

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)

2009

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.

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 7/01, **2009, and ending** 6/30, **2010**

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C THE VHL FAMILY ALLIANCE, INC 2001 BEACON STREET #208 BOSTON, MA 02135</p> <p style="font-size: small;">Please use IRS label or print or type. See Specific Instructions.</p>	<p>D Employer identification number 04-3180414</p> <p>E Telephone number 617-277-5667</p> <p>F Group Exemption Number..... ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check 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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 286,109.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

R E V E N U E	1	Contributions, gifts, grants, and similar amounts received.....	1	262,655.
	2	Program service revenue including government fees and contracts.....	2	
	3	Membership dues and assessments.....	3	14,435.
	4	Investment income.....	4	3,580.
	5a	Gross amount from sale of assets other than inventory.....	5a	
	5b	Less: cost or other basis and sales expenses.....	5b	
	5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. ▶ <input type="checkbox"/>		
	6a	a Gross revenue (not including \$ _____ of contributions reported on line 1).....	6a	
6b	b Less: direct expenses other than fundraising expenses.....	6b		
6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a).....	6c		
7a	7a Gross sales of inventory, less returns and allowances.....	7a		
7b	b Less: cost of goods sold.....	7b		
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7c		
8	8 Other revenue (describe ▶ See Statement 1.....)	8	5,439.	
9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8..... ▶	9	286,109.	
E X P E N S E S	10	10 Grants and similar amounts paid (attach schedule)..... See Statement 2.....	10	30,000.
	11	11 Benefits paid to or for members.....	11	
	12	12 Salaries, other compensation, and employee benefits.....	12	90,794.
	13	13 Professional fees and other payments to independent contractors.....	13	15,169.
	14	14 Occupancy, rent, utilities, and maintenance.....	14	14,796.
	15	15 Printing, publications, postage, and shipping.....	15	46,687.
	16	16 Other expenses (describe ▶ See Statement 3.....)	16	63,178.
17	17 Total expenses. Add lines 10 through 16..... ▶	17	260,624.	
A S S E T S	18	18 Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	25,485.
	19	19 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	105,639.
	20	20 Other changes in net assets or fund balances (attach explanation).....	20	
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶	21	131,124.

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.....	132,294.	22	181,072.
23 Land and buildings.....		23	
24 Other assets (describe ▶ See Statement 4.....)	4,562.	24	7,796.
25 Total assets	136,856.	25	188,868.
26 Total liabilities (describe ▶ See Statement 5.....)	31,217.	26	57,744.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).....	105,639.	27	131,124.

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

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <u>See Statement 6</u>		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	<u>See Statement 7</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	165,070.
29	<u>RESEARCH: GRANTS ALLOCATED TO RESEARCH FOR A CURE OF VHL.</u>		
	(Grants \$ 30,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	30,000.
30			
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule)		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	195,070.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
CAMRON KING 9957 SPRING VIEW WAY ELK GROVE, CA 95757	Chairman 5.00	0.	0.	0.
JEANNE MCCOY 14 WINDY COURT GREENVILLE, SC 29615	VICE Chairman 5.00	0.	0.	0.
JOYCE GRAFF 2001 BEACON STREET # 208 BOSTON, MA 02135	Executive Direc 40.00	17,300.	0.	0.
MICHELLE CIESLAK 22940 DOLOROSA STREET WOODLAND HILLS, CA 91367	Treasurer 5.00	0.	0.	0.
ALTHEADA JOHNSON, RD 304 WAVERLY AVENUE BROOKLYN, NY 11205	Secretary 5.00	0.	0.	0.
LINDA S. BERK 331 EVERGREEN ROAD MOUNT LAUREL, NJ 08054	Director 5.00	0.	0.	0.
SUNNY GREENE 6312 BEACHWAY DRIVE FALLS CHURCH, VA 22044	Director 5.00	0.	0.	0.
THOMAS D. RODENBERG, ESQ. 1005 SW 44TH STREET BLUE SPRINGS, MO 64015-4507	Director 5.00	0.	0.	0.
THOMAS RATH 901 F ST. NW WASHINGTON, DC 20004	Director 5.00	0.	0.	0.
WILLIAM SCHEITLER 111 16TH STREET, S.E. LEMARS, IA 51031	Director 5.00	0.	0.	0.
ROBERT KRAMER, DMD 2220 KOHN ROAD HARRISBURG, PA 17110	Director 5.00	0.	0.	0.
CHRISTOL SORRELL 121 MUD POND ROAD PERU, NY 12972	Director 5.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement **8**

