Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

16 Other expenses (describe See Statement 2 17 Total expenses. Add lines 10 through 16 17 184, 916. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 10, 030. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Net assets or fund balances (attach explanation) 20 19 Net assets or fund balances at end of year Combine lines 18 through 20 21 48, 555. 10 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. 10 See the instructions for Part II (A) Beginning of year (B) End of year 20 Cash, savings, and investments 36,593. 22 57,173. 21 Statement 3 2,076. 24 1,817. 22 Cash assets (describe See Statement 3 2,076. 24 1,817. 25 Total assets 38,669. 25 58,990. 26 Total liabilities (describe See Statement 4) 144. 26 10,435. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 38,525. 27 48,555.	Α	For t	he 2009 calendar	year, or tax year beg	inning	, 2009, ar	nd en	ding	7-		
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II) (A) Beginning of year (B) End of year	$\sum_{i} \frac{1}{2}$	20	Other changes in	n net assets or fund b	oalances (attach explana	ation)			l	20	
(See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 36,593. 22 57,173. 23 Land and buildings 23 24 Other assets (describe ► See Statement 3) 2,076. 24 1,817. 25 Total assets 38,669. 25 58,990. 26 Total liabilities (describe ► See Statement 4) 144. 26 10,435. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 38,525. 27 48,555.		21	Net assets or fur	nd balances at end of	f year Combine lines 18	through 20			>	21	48,555.
(See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 36,593. 22 57,173. 23 Land and buildings 23 24 Other assets (describe ► See Statement 3) 2,076. 24 1,817. 25 Total assets 38,669. 25 58,990. 26 Total liabilities (describe ► See Statement 4) 144. 26 10,435. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 38,525. 27 48,555.	P	art II					or mo	re, file Form 9	90 ınste	ad of	Form 990-EZ.
22 Cash, savings, and investments 36,593. 22 57,173. 23 Land and buildings 23 24 Other assets (describe ► See Statement 3) 2,076. 24 1,817. 25 Total assets 38,669. 25 58,990. 26 Total liabilities (describe ► See Statement 4) 144. 26 10,435. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 38,525. 27 48,555.											
23 23 24 Other assets (describe ► See Statement 3) 2,076. 24 1,817. 25 Total assets 38,669. 25 58,990. 26 Total liabilities (describe ► See Statement 4) 144. 26 10,435. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 38,525. 27 48,555.	2	2 Ca	sh, savings, and i	•						$\overline{}$	
24 Other assets (describe ► See Statement 3) 2,076. 24 1,817. 25 Total assets 38,669. 25 58,990. 26 Total liabilities (describe ► See Statement 4) 144. 26 10,435. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 38,525. 27 48,555.			• •							$\overline{}$	· · · · · · · · · · · · · · · · · · ·
25 Total assets 38,669.25 58,990. 26 Total liabilities (describe ► See Statement 4) 144.26 10,435. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 38,525.27 48,555.			•	be ► See State	ement 3)			2,076	o	1,817.
26 Total liabilities (describe ► See Statement 4)144. 2610, 435.27 Net assets or fund balances (line 27 of column (B) must agree with line 21)38, 525. 2748, 555.						.*					
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 38,525. 27 48,555.				cribe ► See Stat	tement 4)					
								31			
									,	,	Form 990-EZ (2009)

Form	990-EZ (2009) KLINEFELTER SYN	DROME & ASSOCIATES			<u>-039</u>	5993	Page 2
Par	Statement of Program Se	vice Accomplishments	(See the instruction	vnc)		Evnences	
	is the organization's primary exempt purpose? See				(Regi	uired for section (3) and (4) (3) and section and section and sections and sections and sections)	1
Desc	who what was achieved in carrying out the	e organization's exempt purp	oses In a clear and co	ncise manner,	organ	nizations and se	ction
desc	who what was achieved in carrying out the ribe the services provided, the number of	persons benefited, or other	relevant information for	each	4947	(a)(1) trusts, op	tional
progi	ram title			NDDOME	101 01		
28	THE CONTINUING SUPPORT FO	R THE RESEARCH OF	KLINEFELTER 21	NDROME			
	(Grants \$) If th	is amount includes foreign gr	rants, check here	>	28 a	152,	273.
29							
					1		
					29 a		
	(Grants \$) If the	is amount includes foreign gi	rants, cneck nere		29 a		
30							
	(Grants \$) If the	is amount includes foreign gi	rants, check here	>	30 a		
31	Other program services (attach schedule	e)					
		nis amount includes foreign gi	rants, check here	▶	31 a		
32	Total program service expenses (add I	nes 28a through 31a)		•	32	152	,273.
	t-IV List of Officers, Directors		plovees. List each or	ne even if not con	npensa	ated (See the i	nstrs)
		(b) Title and average hours		(d) Contributions		(e) Expense a	ccount
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allow	wances
		to position		deferred compensa	ation		
]					
See	Statement 6	1	51,600.		0.		0.
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Pa	rt v Other information (Note the statement requirements in the insus for Part v.) See Sta	сеше		<u>/</u>
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
i	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		X
1	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. b Did the organization file Form 1120-POL for this year?	37 b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9. N/A			
	b Gross receipts, included on line 9, for public use of club facilities N/A			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ►			
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed CA	—		
42	a The organization's			
	books are in care of ► JIM MOORE Located at ► P.O. BOX 461047 AURORA CO ZIP + 4 ► 80046	99-9 -104	428 7	
	h At any time divine the colonidar year did the arranged on house an interest in an a constitute or other outbooks over a		Yes	No
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	42 b		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			_ <u></u> _
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		<u>X</u>
	If 'Yes,' enter the name of the foreign country.			
			_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year .		▶ ∐	N/A N/A
			Yes	No
AA	Did the expensive mention any dense advised funds 2 if West Form 000 must be several-test under the	Г	1.53	1
44	of Form 990-EZ	44	<u> </u>	Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		x
BA	TEEA0812L 01/30/10 Fo	rm 99 0)-EZ	(2009)

