#### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning

NATIONAL NON PROFIT FOR AMERICANS

C Name of organization

## **Return of Organization Exempt From Income Tax**

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

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

and ending

ncome Ta	X		OMB No. 1545-0047							
(except black lu			2010							
eporting requireme	ents		Open to Public Inspection							
D Employer ide	ntifi	cati	on number							
04	04-3625771									
E Telephone number										
(7	27	<u>)                                    </u>	443-7898							
G Gross receipts \$	<b>G</b> Gross receipts \$ 269,353.									
H(a) Is this a grou	up re	eturi								
for affiliates	?		Yes X No							
H(b) Are all affiliate	s inc	clude	d? Yes No							
If "No," atta	ch a	list.	(see instructions)							
H(c) Group exem	ptio	ก กเ	ımber 🕨							
f formation: 200	2 1	/ Sta	ate of legal domicile: FL							
NON PROF	IT									
than 25% of its n	et as	sset	S.							
	3		3							
	4		1							
	5		0							
	6		3							
	7a		3							
.,,,,	7b		0.							
Prior Year	<b></b>		Current Year							
173,00	0.		269,353.							
	0.		0.							
	0.		0.							
	0.		0.							
173,00	0.		269,353.							
129,25	0.		148,800.							
-	0.	<u> </u>	0.							

L	chang	e   WITH DISABILITIES, INC.		1	
	Name chanç	e Doing Business As		04-3	625771
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1	
L	Termi	NOT CHEDITALE DI	<u> </u>	(727	269,353.
LX	Amen	Only of tourn, state of country, and and		G Gross receipts \$	
L	Application pendi			H(a) Is this a group re	eturn
	pendi	F Name and address of principal officer: TRAVIS FINCHOM		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
1	Tax-ex	empt status: X 501(c)(3) 501(c)( )◀ (insert no.) 4947(a)(1	) or 527	<del>-1</del>	list. (see instructions)
J	Websi	te: ▶ WWW.NNAD-USA.ORG		H(c) Group exemptio	
		organization: Corporation X Trust Association Other	L Year	of formation: 2002 N	↑ State of legal domicile: FL
P	art I	Summary	~~~~~		
ø	1	Briefly describe the organization's mission or most significant activities: TO	SUPPORT	NON PROFIT	
Governance		ORGANIZATIONS THAT ASSIST THE DISABLED			
ern		Check this box  if the organization discontinued its operations or disp	osed of more		
ŏ				3	3
જ		Number of independent voting members of the governing body (Part VI, line 1b			
es		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		l l	0
Σ		Total number of volunteers (estimate if necessary)			3
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		1	0.
	b	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		173,000.	269,353.
en	3	Program service revenue (Part VIII, line 2g)	1	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
l-fex	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		173,000.	269,353.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		129,250.	148,800.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	)	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		40,941.	6,719.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		170,191.	155,519.
		Revenue less expenses. Subtract line 18 from line 12		2,809.	113,834.
Assets or Balances			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,193.	114,218.
t As	21	Total liabilities (Part X, line 26)		2,809.	0.
<del>2</del> 2		Net assets or fund balances. Subtract line 21 from line 20		384.	114,218.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedu			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which preparer	nas any knowledge.	
		Cignatura of afficar.		l Date	
Sig		Signature of officer		Dato	
Her	·e	TRAVIS FINCHUM, SECRETARY/TREASURER Type of bring name and line			
		Ar Production	Т	Date Check	PTIN
<b>.</b> .	_	Print/Type preparer's name  Preparer's signature  Preparer's Signature	MPA !	1. 78.17 II -	
Paid		Betty Islen CHA DICARDO IIC	~ . 0	acit cinploys	<u> </u>
	parer	Firm's name LEWIS, BIRCH & RICARDO, LLC		Firm's EIN	
use	Only	Firm's address 1401 COURT STREET CLEARWATER, FL 33756-6146		Dhone no /	727)446-3058
		3S discuss this return with the preparer shown above? (see instructions)		Phone no. (	X Yes   No
MAY	v tne ii	Conscress this fettire with the preparer SBOWE ADOVE (1888 INSTRICTIONS).			Lee 153 L INU

NATIONAL NON PROFIT FOR AMERICANS 04-3625771 WITH DISABILITIES, INC. Form 990 (2010) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: TO PROMOTE, FURTHER AND SUPPORT SELECTED CHARITABLE ACTIVITIES AND ORGANIZATIONS THAT PROVIDE GOODS, SERVICES OR FUNDING FOR INDIVIDUALS THAT MEET THE SOCIAL SECURITY DEFINITION OF DISABLED. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 148,800.)(Revenue\$ ) (Expenses \$ 148,800 · including grants of \$ THE NNAD PROMOTES AND SUPPORTS CHARITABLE ACTIVITIES AND ORGANIZATIONS THAT PROVIDE GOODS, SERVICES, OR FUNDING FOR THE UNDERPRIVILEDGED, THE DISADVANTAGED, AND FOR INDIVIDUALS OF ANY AGE WHO ARE DISABLED. ACTIVITIES INCLUDE: 1. PROVIDING GRANTS TO LOCAL NON-PROFITS SERVING DISABLED PERSONS 2. PROMOTING ACTIVITIES AND EFFORTS OF LOCAL NON-PROFITS 3. PROVIDING MATCH GRANTS TO LOCAL NON-PROFITS 4. TEAMING WITH LOCAL NON-PROFITS IN SUPPORTING THEIR EFFORTS 5. SUPPORTING FUND RAISERS OF LOCAL NON-PROFITS (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ including grants of \$ ) (Revenue \$ \_\_\_\_ (Code: ) (Expenses \$

4d	Other	program	services.	(Describe in	Schedule	O.)
	-				the selection of	

including grants of \$

) (Revenue S

4e Total program service expenses ▶

148,800.

