... X 25b 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. Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III ..... 27

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PATHFINDERS, INC.

Pa	it IV Checklist of Required Schedules (continued)			
		Sec. 25.4.2	Yes	No
	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a	102746	X
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		<u>X</u>
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х_
				١,,
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	<u></u>	Х
	Contribution in You, Company of the Contribution of the Contributi		ļ	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V,	34		Х
35	The state of the s	35		Х
36	The state of the s	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х

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Form 990 (2008) PATHFINDERS, INC.	52-2226573	F	Page
Part V Statements Regarding Other IRS Filings and Tax Compliance			<u>,</u>
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable	0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	36.7523		
c Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	reportable gaming		
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	6		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax re	eturns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (se	ee instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year cover this return?			X
b 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 othe financial account in a foreign country (such as a bank account, securities account, or other financial	er authority over, a		Х
b If 'Yes,' enter the name of the foreign country: ►			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and	Tarrings Acres su	323,761 863,862
Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		-	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction?	<u> </u>	X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entit Prohibited Tax Shelter Transaction?	ty Regarding 5 c	;	
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contribut	tions or gifts were not		
deductible?	6b	) 1 2.53445	Tenevor-
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of mor	·		ļ
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		X	ļ
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it is Form 8282?	was required to file		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	L		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a benefit contract?	a personal 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor	ntract? 7f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required	d?		Х
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 10			Х
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or excess business holdings at any time during the year?	on 509(a)(3) rganization, have	10 mm	
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		ROBA:	
a Did the organization make any taxable distributions under section 4966?	9a		38 E G G
b Did the organization make any distribution to a donor, donor advisor, or related person?		-	
10 Section 501(c)(7) organizations. Enter:			12 A
a Initiation fees and capital contributions included on Part VIII, line 12		10 (GVV) 2.13	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	6938		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against	5.5 Tel	12 (19 A)	
amounts due or received from them.)			
12a Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	<u> </u>	L
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
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Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A.	Governing Body and Management					
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, de s, or changes in Schedule O. See instructions.	scribe the circumstances,		Yes	No	
1:		number of voting members of the governing body	1a 14	70 (273)			
		number of voting members that are independent	1b 14				
2	Did any o	officer, director, trustee, or key employee have a family relationship or a business relative frustee or key employee? SEE . SCHEDULE . O	tionship with any other	2	X		
	Did the o	rganization delegate control over management duties customarily performed by or uno s, directors or trustees, or key employees to a management company or other person	fer the direct supervision	3		х	
4		rganization make any significant changes to its organizational documents prior Form 990 was filed?		4		X	
5		rganization become aware during the year of a material diversion of the organization's	assets?	5		Х	
6		organization have members or stockholders?		6		X	
	governing	organization have members, stockholders, or other persons who may elect one or mo		7a		Х	
ŀ	Are any	lecisions of the governing body subject to approval by members, stockholders, or othe	er persons?	7b	WIND STREET	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
	-	rning body?		8a	X	<u> </u>	
		mmittee with authority to act on behalf of the governing body?		8b	Х	Х	
		organization have local chapters, branches, or affiliates?		9a		<del>  ^-</del> -	
		oes the organization have written policies and procedures governing the activities of sches to ensure their operations are consistent with those of the organization?		9b			
10		py of the Form 990 provided to the organization's governing body before it was filed? in Schedule O the process, if any, the organization uses to review the Form 990\$I		10	<u>X</u>		
11	organizal	ny officer, director or trustee, or key employee listed in Part VII, Section A, who cann ion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	ot be reached at the	11		Х	
Sec	tion B.	Policies			Yes	No	
12a	Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X	No	
t	Are office to conflic	rs, directors or trustees, and key employees required to disclose annually interests the	at could give rise	12b	Х		
C	Does the Schedule	organization regularly and consistently monitor and enforce compliance with the polic  O how this is doneSEE. SCHEDULE.O	y? If 'Yes,' describe in	12c			
		organization have a written whistleblower policy?		13	X		
14		organization have a written document retention and destruction policy?		14		X	
15	persons,	rocess for determining compensation of the following persons include a review and ap comparability data, and contemporaneous substantiation of the deliberation and decis	ion:	772	v	10000 100000 1000000000000000000000000	
		nization's CEO, Executive Director, or top management official?		15a 15b	X	·	
10		the process in Schedule O. (see instructions)	.,	130	A	200 (1000) 201 (1000)	
16a	Did the o	ganization invest in, contribute assets to, or participate in a joint venture or similar aling the year?		16a		Х	
ł	If 'Yes,' h in joint ve	as the organization adopted a written policy or procedure requiring the organization to inture arrangements under applicable federal tax law, and taken steps to safeguard the h respect to such arrangements?	o evaluate its participation ne organization's exempt	16b	2 28 33		
Sec	tion C.	Disclosures	Manager 1 and 1				
17	List the s	ates with which a copy of this Form 990 is required to be filed ► NONE	. <del></del>				
18	inspection	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and a lndicate how you make these available. Check all that apply.	990-T (501(c)(3)s only) ava	ilable	for pu	blic	
	X Own						
		in Schedule O whether (and if so, how) the organization makes its governing documents available to the public. SEE SCHEDULE O				ial	
		name, physical address, and telephone number of the person who possesses the boo SCHINDLER 14010 FALLS RD HUNT VALLEY MD 21030 410-0		izatior	ı: :		
BAA				Form	990	(2008)	