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Form 990-EZ (2009)

Part VI	Section 501(c)(3) organization 501(c)(3) organizations and see 46-49b and complete the tables	ction 4947(a)(1) no	nexempt charitable	charitable trusts only. e trusts must answer o	All se uestio	ction ns	
46 Did t	the organization engage in direct or indire	ct political campaign ag	ctivities on behalf of or	in opposition to candidates		Yes	No
	the organization engage in direct or indire public office? If 'Yes,' complete Schedule (X
	the organization engage in lobbying activi				47		X
	e organization a school as described in se		•	edule E	48		X
	the organization make any transfers to an	•	related organization?		49 a		X
	es,' was the related organization a section	-					
50 Com emp	plete this table for the organization's five loyees) who each received more than \$10	0,000 of compensation	from the organization	If there is none, enter 'Nor	ie '		
(a	n) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	accou	pense int and lowance:	s
None_							
f Tota	I number of other employees paid over \$	100,000		· · · · · · · · · · · · · · · · · · ·			
51 Com	plete this table for the organization's five pensation from the organization. If there i	highest compensated is none, enter 'None'	ndependent contractor	s who each received more t	han \$10	00,000	of
		,					
	(a) Name and address of each independent cont)	(b) Type of service	(c) Com	pensatio	าก
None	(a) Name and address of each independent cont			(b) Type of service	(c) Com	pensatio	n
None	(a) Name and address of each independent cont			(b) Type of service	(c) Com	pensatio	on
None	(a) Name and address of each independent cont			(b) Type of service	(c) Com	pensatio	on .
None	(a) Name and address of each independent cont			(b) Type of service	(c) Com	pensatio	nn
	(a) Name and address of each independent cont	ractor paid more than \$100,000		(b) Type of service	(c) Com	pensatio	in .
		ractor paid more than \$100,000	100,000	ements, and to the best of my knowle			
	Il number of other independent contractor	ractor paid more than \$100,000	100,000 pmpanying schedules and state all information of which prepa	ements, and to the best of my knowle			
d Tota Sign Here	Under penaltes of perjury, I declare that I have exant true, correct, and complete Declaration of preparer signature of officer Signature of officer Type or print name and title	s each receiving over \$	100,000 pmpanying schedules and state all information of which prepa	ements, and to the best of my knowle rer has any knowledge Date Check if Self.	dge and b	elief, it i	s
Sign Here	Under penalties of perjury, I declare that I have example true, correct, and complete Declaration of preparer of Signature of officer Figure Patrick S. Guzman & Gray,	s each receiving over \$ mined this return, including according than officer) is based on The state of the s	100,000 Impanying schedules and state all information of which preparation of the prepar	ements, and to the best of my knowle rer has any knowledge Date Check if self-employed N/A	dge and b	elief, it i	s
d Tota Sign Here Paid Pre-	Under penalties of perjury, I declare that I have example true, correct, and complete Declaration of preparer of Signature of officer Figure Patrick S. Guzman & Gray,	s each receiving over \$ nined this return, including according than officer) is based on XEL XCCU AN, CPA Certified Publ: Coast Highway	100,000 Impanying schedules and state all information of which preparation of the prepar	ements, and to the best of my knowler rer has any knowledge Date Check if See self-employed N/A	dge and b	elief, it i	s