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A  2 Is 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  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(fit) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III  5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization report an amount for investments or services? If "Yes," complete Schedule D, Part IV  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  2 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  3 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  4 Did the organization report an amount for other assets in Part X, line 15 that is 5% or		990 (2010) WITH DISABILITIES, INC. U4-3625	1/1	F	Page 3
1 Is the organization described in section 5016(c) or 4947(e)(1) (other than a private foundation)?  1 If Yes, "complete Schedule A.  2 Is the organization regulate to complete Schedule 8, Schedule of Contributors?  3 Dot the organization regulate to complete Schedule 9, Part Organization angage in industry of the public office?" Pres, "complete Schedule 0, Part Organization organization angage in Nobley (Part Organization organization in the organization organization organization and the organization and and the organization and and an and the organization and and an and the organization and and an and the organization and and	Pa	† IV Checklist of Required Schedules		1	т
If "Yes," complete Schedule A   1   X   2   X   2   X   2   X   2   X   2   X   3   2   X   3   2   X   3   3   X   3   3   X   3   3   X   3   3				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributions?  3 Out the organization engage in direct or indirect political compoling activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  5 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(i) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization read in Revenue Procedule C, Part II  6 Old the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  7 Old the organization readword hold a conservation essensient, including assemble to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  8 Did the organization readword hold a conservation essensient, including assemble to provide advise the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  9 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, doth management, readit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV  11 If the organization's answer to any of the following quasitions is "Yes," then complete Schedule D, Part X in 11 II	1		-	v	
Dut the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Pos", complete Schedubic C, Part I Section Of()(2) organizations. Did the organization are section 501(1)) election in offect during the tax year? If "Yes", complete Schedubic C, Part II Is the organization as section SO1(1)) (3), or 501(2)(3) or 501(3), or 501(3) organization that roceives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-19? If "Yes", complete Schedubic C, Part II I Post organization and the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedubic P, Part II I Post organization receive or hold a consensual or assessment, and the organization receive or hold a consensual or assessment is preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedubic D, Part II I Post the organization receive or hold a consensual organization assessment, in the organization in report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or complete Schedubic D, Part II I Post the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or complete Schedubic D, Part II I Post the organization, directly or through a related organization, hold assests in term, permanent, or quasi-endowments? If "Yes," complete Schedubic D, Part V II Post the organization and amount for investments - organization and part X, line 12 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedubic D, Part X V, line 16? If "Yes," complete Schedubic D, Part X V, line 17 that is 16? I Post, "organization report an amount for investments - organization report an amount for other liabilities in Part X, line 19 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedubic D, Part X V, line 19 that organization services are assess i	_			I	<del> </del>
Sections Of (I)(S) organizations. bit the organization angage in lobbying activities, or have a section 501(t)) doction in effect during the tax year // "Yes," complete Schedule C, Parl //				-23	<del> </del>
during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization of section 501(c)(6), 501(c)(6), or 501(c)(6) or ganization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  5 IN / N  6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide active on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III  7 Did the organization receive or hold a conservation easement, inclusing assements to proserve open space, the environment, historic and areas, or historics structures II" "Yes," complete Schedule D, Part III  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part III  9 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 repeir, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part IV II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II  11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III  12 Did the organization report an amount for investments - other securities in Part X, line 10 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  13 Did the organization sport an amount for other assets in Part X, line 15 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  14 Did the organization sport an amount for other labilities in Part X, line 15 that is 5% or more of list total a	3	public office? If "Yes," complete Schedule C, Part I	3		Х
Is the organization a section S01(c)(4), S01(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II organization requires the interest of the provide active on the distribution or investment of amounts in such funds or accounts? Where donors have the right to provide active on the distribution or investment of amounts in such funds or accounts? Where donors have the right to provide active on the distribution or investment of amounts in such funds or accounts? Where complete Schedule D, Part II    Did the organization meintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II    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 perspir, or deat negotiation services? If "Yes," complete Schedule D, Part IV    Did the organization report an amount for labeling questions is "Yes," then complete Schedule D, Part IV    Did the organization report an amount for labeling questions is "Yes," then complete Schedule D, Part V, it is the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI    Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI    Did the organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI    Did the organization report an amount for other labelines in Part X, line 12? If "Yes," complete Schedule D, Part X    Did the organization proport an amount for other labelines in Part X, line 12? If "Yes," complete Schedule D, Part X    Did the organization organization or	4		4		x
smillar amounts as defined in Revenue Procedure 98.19 ff "Yes," complete Schedule C, Part III or provide advice on the distribution or investment of amounts in such funds or accounts where denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of "Yes," complete Schedule D, Part I of the organization meintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II of the organization meintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II of the organization meintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II of the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV of the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV of the organization report an amount for lad, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV of the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VI of the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI of the organization report an amount for other assets in Part X, line 29? If "Yes," complete Schedule D, Part X of the organization report an amount for other labilities in Part X, line 59? If "Yes," complete Schedule D, Part X of the organization in submit of the organization in submit of the organization in submit of the organization in part and amount for other labilities in Part X, line 59? If "Yes," complete Schedule D, Part X	E		<u> </u>		<u> </u>
provide advice on the distribution or Investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 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 8 Did the organization resort an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide 9 Did the organization directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 14 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 15 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V II 15 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V III 15 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V III 14 Did the organization in Schedule D, Part X IX III 15 Did the organization separate, independent audited financial statements for the tax year II "Yes," complete Schedule D, Part X III 15 Did the organization in separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III 14 Did the organization aschool described in section 170(b)(II)	5		5	N/	A
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 III S Ib did the organization maturat colloctions or works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part IV 9 JUNE or granization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X Y 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," organization's answer to any of the following questions is "Yes," then complete Schedule D, Part IV 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part IV, IVI, IVII, IV, IVI, IVI, IVI, IVI,	6				
Bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide crodit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV   9		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes, " complete Schedule D, Part I	6		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 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, debit management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 9 Did the organization, sectory or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V III Deat X, line 16? If "Yes, "complete Schedule D, Part V III Deat X, line 16? If "Yes," complete Schedule D, Part V III Line 15 If that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V III Deat X, line 16? If "Yes," complete Schedule D, Part V III Deat X, line 16? If "Yes," complete Schedule D, Part V III Line 16? If "Yes," complete Schedule D, Part V III Deat X, line 16? If "Yes," complete Schedule D, Part X, III Line 16? If "Yes," complete Schedule D, Part X, III Line 16? If "Yes," complete Schedule D, Part X, III Line 16? If Yes, and III the organization is liability for uncertain tax positions under INI 48 (ASC 740)? If "Yes," complete Schedule D, Part X, III Line 24 X III Line 16? III Line 16.	7		7		х
Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Ves," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, VIII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization insport an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization insport an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization insport an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization othal separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X  Was the organization of school described in section 17(0)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)			<u> </u>		<del> </del>
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Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV  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, Parts II and IV  16 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, Parts III and IV  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	13		13		
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operate one or more hospitals must attach audited financial statements (see instructions)20b	20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
operate one of more neophale made attach addition microtal otatements (essentially)	b				
		operate one or more hospitals must attach audited financial statements (see instructions)		000	<u></u>

