Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file

2009

OMB No. 1545-1150

Open to Public Inspection

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

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

For the 2009 calendar year, or tax year beginning Feb 1 2009, and ending Jan 31 2010 Check if applicable: C Name of organization D Employer identification number Address change MEMORIAL DAY FOUNDATION use IRS label or 65-1240181 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number print or Initial return type. See Specific (718) 383-7550 Termination City or town, state or country, and ZIP + 4 Amended return Instruc-F Group Exemption tions. Application pending BROOKLYN Number NY 11211-2502 G Accounting method: X Cash • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ► Check ► X if the organization is **not** required to attach Schedule B (Form 990, Website: ► N/A 990-EZ, or 990-PF). Tax-exempt status (check only one) - \times 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or Check ► |x| if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 1 16,099. 2 Program service revenue including government fees and contracts..... Membership dues and assessments.... 3 4 Investment income 4 5с 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ ______ of contributions reported on line 1) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)..... 7a Gross sales of inventory, less returns and allowances..... c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7 c Other revenue (describe > 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8..... 9 16,099. Grants and similar amounts paid (attach schedule)..... 10 4,500. Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors. 13 100. Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 9,530. 15 16 Other expenses (describe 16 17 **Total expenses.** Add lines 10 through 16.....▶ 17 14,130. 18 Excess or (deficit) for the year (Subtract line 17 from line 9)..... 1,969. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 1,241. Other changes in net assets or fund balances (attach explanation)..... 21 Net assets or fund balances at end of year. Combine lines 18 through 20...... 21 3,210. Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments..... 1,241. 22 3,210. 23 0.23 0. 24 Other assets (describe ► 0. 24 0. 25 Total assets 1,241. 25 3,210. Total liabilities (describe ► 0. 26 0. Net assets or fund balances (line 27 of column (B) must agree with line 21)...... 1,241. 27 3,210.

<u>Form</u>	990-EZ (2009) MEMORIAL DAY				65	-124	.0181 Page 2
Par	III Statement of Progran	n Sei	rvice Accomplishments	(See the instruction	ons.)		Expenses
Descr	s the organization's primary exempt purpose? ribe what was achieved in carrying ibe the services provided, the num	То	increase the awar	eness of memori	ial day	(Reg 501(d organ 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional
progr	am title. Flowers placed on grav					for o	thers.)
20	(Grants \$ 0.) If th	is amount includes foreign gr	rants, check here	>	28 a	3,229.
29							
	(Grants \$) If th	 nis amount includes foreign gr	rants check here		29 a	
30						234	
31	Other program services (attach sch	nedule				30 a	
	(Grants \$) If th	nis amount includes foreign gr	rants, check here	▶	31 a	
32 Par	Total program service expenses (add li	nes 28a through 31a)	mlavaga 154 - 1	· · · · · · · · · · · · · · · · · · ·	32	3,229.
Fai	LIST OF OTHICERS, DIREC	tors	, Trustees, and Key Em	ployees. List each or			
	(a) Name and address		(b) Title and average hours per week devoted to position	not paid, enter -0)	(d) Contributions employee benefit plan deferred compensa	ns and	(e) Expense account and other allowances
	l_D'Elia						
	Orient Avenue		Exec Director	_			
	oklyn NY 112: es Bruno	<u> </u>	10.00	0.		0.	
	ohn Drive		Assoc Director				
Gos	·	 24	5.00	0.		ο.	
	Grande			<u> </u>			
69-	55 Alderton Street		Director				
	est Hill NY 113	79	5.00	0.		ο.	
	·						
		<u>-</u>					
			•				

