

Form CHAR500 This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	2009 Open to Public Inspection
1. General Information		
a. For the fiscal year beginning (mm/dd/yyyy) <u>1/01</u> / 2009 and ending (mm/dd/yyyy) <u>12/31/2009</u>		
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization	
	VASCULAR BIRTHMARKS FOUNDATION INC.	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite
	P O BOX 106	
	City or town, state or country and zip + 4	
LATHAM, NY 12110-0106		d. Fed. employer ID no. (EIN) (##-####-####) 16-1515227 e. NY State registration no. (###-###-###) 06-31-64 f. Telephone number 518-782-9637 g. Email HVBF@AOL.COM

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	 Signature	Linda Powell Printed Name	11/6/2010 Date
b. Chief Financial Officer or Treasurer	 Signature	Lauren M. Palmatier Printed Name	Administrator Title 11/11/10 Date

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)	Check → <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal and contributions from all sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.
b. EPTL annual report exemption (EPTL registrants and dual registrants)	Check → <input type="checkbox"/> if gross receipts did not exceed \$25,000 and the assets (market value) did not exceed \$25,000 at any time during this fiscal year.
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State?	Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)?	Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4b.	

5. Fee Submitted: See last page for summary of fee requirements.	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee	\$ 10.
b. EPTL filing fee	\$ 50.
c. Total fee	\$ 60.
Submit only one check or money order for the total fee, payable to "NYS Department of Law"	

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see page 4 for required attachments	▶
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5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type Fee Instructions

- **Article 7-A** Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL** Calculate the EPTL filing fee using the table in **part b** below. the Article 7-A filing fee is \$0.
- **Dual** Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a **single** check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments – Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All FilersFiling Fee

☒ Single check or money order payable to 'NYS Department of Law'

Copies of Internal Revenue Service Forms

☐ **IRS Form 990**

☐ All required schedules (including Schedule B

☐ IRS Form 990-T

☒ **IRS Form 990-EZ**

☒ All required schedules (including Schedule B

☐ IRS Form 990-T

☐ **IRS Form 990-PF**

☐ All required schedules (including Schedule B

☐ IRS Form 990-T

Additional Article 7-A Document Attachment RequirementIndependent Accountant's Report

☐ Audit Report (total support & revenue more than \$250,000)

☒ Review Report (total support & revenue \$100,001 to \$250,000)

☐ No Accountant's Report Required (total support & revenue not more than \$100,000)

VASCULAR BIRTHMARKS FOUNDATION, INC.

**FINANCIAL STATEMENTS
AND
ACCOUNTANTS' REVIEW REPORT**

**DECEMBER 31, 2009 (REVIEWED)
AND
DECEMBER 31, 2008 (AUDITED)**

VASCULAR BIRTHMARKS FOUNDATION, INC.
FINANCIAL STATEMENTS
AND
ACCOUNTANTS' REVIEW REPORT
DECEMBER 31, 2009 (REVIEWED) AND DECEMBER 31, 2008 (AUDITED)

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SLOCUM DEANGELUS & ASSOCIATES PC

C E R T I F I E D P U B L I C A C C O U N T A N T S

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518.372.5451

ACCOUNTANTS' REPORT

The Board of Directors of
Vascular Birthmarks Foundation, Inc.
Schenectady, New York

We have reviewed the accompanying statement of financial position of Vascular Birthmarks Foundation, Inc. (a nonprofit organization) as of December 31, 2009, and the related statements of activities, functional expenses, and cash flows for the year then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. All information included in these financial statements is the representation of the management of Vascular Birthmarks Foundation, Inc.

A review consists principally of inquiries of Organization personnel and analytical procedures applied to financial data. It is substantially less in scope than an audit in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, we do not express such an opinion.

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with generally accepted accounting principles.

The financial statements for the year ended December 31, 2008, were audited by us and we expressed an unqualified opinion on them in our report dated November 10, 2009, but we have not performed any auditing procedures since that date.

Slocum DeAngelus & Associates, P.C.
SLOCUM, DEANGELUS & ASSOCIATES, P.C.

Albany, New York
November 4, 2010

VASCULAR BIRTHMARKS FOUNDATION, INC
STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2009 (REVIEWED) AND DECEMBER 31, 2008 (AUDITED)

ASSETS

	2009 (Reviewed)	Restated 2008 (Audited)
Current Assets		
Cash and cash equivalents	\$130,191	\$220,478
Investments	-	162,153
Prepaid Expenses	<u>250</u>	<u>-</u>
Total Current Assets	130,441	382,631
Fixed Assets		
Property, Plant and Equipment, Net	<u>2,496</u>	<u>3,021</u>
	<u>\$132,937</u>	<u>\$385,652</u>

LIABILITIES AND NET ASSETS

Current Liabilities		
Accounts Payable & Accrued Expenses	\$ 16,414	\$ 538
Unearned Revenue	<u>-</u>	<u>162,148</u>
Total Current Liabilities	16,414	162,686
Net Assets		
Unrestricted	<u>116,523</u>	<u>222,966</u>
	<u>\$132,937</u>	<u>\$385,652</u>

See accompanying notes and Accountants' Review Report.