Form 990 (2010) WITH DISABILITIES, INC.

Part IV Checklist of Required Schedules (continued)

100000000		T	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		Х
24a			<b>†</b>	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
b		24b		
С		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		х
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		х
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, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		Ī	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule 0	38	X	

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rai	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b		0			
С					
	(gambling) winnings to prize winners?		1c	ARTHUR THE SAME	***************************************
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 2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	L	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	, , , , , , , , , , , , , , , , , , , ,	-	5b		X
	, , , , , , , , , , , , , , , , , , , ,		5c		
6a					727
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		C1.		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	a navor2	7a		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	1	7a 7b		
			75		
С	to file Form 8282?		7c		Х
Ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requir	red?	7g	N/	A
		-	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the	/ear?	8		
9	Sponsoring organizations maintaining donor advised funds.				-13-14 13-14
а			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	/A	9b		
	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders N/A 11a				a Lagin Lag
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				and and
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				100
	Section 501(c)(29) qualified nonprofit health insurance issuers.	/A 1	13a		
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	(.f.t	iod		
	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
			anne and the second	990 (2	2010)

Form 990 (2010) WITH DISABILITIES, INC. 04-3625771 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					LA
Sec	tion A. Governing Body and Management					·
	1	ı	Į.	2	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		3		
b	Enter the number of voting members included in line 1a, above, who are independent	1b		ᆜ .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			_	x	
_	officer, director, trustee, or key employee?			. 2	A	ļ
3	Did the organization delegate control over management duties customarily performed by or under the					х
	of officers, directors or trustees, or key employees to a management company or other person?					X
4	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organization's ass				<del> </del>	X
5	<u> </u>				<del> </del>	X
6	Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more me			·  - <u>~</u> -	<del> </del>	<del></del>
7a	-			7a		X
h	governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions of the governing body subject to approval by members, stockholders, or other personal decisions or other personal decisions of the governing body subject to approval by members, and the governing body subject to approval by members are personal decisions of the governing body subject to approval by the governing body subject to approve the governing body subject to approve the				<b>†</b>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken			7.2		
Ů	by the following:		.9 ,			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?		***************************************	8b	X	<b></b>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	İ	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				.k	<b>4</b>
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	<i></i>		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chap	ters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?			10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before fil	ling t	he form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			15 W		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld gi	ve rise			
	to conflicts?			12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	'Yes,	" describe			
	in Schedule O how this is done			12c	X	ļ
13	Does the organization have a written whistleblower policy?			-	X	ļ
14	Does the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by	independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v
а	The organization's CEO, Executive Director, or top management official			15a	ļ	X
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements of the contribute assets to, or participate in a joint venture or similar arrangements.			40		Х
	taxable entity during the year?			16a		Δ
