

**Return of Organization Exempt From Income Tax**

**2009**

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)

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

**Open to Public Inspection**

**For the 2009 calendar year, or tax year beginning , 2009, and ending ,**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	<b>C</b> THE MEDICAL ASSISTANCE FOUNDATION, INC. 1710 SOUTH MAIN STREET FAIRFIELD, IA 52556	<b>D</b> Employer Identification Number 42-1522461
		<b>F</b> Name and address of principal officer: SAME AS C ABOVE	<b>E</b> Telephone number 641-472-2735
		<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>G</b> Gross receipts \$ 115,354.
		<b>J</b> Website: ▶ N/A	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of Formation: 2002 <b>M</b> State of legal domicile: IA

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO HELP INDIVIDUALS FACING EXTRAORDINARY MEDICAL EXPENSES AS A RESULT OF ILLNESS OR ACCIDENT.</u>		
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	3
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	0
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	103,712.	115,354.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	103,712.	115,354.
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	100,517.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		115.	128,873.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		100,632.	128,873.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,080.	-13,519.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	23,044.	9,526.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	0.	0.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer _____ <b>STEPHEN TERRY</b> Type or print name and title.	Date	_____ PRESIDENT
<b>Paid Preparer's Use Only</b>	Preparer's signature	_____ <b>ALAN J. BALMER</b>	Date _____
	Firm's name (or yours if self-employed), address, and ZIP + 4	BALMER NELSON VAN MERSBERGEN 504 N. 4TH ST, STE 302 FAIRFIELD, IA 52556	Check if self-employed <input type="checkbox"/>
			Preparer's identifying number (see instructions) P00545288
		EIN ▶ 42-1309351	Phone no. ▶ (641) 472-4773

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No