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did no	Check this box if the organization did not compensate any officer, director, trustee, or key employee.											
(A)	(B)	(B) (c)				(D)	(E)	(F)				
Name and Title		verage Position (check all that app						Reportable compensation from	Reportable compensation from	Estimated		
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
DAVID L. WILLIAMS			П				_					
VICE PRESIDENT	6	[		Х				0.	0.	0.		
WILLIAM J. SURHOFF												
PRESIDENT	6			X				0.	0.	0.		
REBECCA FAYE GALLI			П									
SECRETARY	6			X				0.	0.	0.		
BRUCE SCHINDLER												
TREASURER	6			Х				0.	0.	0.		
MICHAEL FORD												
DIRECTOR	3	Х						0.	0.	0.		
POLLY WINDE SURHOFF									***			
DIRECTOR	3	X		]				0.	0.	0.		
H. BRADLEY DONOVAN												
DIRECTOR	3	Х						0.	0.	0.		
ALISA ROCK												
DIRECTOR	3	X						0.	0.	0.		
STEPHEN GEPPI												
DIRECTOR	3	Х		$\perp$	_			0.	0.	0.		
JOHN KAMAUFF												
DIRECTOR	3	Х			_			0.	0.	0.		
RICK OPFER												
DIRECTOR	3	Χ			_			0,	0.	0.		
LINDA CARTER-FERRIER	_				1	ĺ						
DIRECTOR	3	Х	_		[			0.	0.	0.		
STUART SPIELMAN	_			ı	l							
DIRECTOR	3	Х		4	4			0.	0.	0.		
MICHAEL PHELPS	_	[										
DIRECTOR	3	Х	_	_	_			0.	0.	0.		
DAWN KOPLOS	. [			- 1		- 1	[		_			
EXECUTIVE DIREC	40		$\dashv$	4	X			77,384.	0.	0.		
									***************************************			
No. of the Control of		-	$\dashv$	$\dashv$	-							
						ŀ						
									<u></u>	- 4		

Compensation from the organization.

