

Return of Organization Exempt From Income Tax

2010

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)

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning , 2010, and ending ,

B Check if applicable:

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C THE MEDICAL ASSISTANCE FOUNDATION, INC.
 1710 SOUTH MAIN STREET
 FAIRFIELD, IA 52556

D Employer Identification Number
 42-1522461

E Telephone number
 641-472-2735

F Name and address of principal officer:
 SAME AS C ABOVE

G Gross receipts \$ 74,607.

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If 'No,' attach a list. (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶

L Year of Formation: 2002

M State of legal domicile: IA

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 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>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	115,354.	74,607.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	115,354.	74,607.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		128,873.	1,727.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	128,873.	67,899.	
19 Revenue less expenses. Subtract line 18 from line 12	-13,519.	6,708.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	9,526.	16,234.
	22 Net assets or fund balances. Subtract line 21 from line 20	0.	0.
		9,526.	16,234.

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.

Sign Here

Signature of officer: STEPHEN TERRY Date: _____
 Type or print name and title: PRESIDENT

Paid Preparer Use Only

Print/Type preparer's name: ALAN J. BALMER Preparer's signature: ALAN J. BALMER Date: _____
 Check if self-employed PTIN: P00545288

Firm's name: ▶ BALMER NELSON VAN MERSBERGEN
 Firm's address: ▶ 504 N. 4TH ST, STE 302 FAIRFIELD, IA 52556
 Firm's EIN: ▶ 42-1309351
 Phone no.: (641) 472-4773

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