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate the organization adopted a written policy or procedure requiring the organization to evaluate the organization adopted a written policy or procedure requiring the organization to evaluate the organization adopted a written policy or procedure requiring the organization to evaluate the organization adopted a written policy or procedure requiring the organization to evaluate the organization adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization adopted a written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written policy or procedure requiring the organization adopted as written adopted as					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the orga			466		
Caa	exempt status with respect to such arrangements?	******		16b		Ĺ
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup FL$ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(EO1	(c)(3)e only) availah	le for		
18	public inspection. Indicate how you make these available. Check all that apply.	(501	(U)(U)S UI IIY) AVAIIAD	101		
	Dublic inspection, indicate now you make these available. Check all that apply.  X Own website Another's website X Upon request					
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflic	t of interest notice	and fine	ancial	
19	statements available to the public.	OTHE	a or microst policy,	und mid	ai iolai	
20	State the name, physical address, and telephone number of the person who possesses the books an	nd rea	cords of the organiz	ation:	<b>&gt;</b>	
2.0	TRAVIS FINCHUM - (727) 443-7898	10	25.30 0, a 10 019df 112		-	
	901 CHESTNIT ST. CLEARWATER, FL. 33756					

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Form 990 (2010) WITH DISABILITIES, INC. 04-36

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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	-	ŧ
Check if Schedule O contains a response to any question in this Part VII	L	l
		_

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's 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) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r	(B)	Γ			C)			(D)	(E)	(F)	
Name and Title	Average			Pos		า		Reportable	Reportable	Estimated	
rano and mo	hours per	(c				· app	ly)	compensation	compensation	amount of	
	week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
LARRY R. POTEET	1	-	<del> </del>	<del> </del>	<del> </del>						
PRESIDENT	6.00	X						0.	0.	0.	
TRAVIS FINCHUM				<del>                                     </del>		1					
SECRETARY/TREASURER	6.00	Х						0.	0.	0 .	
KATHY WILDER									_	_	
DIRECTOR	1.00	X			<u> </u>			0.	0.	0 .	
			<u> </u>	-	$\vdash$						
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									***************************************		
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Par	t VII Section A. Officers, Directors, Tr	ustees, Key Eı	npl	oyee	s, a	nd l	High	est	Compensated Employ	rees (continued)			
	(A)	(B) (C)					(D)	(E)		(F)			
	Name and title	Average	١,		Pos				Reportable	Reportable		Estimated	
		hours per week	(c	heck	c all t	that	app	iy)	compensation	compensati		amount of other	
		(describe	ž						from the	from relate organization		compensati	on
		hours for	Individual trustee or director				pa .			(W-2/1099-MI		from the	<i>J</i> 11
		related	tee or	ustee			ensat		(W-2/1099-MISC)	(**************************************	/	organizatio	n
		organizations	l trus	nstitutional trustee		oyee	Highest compensated employee					and related	t
		in Schedule	ividu	titutio	Officer	Key employee	hest	шен				organizatior	าร
		- O)	Ē	lus	₩	ş	울등	g.					
							<u> </u>	<u> </u>					
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		<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	J	0.		0.		0.
	Sub-total								0.		0.		$\frac{0}{0}$ .
	Total from continuation sheets to Part V								0.		0.		0.
	Total (add lines 1b and 1c)									000 in ronartak	1		-
2	Total number of individuals (including but r	not limited to tr	ose	IISTE	ea ai	DOV	e) wr	no r	eceived more than \$100	,,000 in reportat	ле		0
	compensation from the organization											Yes	No No
	Division of the state of the st	dinastan an tan	ntor	. ko		nla		ort	sighant componented or	mniovae on	1		
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s											3	X
	For any individual listed on line 1a, is the si								har compensation from				
4	and related organizations greater than \$15											4	X
E	Did any person listed on line 1a receive or	o,ooo! ii res,	neat	ion f	rom	anı	unn	elat	ted organization or indiv	idual for service	s		
5	rendered to the organization? If "Yes," con	accide compe aplete Schedul	n . L t	for si	uch	ners	son	Ciai	ica organization or man	14441101 0011100		5	X
Sec	tion B. Independent Contractors	prote corredu		0, 0,	3011	-							
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of cor	mpens	ation from	
•	the organization. NONE									,	•		
	(A)							T	(B)			(C)	
	Name and business	address							Description of s	services	C	ompensation	
												·	
								ı					
												,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
									Market Control of the				
	-												
2	Total number of independent contractors (		ot li	mite	d to		_	stec	d above) who received n	nore than			
	\$100,000 in compensation from the organi	zation 📂	***************************************				0						