(A)
Name and business address
Description of Services
Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in

compensation from the organization >

IL	Part VIII   Statement of Revenue											
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514							
Ę	1a Federated campaigns				A was sold as to get the							
Z.	b Membership dues		2 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	- Park 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995	-							
S	c Fundraising events 1c											
<u>Ļ</u> :	d Related organizations 1d											
vi.	e Government grants (contributions) 1e	a agait sa agus	Superior and the second		2 (5 2 (2 ) (3 ) (3 ) (3 ) (4 )							
CONTRIBUTIONS, GIFTS, GRANTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 316, 307.											
¥ 2	g Noncash contribus included in Ins 1a-1f: \$		3									
8	h Total. Add lines 1a-1f	316,307	12 to 10 to	500000000								
		310,301										
PROGRAM SERVICE REVENUE	2a		7 (2000)									
Ž	C											
SE	d											
ž	e											
Š	f All other program service revenue											
ğ.	g Total. Add lines 2a-2f ▶		(45 F) 2 (5) (4 5)		and the second							
	3 Investment income (including dividends, interest and other similar amounts). ▶ 4 Income from investment of tax-exempt bond proceeds. ▶ 5 Royalties. ▶	14,382.			14,382.							
	(i) Real (ii) Personal				Mark 1900 for the second bus consistency and the second for the se							
	6a Gross Rents	agadenia pagasa	of 22 to G (81 <u>2</u> 2 €		N TO VANDO GO AND NE							
		a de describir successi e	Egish masana ma	2000 (8. 8) (8. 8) (8. 8)	Carolina El Colonia de Salado							
	b Less: rental expenses.		\$200 F 500 S	1 0 y 2 3 3 3 3 3 3	机造物 医多级原虫							
	c Rental income or (loss)		-0769-20-00-20-20-20									
	d Net rental income or (loss)▶											
	7a Gross amount from sales of (i) Securities (ii) Other											
	assets other than inventory 96, 355.	en San German (en 15et de la			ke salah di Sana sasa							
	b Less: cost or other basis and sales expenses											
	c Gain or (loss)28, 371.											
	d Net gain or (loss)	-28,371.	-28,371.	. 20029-1990-1990-1990-1990-1990-1990-1990	Security of the section of the security of the section of the sect							
VENUE	8a Gross income from fundraising events (not including. \$	7		30 mg / 10 mg								
3	of contributions reported on line 1c).											
OTMER RE	See Part IV, line 18 a											
F	b Less: direct expenses b	greber green had	00,160,902,080,941,650,0									
٥	c Net income or (loss) from fundraising events▶	Para Para Para Para Para Para Para Para		Devis (A22 ees 255 es, (6), 20								
	9a Gross income from gaming activities, See Part IV, line 19a											
	b Less: direct expenses b		1985 F 0150 5									
	c Net income or (loss) from gaming activities▶	DA KRIPAN SIZER SINE ETAR EN PRIZET EN PRIZET										
	10a Gross sales of inventory, less returns and allowances											
- 1	b Less: cost of goods soldb	8-12-14 <b>2</b> 3-13-13-14	1965 betern 40 9		8448. British W. North R							
	c Net income or (loss) from sales of inventory											
ı	Miscellaneous Revenue Business Code											
ı	11a	5744 FG 3080 FF ( 250 ) HINGS ( )	A045/09/1912 (\$1.566/5/5)2									
1	b											
	~											
ı	d All other research											
	d All other revenue.											
	e Total. Add lines 11a-11d▶			2010 P. C. C. W. C. F. (1911) C.								
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	302,318.	-28,371.	0.	14,382.							

14 Information technology......

Royalties......

Payments of travel or entertainment

expenses for any federal, state, or local public officials .....

SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Occupancy..... 

15

16

17

18

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must co	ex(3) and 50 ((cx4) organiz Implete column (A) but ar	•		( <b>D</b> ).
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			10 mm 1 m	
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	. 77,384.	38,692.	38,692.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	. 103,759.	82,406.	21,353.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				1111000
9 Other employee benefits				
10 Payroll taxes		11,200.	3,082.	
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal			8,529.	
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, In 17				**************************************
f Investment management fees				
<b>g</b> Other				4777
12 Advertising and promotion		18,612.	1,608.	1,307.
13 Office expenses	. 10,176.	6,240.	3,846.	90.