VASCULAR BIRTHMARKS FOUNDATION, INC
STATEMENTS OF ACTIVITY
FOR THE YEARS ENDED DECEMBER 31, 2009 (REVIEWED) AND DECEMBER 31, 2008 (AUDITED)

	2009 <u>(Reviewed)</u>	Restated 2008 <u>(Audited)</u>
Unrestricted Support and Revenues		
Grants	\$ -	\$ 361,950
Conference Fee Income	10	100
Contributions	153,085	290,411
Interest Income	1,609	2,039
Dividend Income	<u>-</u>	<u>2,127</u>
Total Unrestricted Support and Revenues	<u>154,704</u>	<u>656,627</u>
Functional Expenses		
Program Services	144,883	314,832
Management and General	29,767	38,198
Fund Raising	<u>86,497</u>	<u>38,210</u>
Total Functional Expenses	<u>261,147</u>	<u>391,240</u>
Change in Unrestricted Net Assets	(106,443)	265,387
Unrestricted Net Assets, Beginning of Year	<u>222,966</u>	<u>(42,421)</u>
Unrestricted Net Assets, End of Year	<u>\$ 116,523</u>	<u>\$ 222,966</u>

See accompanying notes and Accountants' Review Report.

VASCULAR BIRTHMARKS FOUNDATION, INC
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2009 (REVIEWED) AND DECEMBER 31, 2008 (AUDITED)

	2009 <u>(Reviewed)</u>	Restated 2008 <u>(Audited)</u>
Operating Activities		
Change in Unrestricted in Net Assets	(106,443)	265,387
Adjustments to Reconcile Change in Unrestricted Net Assets to Net Cash Provided by Operating Activities:		
Depreciation	826	865
(Increase) Decrease in Assets:		
Prepaid Expenses	(250)	-
Investments	162,148	-
Increase (Decrease) in Liabilities:		
Unearned Revenue	(162,148)	(461,960)
Accounts Payable & Accrued Expenses	<u>15,880</u>	<u>(1,785)</u>
Net Cash Provided by (Used in) Operating Activities	<u>(89,987)</u>	<u>(197,493)</u>
Investing Activities		
Acquisition of Equipment	(300)	-
Proceeds from the Sale of Short-term Investments	<u>-</u>	<u>255,417</u>
Net Cash Provided by Investing Activities	<u>(300)</u>	<u>255,417</u>
Net Increase (Decrease) in Cash and Cash Equivalents	(90,287)	57,924
Cash and Cash Equivalents, Beginning of Year	<u>220,478</u>	<u>162,554</u>
Cash and Cash Equivalents, End of Year	<u>\$ 130,191</u>	<u>\$ 220,478</u>
Supplemental Disclosures of Cash Flow Information:		
Cash Paid During the Year for:		
Interest Paid	<u>\$ -</u>	<u>\$ 147</u>

See accompanying notes and Accountants' Review Report.

VASCULAR BIRTHMARKS FOUNDATION, INC
STATEMENTS OF FUNCTIONAL EXPENSES
FOR THE YEARS ENDED DECEMBER 31, 2009 (REVIEWED) AND DECEMBER 31, 2008 (AUDITED)

	<u>2009 (Reviewed)</u>				<u>Restated 2008 (Audited)</u>
	<u>Program Services</u>	<u>Management & General</u>	<u>Fund- Raising</u>	<u>Total Expenses</u>	<u>Total Expenses</u>
Salaries and Wages	\$ 74,340	\$ 15,930	15,930	106,200	\$ 133,054
Payroll Taxes	6,004	1,286	1,286	8,576	10,638
Travel	4,771	1,022	1,022	6,815	11,187
Meals & Entertainment	230	50	50	330	-
Research Grant	5,679	-	-	5,679	73,725
Printing & Publications	5,759	1,233	1,234	8,226	11,260
Conference	6,397	1,371	1,371	9,139	9,177
Donation	300	-	-	300	970
Professional Fees	8,906	1,909	1,909	12,724	11,482
Office Supplies	10,196	2,185	2,185	14,566	13,515
Postage	1,205	258	258	1,721	4,587
Event Expenses	-	-	56,731	56,731	61,844
Internet	12,879	2,761	2,760	18,400	15,870
Telephone	3,465	744	743	4,952	4,575
Insurance	1,499	321	321	2,141	2,470
Bank Fees	1,776	380	380	2,536	6,444
Depreciation	578	124	124	826	865
Repairs & Maintenance	556	119	119	794	1,005
Interest	-	-	-	-	147
Other	343	74	74	491	18,425
	<u>\$ 144,883</u>	<u>\$ 29,767</u>	<u>\$ 86,497</u>	<u>\$ 261,147</u>	<u>\$ 391,240</u>

See accompanying notes and Accountants' Review Report.