		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.		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.		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.		
35 a	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?		X
35 b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0.		
37 b	Did the organization file Form 1120-POL for this year?		X
38 a	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?		X
38 b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. N/A		
39	Section 501(c)(7) organizations. Enter:		
39 a	Initiation fees and capital contributions included on line 9. N/A		
39 b	Gross receipts, included on line 9, for public use of club facilities. N/A		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
40 b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified 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.		X
40 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. 0.		
40 d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0.		
40 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.		X
41	List the states with which a copy of this return is filed ▶ <u>MA</u>		

42 a The organization's books are in care of ▶ JOYCE W. GRAFF Telephone no. ▶ 617-277-5667
 Located at ▶ 2001 BEACON STREET # 208 BOSTON MA ZIP + 4 ▶ 02135

		Yes	No
42 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:.. ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42 c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? .. If 'Yes,' enter the name of the foreign country:.. ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** | N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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.		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000.

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000.

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

Signature of officer: *M.C. Cieslak* Date: 1/12/4/10

Type or print name and title: Michelle Cieslak Treasurer

Paid Preparer's Use Only

Preparer's signature: DONALD R. SANDLER CPA Date: 1/1/30/10

Firm's name (or yours if self-employed), address, and ZIP + 4: Sandler & Company, P.C. 43 Charles Street Needham, MA 02494

Check if self-employed: Preparer's Identifying Number (See instructions): N/A

EIN: N/A Phone no.: 781-455-1480

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization THE VHL FAMILY ALLIANCE, INC	Employer identification number 04-3180414
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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: (For lines 1 through 11, check only one box.)

- 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 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 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 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 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?

	Yes	No
(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 supported organization?	11 g (i)	
(ii) a family member of a person described in (i) above?	11 g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year 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.') ..						
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) ..						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning 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 from 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.						
12 Gross receipts from related activities, etc. (see instructions) ..					12	
13 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. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) ..	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a 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. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009 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. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. 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. ▶ <input type="checkbox"/>		
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 .. ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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.")	244,458.	282,406.	289,056.	258,366.	277,090.	1,351,376.
2 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.	6,114.	9,151.	7,475.	4,705.		27,445.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	250,572.	291,557.	296,531.	263,071.	277,090.	1,378,821.
7a Amounts included on lines 1, 2, 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b 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.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						1,378,821.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.	250,572.	291,557.	296,531.	263,071.	277,090.	1,378,821.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	4,818.	5,433.	10,169.	5,201.	3,580.	29,201.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	4,818.	5,433.	10,169.	5,201.	3,580.	29,201.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV.	1,674.					1,674.
13 Total support. (add lns 9, 10c, 11, and 12.)						1,409,696.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	97.8%
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	97.7%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	2.1%
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	2.1%

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 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.

THE VHL FAMILY ALLIANCE, INC

04-3180414

Part III, Line 12 - Other Income

Nature and Source	2009	2008	2007	2006	2005
Total	\$ 0.	\$ 0.	\$ 0.	\$ 0.	\$ 0.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization THE VHL FAMILY ALLIANCE, INC	Employer identification number 04-3180414
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 2001 BEACON STREET #208	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02135	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

● The books are in the care of. ▶ JOYCE W. GRAFF

Telephone No. ▶ 617-277-5667 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box. ▶ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 11, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:
- ▶ calendar year 20__ or
 - ▶ tax year beginning 7/01, 20 09, and ending 6/30, 20 10.
- 2** If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

THE VHL FAMILY ALLIANCE, INC

04-3180414

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

Registrations	\$	3,118.
Sales		2,321.
	Total \$	<u>5,439.</u>

Statement 2
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	MEDICAL RESEARCH	
Donee's Name:	DR. BRENDA PETROLLO	
Donee's Address:	DARTMOUTH-HITCHCOCK MEDICAL CENTER	
	LEBANON, NH 03766	
Cash Amount Given:		\$ 30,000.