Conferences, conventions, and meetings..... 20 Interest..... 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization..... 4,521 4,521 5,884. 2,042 2,042 1,800. Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 a FUNDRAISING EXPENSES 57,228 57,228. **b** NEWSLETTER 8,168 8,168. c TELEPHONE 6,446. 2,772. 3,674 d CREDIT CARD FEES 3,936. 3,936. e WEBSITE 2,594. 2,594 7,525. 3,010. 4,036. 479. 25 Total functional expenses. Add lines 1 through 24f. 331,959. 175,736 91,383. 64,840. Joint Costs. Check here ► if following

BAA

			(A) Beginning of year		Enc	<b>(B)</b> l of ye	ar
	1	Cash — non-interest-bearing		1			
	2	Savings and temporary cash investments	205, 375	2		250	495
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6			George Westania
A	7	Notes and loans receivable, net		7			
ASSETS	8	Inventories for sale or use		8	<del>                                     </del>		
Š	9	Prepaid expenses and deferred charges		9	<del> </del>		
	10a	Land, buildings, and equipment: cost basis   10a   15, 991.					12.5455A
		Less: accumulated depreciation, Complete Part VI of					
		Schedule D	13,985.	100		O.	465
	111	Investments — publicly-traded securities.	289, 072.	11			827
	12	Investments — other securities. See Part IV, line 11		12	<del>                                     </del>	<u> </u>	021
	13	Investments - program-related. See Part IV, line 11.		13	<del> </del>		
	14	Intangible assets.	2,308.		<u> </u>		
	15	Other assets. See Part IV, line 11.	2,300.	14	<del>                                      </del>		
	16	Total assets. Add lines 1 through 15 (must equal line 34).	E10 740	15	<del> </del>	400	707
_	17	Accounts payable and accrued expenses	510,740.	16	-	489,	181
	18	Grants payable		17	<u> </u>		
	19	Deferred revenue		18			
L	20			19	<u> </u>		
	21	Tax-exempt bond liabilities.  Escrow account liability. Complete Part IV of Schedule D.		20	<u> </u>		
1				21		NAME OF THE OWNER.	Weight School
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II					rsanes. Californ
		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
ı	24	Unsecured notes and loans payable		24			
	25	Other liabilities, Complete Part X of Schedule D.		25			
4	26	Total liabilities. Add lines 17 through 25.	0.	26			0.
		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34.					
	27	Unrestricted net assets	489,510.	27		470,	257.
1		Temporarily restricted net assets	21,230.	28			530.
ı	29	Permanently restricted net assets		29			
ļ		Organizations that do not follow SFAS 117, check here ► and complete			1. co. 2 wood oo a c		
ı		lines 30 through 34.					
ļ	30	Capital stock or trust principal, or current funds	en en antre gran grand a estad en genañ de principal de la sidio della sidio de la sidio della sidio d	30	<ul> <li>Chief Change Tables Selling</li> </ul>	\$\$16525 HTML	anne y Gregory
İ		Paid-in or capital surplus, or land, building, and equipment fund		31			
ļ		Retained earnings, endowment, accumulated income, or other funds		32			
ĺ		Total net assets or fund balances,	510,740.	33		189,	797
		Total liabilities and net assets/fund balances	510,740.	34		189,	
aı	t XI	Financial Statements and Reporting	510,740.]	<u> </u>		105,	707.
1	Acco	ounting method used to prepare the Form 990: X Cash Accrual	Other		1.525	Yes	No
2 a		e the organization's financial statements compiled or reviewed by an independent ac					1000 V
h	Were	e the organization's financial statements complied or reviewed by an independent accountant?	countant;				X
		es' to 2a or 2b, does the organization have a committee that assumes responsibility			2b	X	<u> </u>
	revie Asa	w, or compliation of its financial statements and selection of an independent accour-	tant?		<u>2c</u>	х	<u> </u>
	Auai	t act and CMB Circular A-133?			За		Х
b	If 'Ye	es,' did the organization undergo the required audit or audits?			3b		<del>-</del> -
۱A							(2008)