Pa	rt VII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	1b 1c 1d ions) 1e ts, and ve 1f	269,353.				
no n	g			<u> </u>	269,353.			
0 6	<u>h</u>	Total. Add lines 1a-1f		T	209,333.			
Program Service Revenue	2 a b c d e	All other program service reve		Business Code				
		Total. Add lines 2a-2f		<u> </u>				
	3 4 5	Investment income (including other similar amounts) Income from investment of tal Royalties	dividends, inter x-exempt bond p	est, and  proceeds				
	b b	Gross Rents  Less: rental expenses  Rental income or (loss)  Net rental income or (loss)		(ii) Personal				
	7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
		Gain or (loss)						
Other Revenue		Net gain or (loss)	g events (not of 1c). See					
H He	b	Less: direct expenses						
Ō		Net income or (loss) from fund		L				
	9 a	Gross income from gaming ac Part IV, line 19 Less: direct expenses	ctivities. See					
	с 10 а	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	ning activities returns a					
		Net income or (loss) from sale						
ł		Miscellaneous Revenu		Business Code				A second
	11 a b c							
į		All other revenue						
	e 12	Total. Add lines 11a-11d Total revenue. See instructions.			269,353.	0.	0.	0.

#### Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must con	nplete column (A) but are	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	1 40 000	140 000		
	organizations in the U.S. See Part IV, line 21	148,800.	148,800.		
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	***************************************			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		1		
а	Management				
b	Legal	3,545.		3,545.	
С	Accounting	875.		875.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	361.		361.	
14	Information technology	250.		250.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			1 600	
23	Insurance	1,688.		1,688.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а					
b					
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	155,519.	148,800.	6,719.	0.
26	Joint costs. Check here  if following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
-					- 000 (0010)

Form 990 (2010)

		Balance Sheet	<u>, , , , , , , , , , , , , , , , , , , </u>		JOZJITI rage II
rd	11.7	Dalance Officer	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	3,193.	1	114,218.
	2	Savings and temporary cash investments			
	3	Pledges and grants receivable, net			
	1	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key		•	
	٦	employees, and highest compensated employees. Complete Part II	100		
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	\$1000 PERSON NAMED AND PROPERTY OF SECURITY SECU
ets	7	Notes and loans receivable, net	1	7	
Assets	8	Inventories for sale or use	1 1	8	
⋖	9	Prepaid expenses and deferred charges		9	
	ı	Land, buildings, and equipment: cost or other		1000	
		basis. Complete Part VI of Schedule D 10a			
	ь		2000 2000 CC 2	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1 7 107 1	16	114,218.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
jab		highest compensated employees, and disqualified persons. Complete Part II			
1		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	2 200	24	0.
	25	Other liabilities. Complete Part X of Schedule D	2 000	25 26	0.
A	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here and complete	2,003.	20	V .
ces	07	lines 27 through 29, and lines 33 and 34.		27	
<u>a</u>	27	Unrestricted net assets		28	
Ba	28	Temporarily restricted net assets		29	
pur	29	Permanently restricted net assets  Organizations that do not follow SFAS 117, check here			
ᄪ		complete lines 30 through 34.		****	
ts o	30	Capital stock or trust principal, or current funds	0.	30	0.
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	384.	32	114,218.
Se	33	Total net assets or fund balances	384.	33	114,218.
	34	Total liabilities and net assets/fund balances	3,193.	34	114,218.
		1 Can industrial of the tipe decease in a sense 1999 the property of the sense of t	<del>decented to the second to the</del>		Form 990 (2010)

Form **990** (2010)

## NATIONAL NON PROFIT FOR AMERICANS

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Separate basis Consolidated basis Both consolidated and separate basis

separate basis, consolidated basis, or both:

04-3625771 Page 12 Form 990 (2010) WITH DISABILITIES, INC. Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 269,353. Total revenue (must equal Part VIII, column (A), line 12) 1 155,519. 2 Total expenses (must equal Part IX, column (A), line 25) 2 113,834. 3 3 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 Other changes in net assets or fund balances (explain in Schedule O) 5 114,218. 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2c review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

Form 990 (2010)

За

3b

X

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL NON PROFIT FOR AMERICANS WITH DISABILITIES, INC.