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

BANK CHARGES	\$	1,635.
Computer expense		5,808.
Depreciation		1,633.
Dues and subscriptions		1,200.
Employee benefits		2,049.
Equipment purchases		2,447.
Insurance		2,831.
Office Expenses		5,505.
OTHER		11,662.
Outside services		11,542.
Payroll service fees		1,836.
PUBLIC RELATIONS		2,026.
STATE FILING FEES		2,967.
Telephone		4,642.
TRAINING		299.
Travel		5,096.
	Total \$	<u>63,178.</u>

Statement 4
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment	\$ 3,259.	\$ 5,260.
Prepaid Expenses and Deferred Charges	1,303.	2,536.
Total	<u>\$ 4,562.</u>	<u>\$ 7,796.</u>

Statement 5
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 13,217.	\$ 9,744.
Grants Payable.....	18,000.	48,000.
Total	<u>\$ 31,217.</u>	<u>\$ 57,744.</u>

Statement 6
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

TO SUPPORT EFFORTS TO CURE VON-HIPPEL LINDAU DISEASE, TO PROVIDE A SUPPORT NETWORK FOR PATIENTS AND THEIR FAMILIES, AND TO EDUCATE AND INFORM THE PUBLIC AND MEDICAL COMMUNITY ON CURRENT DEVELOPMENTS.

Statement 7
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

NEWSLETTER, ON-LINE SERVICE, AND OTHER SERVICES FOR VHL PATIENTS AND FAMILY MEMBERS TO COMMUNICATE CURRRRENT VHL RESEARCH AND MEDICAL INFORMATION; CONFERENCES AND SEMINARS; EDUCATION AND RESEARCH PROGRAMS INCLUDING TISSUE BANK; TELEPHONE SERVICE FROM VHL.

Statement 8
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

THE VHL FAMILY ALLIANCE, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2010

	<u>Total</u>	<u>Education</u>	<u>Research</u>	<u>Fund- raising</u>	<u>General & Administrative</u>
Grants awarded	\$ 30,000	\$ -	\$ 30,000	\$ -	\$ -
Salary - executive director	17,300	10,501	1,384	3,893	1,522
Salaries - other	65,007	39,459	5,200	14,627	5,721
Payroll taxes	8,487	5,151	679	1,910	747
Accounting	8,216	-	-	-	8,216
Bank charges	1,635	22	-	-	1,613
Computer expense	5,808	5,613	-	195	-
Computer services - donated	7,864	7,864	-	-	-
Depreciation	1,633	1,633	-	-	-
Dues and subscriptions	1,200	1,200	-	-	-
Equipment Purchases	2,447	2,447	-	-	-
Insurance	2,831	-	-	-	2,831
Insurance-employee health	2,049	1,639	-	410	-
Legal services	6,953	-	-	-	6,953
Other	11,662	11,781	(453)	-	334
Outside services	11,366	9,191	-	-	2,175
Outside services - tissue bank	176	-	176	-	-
Payroll service fees	1,836	1,100	125	459	152
Postage	14,386	10,971	-	1,858	1,557
Printing and publications	32,301	30,883	-	1,242	176
Public relations	2,026	1,651	-	375	-
Rent	14,796	9,617	2,367	1,776	1,036
State filing fees	2,967	-	-	-	2,967
Supplies	5,505	4,868	94	99	444
Telephone	4,642	2,804	338	366	1,134
Training expenses	299	158	-	-	141
Travel	5,096	3,690	781	-	625
	<u>\$ 268,488</u>	<u>\$ 162,243</u>	<u>\$ 40,691</u>	<u>\$ 27,210</u>	<u>\$ 38,344</u>

The accompanying notes are an integral part of these financial statements.