Form 990-EZ (2009) MEMORIAL DAY FOUNDATION

Par	Other Information (Note the statement requirements in the instrs for Part V.)			<u> </u>
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		х
b	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions.	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. > 37a 0. Did the organization file Form 1120-POL for this year?	37b		Х
		<u> </u>		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X
b	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ►; section 4912 ►; section 4955 ►			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified 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.	40 b		X
C	: Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		х
41	List the states with which a copy of this return is filed ►			
40 -	The accomination is			
42 8	n The organization's books are in care of ▶ Paul D'elia Telephone no. ▶ (718)	383	-755	
	Dooks are in care of ► Paul D'ella Telephone no. ► (718) Located at ► 33 Orient Avenue Brooklyn NY ZIP + 4 ► 11211-	250	_	<u> </u>
t	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)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country.	72.0		
				r
				ı
	See the instructions for exceptions and filing requirements for Form TD E 90. 22.1. Papert of a Faraign Pank and Financial Associate			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	40		
(At any time during the calendar year, did the organization maintain an office outside of the U.S?	42 c		<u> </u>
	If 'Yes,' enter the name of the foreign country.►			
42	Coation 4047(-)(1) assessment the stable to the CF or F = 4000 F7 : F = 4044 OL L.L.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
			162	110
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		v
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'			Х
	Form 990 must be completed instead of Form 990-EZ.	45		X

Part VI		ations and sect	ion 4947(a)(1) noi	nexempt charitab	t charitable trusts only le trusts must answer d	. All se questio	ction ns	
46 Did t	the organization engage i	in direct or indirect	political campaign ac	tivities on behalf of o	r in opposition to candidates		Yes	No
					r in opposition to candidates			x
								X_
					nedule E			X
			· ·	-				X
b If 'Ye	es,' was the related orgai	nization a section 5	527 organization?			49b		
50 Com emp	plete this table for the or loyees) who each receive	ganization's five h	,000 of compensation	mployees (other than from the organization	officers, directors, trustees a. If there is none, enter 'Nor	and key ne.'		
(a	Name and address of each emp more than \$100,000	ployee paid	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		pense nt and owances	5
NONE_								

							· · · · · · · · · · · · · · · · · · ·	
f Tota	I number of other employ	ees paid over \$10	0,000	·			44.00	
51 Com	pensation from the orgar	ization. If there is	none, enter 'None.'	ndependent contracto	rs who each received more t			
NONE		each independent contrac	ctor paid more than \$100,000		(b) Type of service	(c) Comp	pensatio	<u>n</u>
		- 						
		·						
d Tota	I number of other indepe	ndent contractors	each receiving over \$	100,000	-			
	Under penalties of perjury, I de true, correct, and complete. De	eclare that I have examin eclaration of preparer (ot	ned this return, including according than officer) is based on a	mpanying schedules and stated information of which prepared	tements, and to the best of my knowle arer has any knowledge.	dge and be	elief, it is	;
Sign	-				06/05/10			
Here	Signature of officer				Date			
	PAUL D'ELIA				EXEC. DIRECTOR			
	Type or print name and tit	ie.						
Paid	Preparer's signature Enzo	J Iannozzi	CPA	Date 06/07/1		rer's Identi nstructions	rying Nu)	mber
Pre- parer's	Firm's name (or ENZO			130/0./1				
Use	yours if self- employed), > 271 M	IANHATTAN AV			EIN ►			
Only	address, and ZIP + 4 BROOK			NY 11211	Phone no. ►		-	
May the IF	RS discuss this return wit		own above? See instru			Yes		No (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