Employer identification number 04-3625771

Part I	Reason	for Public Char	i <b>ty Status</b> (All organiz	ations mu	st comple	te this par	t.) See inst	tructions.				
The orga	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1			s, or association of churc					).				
2			'0(b)(1)(A)(ii). (Attach Sc									
з 🗔			tal service organization of		in section	170(b)(1)	A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital	's nam	e,
-1	city, and stat				•							
5 🔲			benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	t describ	ed in		
<b>J</b>	-	(b)(1)(A)(iv). (Comple				<b>,</b>	<b>3</b>					
6			ent or governmental unit	t describe	d in sectio	n 170(b)(1	D(Δ)(ν).					
6 L			eives a substantial part					or from the	generali	nublic desc	ribed in	า
<i>I</i> ————————————————————————————————————		b)(1)(A)(vi). (Comple		or its supp	ore nom a	9010111110	and dan c	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	90	, , , , , , , , , , , , , , , , , , , ,		
8 X	,		ection 170(b)(1)(A)(vi). (	Complete	Part II \							
9			eives: (1) more than 33 1			rom contri	hutions m	nembershii	n fees, ar	nd aross re	ceipts f	from
9			nctions - subject to certa									
	income and	uprolated business t	axable income (less sect	tion 511 ta	y) from hu	sinesses a	scauired b	v the orga	nization :	after June 3	30. 197	5.
		509(a)(2). (Complete			ing from bu	0.1000000	ioquirou b	, 110 0194			-,	
10 🔲			perated exclusively to te	st for nubl	ic safety S	See sectio	n 509(a)(4	1).				
11			perated exclusively for the						v out the	purposes o	of one c	or
			ations described in section									
			organization and comple				.,, 000 001		-/(-/			
	a Type	F	~~	Typ			egrated		d	Type III - (	Other	
е 🔲			at the organization is not			•	-	r more disc				n
6			han one or more publicly									
f			ten determination from t						(-)(-)		(-)(-)	
,		rganization, check th										
g			organization accepted ar						sons?			
9			irectly controls, either al								Yes	No
			upported organization?									
			n described in (i) above?									
			person described in (i) o									
h		•	about the supported org								h	
••	1 101100 010 1	0.10 (1.11, 1g 1.11 0.11 1.11 1.11 1.11		9	, ,							
(i) Name	e of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did you	notify the	(vi) Is	the	(vii) An	nount of	•
	anization	(11) (11)	organization	in col. (i) lis	sted in your	organizat	ion in col.	organizatio (i) organiza U.S.	on in col.   ed in the	. ,	port	
0.9	a, ii. Latio ii.		above or IRC section	governing	document?	(i) of your	support?	U.S.	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
		1										
												·····
									Commence of the Commence of th			
otal			A Section of the Control of the Cont									

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

Schedule A (Form 990 or 990-EZ) 2010

# Schedule A (Form 990 or 990-EZ) 2010 WITH DISABILITIES, INC. 04-36257 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	75,000.	4,032.		173,000.	269,353.	521,385.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				-		
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to				:		
	the organization without charge	1					
4	Total. Add lines 1 through 3	75,000.	4,032.		173,000.	269,353.	521,385.
	The portion of total contributions						
	by each person (other than a						
	• • •						
	• •						
							48,714.
6	overnmental unit or publicly upported organization) included in line 1 that exceeds 2% of the mount shown on line 11, olumn (f) 48,714.  In In In In It hat exceeds 2% of the mount shown on line 11, olumn (f) 472,671.  In I						
		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
				<u> </u>	173,000.	269,353.	521,385.
	***************************************						
Ŭ	r						
	-	1.924.	2,982.	4,857.			9,763.
9		, -	, , , , , , , , , , , , , , , , , , , ,				
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	· ·						
44							531.148.
		eta (see inetructio	one)			12	
						L	
13							
Sec							
				olumn (fl)		14	88.99 %
	Public support percentage from 2009						100.00 %
	33 1/3% support test - 2010.If the o						·
iva	stop here. The organization qualifies						
h	33 1/3% support test - 2009.If the o						
U	and stop here. The organization qual						L 1
170	10% -facts-and-circumstances tes						
17 a	and if the organization meets the "fac						
	<del>-</del>						
L	meets the "facts-and-circumstances"	_			-		
D	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a l	DOX OF THE 13, 168	a, 100, 17a, 01 17b		dula A (Form 990	

## Schedule A (Form 990 or 990-EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

	gadiny artaol the toole hotea.	Joiett, piedee cent	proco : arr iii				
	ction A. Public Support			•			<b>4</b>
	endar year (or fiscal year beginning in) ⊳	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
-			<b>_</b>				
5	The value of services or facilities		ĺ				
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	]					
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)					100	
	ction B. Total Support	<u> </u>					
Cale	endar year (or fiscal year beginning in) 📂	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		**************************************		ļ		
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part IV.)						
	First five years. If the Form 990 is for	the organization's	first second thin	d fourth or fifth to	l av vear as a secti	on 501(c)(3) organiz	ation
1-4	·			•	-		·
Sec	check this box and stop here	ic Support Pe	rcentage				
	Public support percentage for 2010 (I			olumn (fl)	<u></u>	15	%
	Public support percentage from 2009		•			16	<del>//</del> 0
	ction D. Computation of Inves					1.3 1	
	Investment income percentage for 20			e 13 column (fi)		17	%
	Investment income percentage from 2					18	<del></del>
	33 1/3% support tests - 2010. If the					L	
ıəd							1 13 1101
ı.	more than 33 1/3%, check this box at	-					
a	33 1/3% support tests - 2009. If the	•					
	line 18 is not more than 33 1/3%, che			•		•	
∠U	Private foundation. If the organization	a olo not check a '	oox on ine 14. 198	i. or 190. Check th	us dox and see in	ISUUCHONS	- L

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number Name of the organization NATIONAL NON PROFIT FOR AMERICANS 04-3625771 WITH DISABILITIES, INC. Organization type (check one):

Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your organization in Note. Only a section 501(c)	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.						
Special Rules							
509(a)(1) and 170(	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
aggregate contribu	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, utions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or cruelty to children or animals. Complete Parts I, II, and III.						
contributions for u If this box is check purpose. Do not c	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. sed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year.						
Caution. An organization to	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify						

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization
NATIONAL NON PROFIT FOR AMERICANS
WITH DISABILITIES, INC.