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Name o	of the organization							Employer	ıdentificat	ion number	
KLI	NEFELTER SYNDRO	ME & ASSOCIAT	ES					33-03	<u> 395993</u>	<u> </u>	_
Part	I Reason for Pul	olic Charity Statu	s (All organizations	must c	omple	te this	part.)	See ir	<u>nstructi</u>	ons	_
The o	rganization is not a priv	ate foundation becau	se it is: (For lines 1 thro	ugh 11,	check o	nly one	box)				
1	A church, convention	on of churches or asso	ociation of churches desc	cribed in	section	170(b)	(i)(A)(I)				
2	A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	Ξ)							
3	_		organization described		on 170(l)(1)(A)(iii).				
4			d in conjunction with a h					0(b)(1)(A	()(iii) En	iter the hospital's	
•	name, city, and sta	=	, .							·	
5		erated for the benefit	of a college or university	owned	or oper	ated by	a gover	nmental	unit des	scribed in section	
6 7	An organization that		governmental unit descri substantial part of its su art II.)					t or from	the ger	neral public described	t
8	A community trust	described in section 1	170(b)(1)(A)(vi). (Comple	te Part I	1)						
9	from activities related	d to its exempt function	more than 33-1/3 % of its s s – subject to certain exce ss taxable income (less omplete Part III.)	entions a	and (2) n	o more t	han 33-	1/3 % of	its suppo	ort from aross	
10	_ ,	, ,	exclusively to test for pu		•			• •			
11	more publicly supp	orted organizations d	exclusively for the beneflescribed in section 509(attion and complete lines	a)(1) or	section	509(a)(2	ctions o 2) See	of, or car section	rry out th 509(a)(3	ne purposes of one o). Check the box tha	r it
	a Type I	b Type II	c Type III	l — Fund	tionally	ıntegrat	ted		d 🗌	Type III- Other	
е	By checking this both than foundation ma 509(a)(2)	ox, I certify that the or inagers and other tha	ganization is not controll n one or more publicly s	led direc upportec	tly or in d organi	directly zations	by one describe	or more ed in sec	disquali ction 509	fied persons other $\theta(a)(1)$ or section	
f	If the organization check this box	received a written det	ermination from the IRS	that is a	Type I	Type II	or Typ	e III sup	porting (organization,]
g	Since August 17, 2	006, has the organiza	tion accepted any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	Yes No	_
	(i) a person who below, the go	directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d ın (ıı) a	and (III)	11 g (i)	<u>'</u>
	(ii) a family mem	ber of a person desc	ribed in (i) above?							11 g (ii)	_
	(iii) a 35% contro	lled entity of a person	described in (i) or (ii) a	bove?						11 g (iii)	_
h	Provide the following	ng information about t	he supported organization	ons.							_
	(i) Name of Supported Organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in cold in your erning ment?	the organ	ou notify ization in (i) of upport?	organizat	s the ion in col zed in the S ?	(vii) Amount of Support	
				Yes	No	Yes	No	Yes	No		
				<u> </u>							_
				$oxed{oxed}$							_
				<u> </u>	<u> </u>						_
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Total											

Schedule A (Form 990 or 990-EZ) 2009 KLINEFELTER SYNDROME & ASSOCIATES 33-0395993

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

	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1)			<u></u>
Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	80,515.	109,018.	135,919.	87,390.	141,546.	554,388.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4	Total. Add lines 1-through 3	80,515.	109,018.	135,919.	87,390.	141,546.	554,388.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						194,908.
6	Public support. Subtract line 5 from line 4						359,480.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	80,515.	109,018.	135,919.	87,390.	141,546.	554,388.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources			2.	11.	10.	23.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV		8,702.	13,157.	13,305.	300.	35,464.
11	Total support. Add lines 7 through 10						589,875.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	s a section 501(c)((3)
	tion C. Computation of Pu						
	Public support percentage for 20	· ·		e 11, column (f).		14	60.9%
15	Public support percentage from	2008 Schedule A,	Part II, line 14			15	70.6%
16	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a put	not check the bo olicly supported or	x on line 13, and ganization	the line 14 is 33	-1/3 % or more, ch	neck this box ► X
١	33-1/3 support test — 2008. If th and stop here. The organization	e organization did qualifies as a pub	not check a box of blicly supported or	on line 13, or 16a ganization.	i, and line 15 is 3	3-1/3% or more, c	heck this box
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	re. Explaın ın Part	IV how
ſ	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	r e. Explain in Part	15 is 10% IV how the
18	Private foundation. If the organ	ization did not che	ck a box on line,	13, 16a <u>,</u> 16b, 17a	a, or 17b, check the	nis box and see in	structions -
BAA					Sc	hedule A (Form 99	90 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the vear c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form sımılar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add tns 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule A	(Form 990 or 990-EZ) 2009	KLINEFELTER	SYNDROME	& ASSOCIA	TES 33-0395993	Page 4
Part IV	Supplemental Informa	ation. Complete th	is part to p	rovide the ex	planations required by Part II, I additional information. See instr	ne 10;
	Part II, line 17a or 17b	; and Part III, line	12. Provid	e any other a	additional information. See instr	uctions.
-	·	<u> </u>				
		·				
						