2003

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

	ORIAL DAY FOUNI								40181			
			s (All organizations					See ir	nstructi	ons		
The c			use it is: (For lines 1 thro			-	•					
1			ociation of churches des		section	170(b)	(1)(A)(i)					
2			A)(ii). (Attach Schedule I	•								
3			e organization described		•		•					
4	A medical research	n organization operate	ed in conjunction with a h	ospital o	lescribe	d in sec	tion 17	0(b)(1)(A)(iii) . En	ter the hos	pital's	;
5	name, city, and sta	perated for the benefit	of a college or university	y owned	or opera	ated by	a gover	nmental	unit des	scribed in s	ection	_
_	170(b)(1)(A)(iv). (Complete Part II.)											
7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) . An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) . (Complete Part II.)											
8	A community trust	described in section	170(b)(1)(A)(vi). (Comple	te Part I	l.)							
9												
10			exclusively to test for pu		-		٠,	` '				
11	An organization or more publicly supp describes the type	ganized and operated orted organizations o of supporting organi	exclusively for the bene described in section 509(zation and complete lines	fit of, to a)(1) or s 11e thr	perform section ough 11	the fun 509(a)(2 lh.	ctions o 2). See	of, or car section	ry out th 509(a)(3)	ne purposes). Check th	s of or ne box	ne or that
	a Type I	b 🗌 Type II	_	I — Fund					d 🗌	Type III-		
е	By checking this be than foundation may 509(a)(2).	ox, I certify that the or anagers and other tha	rganization is not control in one or more publicly s	led direc upportec	tly or in Lorgani:	directly zations	by one describe	or more ed in sec	disquali tion 509	fied perso (a)(1) or se	ns oth ection	ier
f	If the organization	received a written de	termination from the IRS	that is a	Туре І	Type II	or Typ	e III sup	porting c	organization	١,	
g			ation accepted any gift of									
•	,	area, mar me engames	and a coopies any give o		ation in	on any	01 1110 11	Juonnig	persons	· [Yes	No
	(i) a person who	directly or indirectly	controls, either alone or upported organization?.	together	with pe	rsons d	escribe	d in (ii) a	and (iii)			
												<u> </u>
			cribed in (i) above?									<u> </u>
L			n described in (i) or (ii) a				• • • • • • •		• • • • • • • •	. 11 g (iii)		<u> </u>
h			the supported organization	T				·				
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col. I in your rning nent?	I the organ	(i) of	(vi) Is organizati (i) organiz U.S	on in col. ed in the	(vii) Amoun	t of Sup	port
				Yes	No	Yes	No	Yes	No			
				-								
									-			
				1								
Total	l	(A) (1) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A										

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Par	t I.)			
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						1.91-1.44
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						
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)	grin ye.		gradus de la companya			
	Public support. Subtract line 5 from line 4					3000	
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			400000	7		
12	Gross receipts from related activ	vities, etc. (see in	structions)			12	
	First five years. If the Form 990 organization, check this box and	d stop here		nd, third, fourth,	or fifth tax year as	s a section 501(c)	(3) ▶ □
	tion C. Computation of Pu						
	Public support percentage for 20		•				<u>%</u>
15	Public support percentage from					\ <u></u>	<u>%</u>
16 <i>a</i>	a 33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pu	I not check the bo blicly supported o	ox on line 13, and organization	d the line 14 is 33	-1/3 % or more, cl	heck this box
ŀ	o 33-1/3 support test — 2008. If th and stop here. The organization	ne organization dic qualifies as a pul	d not check a box blicly supported o	on line 13, or 16a rganization	a, and line 15 is 3	3-1/3% or more, c	heck this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	IV how
ŀ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	IV how the
18	Private foundation. If the organ	ization did not che	eck a box on line,	13, 16a, 16b, 17a	a, or 17b, check th	nis box and see in	structions
BAA					Sc	chedule A (Form 9	90 or 990-EZ) 2009

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

(Complete	only	if you	checked	the	box	on	line	9	of	Part	<u>l.)</u>
A. Public	Supi	port									

Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						
•	purpose			2,928.	13,798.	16,099.	32,825.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			2,928.	13,798.	16,099.	32,825.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
(Add lines 7a and 7b			,			
8	Public support (Subtract line						
	7c from line 6.)						32,825.
Sec	tion B. Total Support						
		T			,		
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	(a) 2005	(b) 2006	(c) 2007 2,928.	(d) 2008 13,798.	(e) 2009 16,099.	(f) Total 32,825.
9	, , , , ,	(a) 2005	(b) 2006			1 1	
9 10 a	Amounts from line 6	(a) 2005	(b) 2006			1 1	
9 10 a	Amounts from line 6	(a) 2005	(b) 2006			1 1	
9 10 a 1	Amounts from line 6	(a) 2005	(b) 2006			1 1	
9 10 a 1 11	Amounts from line 6		(b) 2006			1 1	
9 10a 11 11 12	Amounts from line 6	is for the organiz	ation's first seco	2,928.	or fifth tax year a	16,099.	32,825.
9 10a 1 11 12 13 14	Amounts from line 6	is for the organiz	ation's first, seco	2,928.	or fifth tax year a	16,099.	32,825.
9 10a 11 12 13 14 Sec	Amounts from line 6	is for the organized stop here.	ation's first, seco	2,928.	13,798.	16,099. s a section 501(c)	32,825. 32,825. (3) ► □
9 10a 11 11 12 13 14 Sec 15	Amounts from line 6	is for the organized stop hereblic Support F	ation's first, second process of the second	2,928. 2,928. Ind, third, fourth, ne 13, column (f)	13,798.	16,099. s a section 501(c)	32,825. 32,825. (3) 100.00%
9 10a 11 12 13 14 Sec 15 16	Amounts from line 6	is for the organized stop here	ation's first, second Percentage In (f) divided by lit, Part III, line 15.	2,928. 2,928. nd, third, fourth, ne 13, column (f)	13,798.	16,099. s a section 501(c)	32,825. 32,825. (3) ► □
9 10a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and cition C. Computation of Pupublic support percentage from extion D. Computation of Invitorial support percentage from extince the support percentage from extino D. Computation of Invitorial support percentage from extino D.	is for the organized stop here	eation's first, second and first second	2,928. and, third, fourth, ne 13, column (f))	or fifth tax year a	16,099. s a section 501(c)	32,825. 32,825. (3) 100.00 % 100.00 %
9 10a 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	is for the organized stop here blic Support Foog (line 8, column 2008 Schedule Avestment Incomposed for 2009 (line 10c	ation's first, secondary and the secondary and the secondary are secondary and the secondary and the secondary are secondary as a secondary and the secondary are secondary as a secondary and the secondary are secondary as a secondary are secondary as a secondary are secondary as a secondary as a secondary as a secondary are secondary as a secondary are secondary as a second	2,928. 2,928. Ind, third, fourth, ne 13, column (f)) e ed by line 13, column	or fifth tax year a	16,099. s a section 501(c) 15 16	32,825. 32,825. (3)
9 10a 11 12 13 14 Sec 17 18	Amounts from line 6	is for the organized stop here blic Support Foog (line 8, column 2008 Schedule Avestment Incomposed for 2009 (line 10c from 2008 Schedule Schedule Avestment Sc	ration's first, secondary for the secondary for	2,928. 2,928. Ind, third, fourth, ne 13, column (f)) e ed by line 13, column e 17.	or fifth tax year a	16,099. s a section 501(c) 15 16 17 18	32,825. 32,825. (3)
9 10a 11 12 13 14 Sec 17 18	Amounts from line 6	is for the organization of the organization of the state of the state of the state of the state of the organization	Percentage In (f) divided by li In Percentage In (f) divided by li In Percentage In Column (f) divided lie A, Part III, line lid not check the	2,928. 2,928. and, third, fourth, ne 13, column (f)) e ed by line 13, column (f) box on line 14, and	or fifth tax year a	16,099. s a section 501(c) 15 16 17 18 than 33-1/3%, an	32,825. 32,825. (3) 100.00 % 100.00 % % d line 17 is not.
9 10a 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6	is for the organized stop here blic Support Foog (line 8, column 2008 Schedule Avestment Incomposed for 2009 (line 10c from 2008 Schedule Avestment stop here the organization of the the organization of the this box and stop here the organization of the this box and stop here the organization of the this box and stop here the organization of the this box and stop here the organization of the this box and stop here the organization of the this box and stop here the organization of the this box and stop here the organization of the this box and stop here the this box and stop h	part III, line 15. me Percentage, column (f) divided by lide A, Part III, line lide a, Part	2,928. 2,928. and, third, fourth, ne 13, column (f)) e ed by line 13, column (f) box on line 14, and qualifies as a property of the prope	or fifth tax year a mmn (f)) d line 15 is more ublicly supported la, and line 16 is a publicly supp	16,099. s a section 501(c). 15 16 17 18 than 33-1/3%, an organization more than 33-1/3% orted organization.	32,825. 32,825. (3) 100.00 % 100.00 % % d line 17 is not

Schedule A (Form 990 or 990-EZ) 2009 MEMORIAL DAY FOUNDATION 65-1240181 Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions are provided in the part III, line 12. Provided in the part III, line 12. Provided in the part III, line 13. Provided in the part III, line 13. Provided in the part III, line 14. Provided in the part III, line 15. Prov	Page 4
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