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$\$22,478.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2			Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3			Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4			Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$14,990.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6		\$ 12,385.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Name of organization NATIONAL NON PROFIT FOR AMERICANS WITH DISABILITIES, INC.

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
No. 8	Name, address, and Zir + 4	\$ 11,292.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9		\$10,978.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11		\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12		\$ 8,757. Schedule B (Form	Person X Payroll

Name of organization NATIONAL NON PROFIT FOR AMERICANS WITH DISABILITIES, INC.

Employer identification number

Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d)
No. 13	Name, address, and ZIP + 4	Aggregate contributions  \$ 6,550.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14		\$ 6,415.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15		\$6,001.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16		\$5,634.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
023452 12-23-		\$\$Schedule B (Form)	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page of Part II Employer identification number

#### Name of organization NATIONAL NON PROFIT FOR AMERICANS WITH DISABILITIES, INC.

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	000 000 FT 000 DEV(0040)
		0 1 4 1 5 7 1	100 000 F7 000 NEV (0040)

of Part III Page Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Employer identification number Name of organization NATIONAL NON PROFIT FOR AMERICANS 04 - 3625771WITH DISABILITIES, INC. Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating Part III more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$ (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (c) Use of gift (d) Description of how gift is held from Part I (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held from Part I (c) Use of gift (b) Purpose of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

#### SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Open to Public Inspection

Name of the organization NATIONAL WITH DISA		T FOR AMERI	CANS				Employer identification number 04-3625771
Part I General Information on Grants a							
<ol> <li>Does the organization maintain records criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?						tion X Yes No
Part II Grants and Other Assistance to	Governments an	d Organizations in th	e United States. C	omplete if the org	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than	<del>                                     </del>		~			<del></del>	
(a) Name and address of organization     or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGHTHOUSE OF PINELLAS, INC. 6925 112TH CIRCLE N, STE 103 LARGO, FL 33773	23-7042938	501(C)(3)	10,000.	0.	N/A	n/A	SUPPORT PROGRAMS FOR THE BLIND OR VISUALLY IMPAIRED
THE CHILDREN'S HOME, INC. 10909 MEMORIAL HWY TAMPA, FL 33685-2229	59-0696284	501(C)(3)	15,000.	0.	N/A	n/A	SUPPORT FOR CHILD WELFARE PROGRAMS
OFFICE OF PUBLIC GUARDIAN, INC. 2292 WEDNESDAY ST, STE 1 TALLAHASSEE, FL 32308	16-1652866	501(C)(3)	50,000.	0.	N/A	N/A	SUPPORT TO ASSIST INDIGENT GUARDIAN CASES
GUARDIAN OFFICE OF THE TENTH CIRCUIT, INC P.O. DRAWER 1000 - WINTER HAVEN, FL 33882-1000	90-0413256	501(C)(3)	15,000.	0.	N/A	N/A	SUPPORT FOR GUARDIANSHIP PROGRAMS
NAMI PINELLAS COUNTY, FLORIDA, INC 466 94TH AVE N - ST PETERSBURG, FL 33702	59-2819044	501(C)(3)	10,800.	0,	N/A	N/A	SUPPORT FOR PROGRAMS TO IMPROVE THE LIVES OF THOSE LIVING WITH SERIOUS MENTAL ILLNESSES
OFFICE OF PUBLIC GUARDIAN, INC. 2292 WEDNESDAY ST, STE 1 TALLAHASSEE, FL 32308	16-1652866	501(C)(3)	35,000.	0.	N/A	N/A	EDUCATIONAL SUPPORT TO ASSIST AND TRAIN FAMILY GUARDIANS
<ul> <li>Enter total number of section 501(c)(3) a</li> <li>Enter total number of other organization</li> </ul>						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6.

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FUTURE CHAMPIONS GOLF TOUR 001 PEARCE DR #303 LEARWATER, FL 33764	37-1612203	501(C)(3)	10,000.	0.	N/A	N/A	SUPPORT FOR GOLF PROGRAM FOR UNDERPRIVILEGED CHILDREN
	·						
							Schedule I (Form 9

## NATIONAL NON PROFIT FOR AMERICANS

WITH DISABILITIES, INC.

04-3625771

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (e) Method of valuation (book, FMV, appraisal, other) (c) Amount of (d) Amount of non-(f) Description of non-cash assistance recipients cash grant cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. SCHEDULE I, PART I, LINE 2: THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS BY REQUESTING PERIODIC REPORTS FROM THE RECIPIENT ORGANIZATIONS WITH RESPECT TO THEIR UTILIZATION OF THE GRANT.

Schedule I (Form 990) (2010)

Page 2

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

NATIONAL NON PROFIT FOR AMERICANS WITH DISABILITIES, INC.