2009 ·	Federal Statements	Page 1
	KLINEFELTER SYNDROME & ASSOCIATES	33-0395993
Statement 1 Form 990-EZ, Part I, Line 8 Other Revenue BOD RETREAT REFUND	\$ Total \$	200. 100. 300.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses BANK CHARGES COMPUTER EXPENSES Conferences, Convention Depreciation Insurance INTERNET CHARGES OTHER EXPENSES SUBSCRIPTIONS SUPPLIES TELEPHONE	\$ s, and Meetings Total \$	656. 66. 72,723. 259. 2,264. 2,432. 16,764. 400. 1,586. 2,524. 99,674.
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets Machinery and Equipment Prepaid Expenses and De	Beginning	Ending 517. 1,300. 1,817.
Statement 4 Form 990-EZ, Part II, Line 26 Total Liabilities Accounts Payable and Ac SALES TAX PAYABLE	Beginning	Ending 10,435. 0. 10,435.
Statement 5 Form 990-EZ, Part III Organization's Primary Exem	pt Purpose	

FOUNDED IN 1989, KS&A'S MISSION IS TO HELP INDIVIDUALS WITH KLINEFELTER SYNDROME (ONE OR MORE EXTRA X AND/OR Y CHROMOSOMES) AND THEIR FAMILIES LEAD FULLER AND MORE PRODUCTIVE LIVES BY RAISING AWARENESS OF THE DISEASE, EDUCATING MEDICAL PROFESSIONALS, FOSTERING RESEARCH, AND PROMOTING EARLY DIAGNOSIS AND TREATMENT.

Federal Statements

Page 2

KLINEFELTER SYNDROME & ASSOCIATES

33-0395993

Statement 6 Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Account/
MYRA BYRD P.O. BOX 461047 AURORA, CO 80046-1047	Chairman 9 15.00	0.	\$ 0.	\$ 0.
LENNIE WILSON P.O. BOX 461047 AURORA, CO 80046-1047	VICE CHAIRMAN 5.00	0.	0.	0.
SHIELA CLARK P.O. BOX 461047 AURORA, CO 80046-1047	Secretary/Treas 5.00	0.	0.	0.
MELISSA A. AYLSTOCK P.O. BOX 461047 AURORA, CO 80046-1047	FOUNDING DIR. 5.00	0.	0.	0.
DON AVERY P.O. BOX 461047 AURORA, CO 80046-1047	Director 5.00	0.	0.	0.
WYLIE HEMBREE P.O. BOX 461047 AURORA, CO 80046-1047	Director 5.00	0.	0.	0.
SANDRA MARSHALL-HENSON P.O. BOX 461047 AURORA, CO 80046-1047	Director 5.00	0.	0.	0.
ROBERT H. SHELTON P.O. BOX 461047 AURORA, CO 80046-1047	Director 5.00	0.	0.	0.
KRISTY MUYSSON P.O. BOX 461047 AURORA, CO 80046-1047	Director 5.00	0.	0.	0.
AMY TURIFF P.O. BOX 461047 AURORA, CO 80046-1047	Director 5.00	0.	0.	0.
LAURENCE LUNDBERG P.O. BOX 461047 AURORA, CO 80046-1047	Director 5.00	0.	0.	0.
JIM MOORE P.O. BOX 461047 AURORA, CO 80046-1047	Executive Direc 40.00	51,600.	0.	0.

2009 ·	Federal Statements	Page 3
	KLINEFELTER SYNDROME & ASSOCIATES	33-0395993
Statement 6 (continued) Form 990-EZ, Part IV List of Officers, Directors,	Trustees, and Key Employees	
Name and Add	Title and Contri- Average Hours Compen- bution to ress Per Week Devoted sation EBP & DC	Expense Account/ Other
LESLIE PETRUK P.O. BOX 461047 AURORA, CO 80046-1047	Director \$ 0. \$ 0. 5.00	\$ 0.
	Total \$ 51,600. \$ 0.	\$ 0.

009	Schedule	A, Part IV	- Supplei	mental Inforn	nation	Page
•		(LINEFELTER S	SYNDROME 8	ASSOCIATES		33-039599
Part II, Line 10 - C	Other Income					
Nature and Sou	ırce	2009	2008	2007	2006	2005
BOD RETREAT REFUNDS		200.	13,221. 84.	13,157.	8,702.	
KET UNDS	Total 🕸	100. 300. \$	13,305.	\$ 13,157.	8,702. \$	0.

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