Employer identification number 04-3625771

WITH DISABILITIES, INC.	04-3625771
FORM 990, PART VI, SECTION A, LINE 2: THE BOARD PRESIDENT	, LARRY POTEET,
AND SECRETARY/TREASURER, TRAVIS FINCHUM, ARE CO-OWNERS OF	A CORPORATION AND
THEREBY HAVE A BUSINESS RELATIONSHIP.	
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S	FORM 990 IS
REVIEWED BY THE GOVERNING BODY AND LEGAL COUNSEL AT A SCH	EDULED MEETING
PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C: ALL TRANSACTIONS	RESULTING IN
POTENTIAL OR PERCEIVED CONFLICTS OF INTEREST MUST BE FULL	Y DISCLOSED TO THE
BOARD OF DIRECTORS UPON DISCOVERY AND SHALL AT ALL TIMES	REMAIN AVAILABLE
TO THE BOARD FOR EXAMINATION.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINA	ANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART VI, SECTION B, LINES 15A & 15B:	
THE ORGANIZATION DOES NOT PAY COMPENSATION THEREFORE POLICE	CIES RELATED
TO THE REVIEW AND APPROVAL OF COMPENSATION PACKAGES DO NO	r APPLY.

#### AMENDED RETURN STATEMENT

FORM 990 IS BEING AMENDED TO CORRECT THE AMOUNT OF PLEDGES RECEIVABLE
REPORTED ON PART X, LINE 3. CHARITABLE CONTRIBUTIONS REPORTED ON PART

VIII, LINE 1F DECREASED BY \$544,841 AS A RESULT OF THE CHANGE.

Schedule O (Form !	990	or 990-E	EZ) (2	2010)									Page 2
Name of the organi	izati	on N	AT.	CONAL	NON I	PROFIT	r for amer	ICAI	NS			Employ 0 4	yer identification number 1-3625771
SCHEDULES	A	AND	В	HAVE	ALSO	BEEN	CORRECTED	AS	A	RESULT	OF	THE	CHANGE.
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#### SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990.

➤ See separate instructions.

OMB No. 1545-0047 2010
Open to Public
Inspection

Name of the organization

NATIONAL NON PROFIT FOR AMERICANS WITH DISABILITIES, INC.

Employer identification number 04-3625771

Part I Identification of Disregarded Entities (Complet	e if the organization answered "Yes"	to Form 990, Part IV, line 33	.)						
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total incor	(e) me End-of-year		(f)  Direct control entity			
							with the same of t		
							***************************************		
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	ations (Complete if the organization a	answered "Yes" to Form 990	, Part IV, line 34 b	ecause it had one	or more re	elated tax-exer	mpt		
(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		contr	(g) 512(b)(13) trolled ntity?	
· ·		,,		501(c)(3))			Yes	No	

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)																
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	ng Predominant income Share of total income	me Share of total d, income		ne Share of total I, income	Share of total income	Share of total Sincome end	Share of total income	Share of end-of-year assets	Disproportion- ate allocations?		)		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o managing partner?	Percentage ownership									
		foreign country)		sections 512-514)		accets	Yes	No	K-1 (Form 1065)	Yes No																	
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PartilV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
GUARDIAN POOLED TRUST - 20-7113752							
901 CHESTNUT ST, STE C	QUALIFIED DISABILITY						
CLEARWATER, FL 33756	TRUST	FL	N/A	TRUST	N/A	N/A	N/A
ELITE TRUST SERVICES, INC 27-0782795							
901 CHESTNUT ST, STE C							
CLEARWATER, FL 33756	TRUST SERVICES	FL	N/A	S CORP	N/A	N/A	N/A
		<del> </del>					
	•						

Part V	Transactions With Related Organizations	(Complete if the organization answered	d "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36	i.)

		····					
	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				SAN THE RESERVE	Yes	No
	During the tax year, did the organization engage in any of the following transactions						
	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to other organization(s)				1b		X
	Gift, grant, or capital contribution from other organization(s)				1c	ļ	Х
d	Loans or loan guarantees to or for other organization(s)				1d		Х
е	Loans or loan guarantees by other organization(s)				1e		X
f	Sale of assets to other organization(s)	*************************			1f		X
	Purchase of assets from other organization(s)				1g		X
h	Exchange of assets	***************************************			1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)		***************************************		1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)				<u>1j</u>		X
k	Performance of services or membership or fundraising solicitations for other organi	ization(s)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1k		X
	Performance of services or membership or fundraising solicitations by other organic				11		X
	Sharing of facilities, equipment, mailing lists, or other assets				1m	X	
	Sharing of paid employees				1n		X
0	Reimbursement paid to other organization for expenses				10		X
	Reimbursement paid by other organization for expenses				1p		X
•							
а	Other transfer of cash or property to other organization(s)				1q		X
	Other transfer of cash or property from other organization(s)				1r		X
	If the answer to any of the above is "Yes," see the instructions for information on w						
	(a)	(b)	(c)	(d)			
	Name of other organization	Transaction	Amount involved	Method of determining			
		type (a-r)		amount involved			
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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN	<b>(b)</b> Primary activity	(c) Legal domícile	Are all pection organiz		(e) Share of end-of-	(f) Disproper		oropor- onate ations? Code V-UBI amount in box 20 of Schedule K-1		n) eral or aging :ner?
of entity		(state or foreign			year assets	tionate allocations?				
		country)	Yes	No		Yes	No	(Form 1065)	Yes	No
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