VASCULAR BIRTHMARKS FOUNDATION, INC
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 (REVIEWED) AND DECEMBER 31, 2008 (AUDITED)

1. NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

The Vascular Birthmarks Foundation, Inc. (the Organization) is a not for profit corporation that provides support and informational resources for individual affected by Hemangioma, port wine stains and other vascular birthmarks. It provides these services to individuals world wide and has its main operation in New York State.

Promise to Give

Contributions are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Property and Equipment

It is the Organization's policy to capitalize property and equipment over \$1,000. Lesser amounts are expensed. Purchased property and equipment is capitalized at cost. Property and equipment are depreciated using the straight-line method over an estimated useful life of seven years.

Contributions

Under United States Generally Accepted Accounting Principles, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted net assets depending on the existence or nature of any donor restrictions.

Income Taxes

The Organization is a not-for-profit organization that is exempt from income taxes under Section 501 (c) (3) of the Internal Revenue Code and classified by the Internal Revenue Service as other than a private foundation.

Investments

Investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the statement of financial position. Unrealized gains and losses are included in the change in net assets. Investment income and gains restricted by a donor are reported as increases in unrestricted net assets if the restrictions are met (either by passage of time or by use) in the reporting period in which the income and gains are recognized.

VASCULAR BIRTHMARKS FOUNDATION, INC
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2009 (REVIEWED) AND DECEMBER 31, 2008 (AUDITED)

1. NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Functional Allocation of Expenses

The total cost of providing the various programs and other activities have been summarized on a functional basis in the Statements of Functional Expense. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Cash and Cash Equivalents

For purposes of the statements of cash flows, the Organization considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents.

2. INVESTMENTS

The Organization held \$0 and \$162,148 in an annuity and \$0 and \$5 in marketable securities as of December 31, 2009 and 2008, respectively. Short-term and long-term investments are stated at fair value. Unrestricted interest income was \$1,609 and \$2,039 and unrestricted dividend income was \$0 and \$2,127 for the years ended December 31, 2009 and 2008, respectively.

Fair values and unrealized losses at December 31, 2009 are summarized as follows:

	<u>Cost</u>	<u>Fair Value</u>	<u>Unrealized Gain (Loss)</u>
Annuity	\$ -	\$ -	\$ -
Securities	<u>-</u>	<u>-</u>	<u>-</u>
	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Fair values and unrealized gains at December 31, 2008 are summarized as follows:

	<u>Cost</u>	<u>Fair Value</u>	<u>Unrealized Gain (Loss)</u>
Annuity	\$162,148	\$162,148	\$ -
Securities	<u>5</u>	<u>5</u>	<u>-</u>
	<u>\$162,153</u>	<u>\$162,153</u>	<u>\$ -</u>

See Accountants' Review Report.

VASCULAR BIRTHMARKS FOUNDATION, INC
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2009 (REVIEWED) AND DECEMBER 31, 2008 (AUDITED)

3. FURNITURE AND EQUIPMENT

Furniture and equipment consist of the following:

	2009 (Reviewed)	2008 (Audited)
Furniture and Equipment	\$ 12,730	\$ 12,430
Accumulated Depreciation	<u>10,234</u>	<u>9,409</u>
	<u>\$ 2,496</u>	<u>\$ 3,021</u>

4. UNEARNED REVENUE

The Organization has been awarded a grant to provide services in fulfillment of its mission. The grant is considered to be an exchange transaction. Accordingly, revenue is recognized when earned and expenses are recognized as incurred. Grant activity for the years ended December 31, 2009 and 2008 were as follows:

	2009 (Reviewed)	2008 (Audited)
Unearned Revenue, Beginning of Year	\$162,148	\$577,229
Grant expenditures	-	(358,939)
Less: Investments returned to Donor	<u>(162,148)</u>	<u>(56,142)</u>
Unearned Revenue, End of Year	<u>\$ -</u>	<u>\$162,148</u>

5. Prior Period Adjustments

During the 2009 fiscal year, management determined certain assets and liabilities were overstated. During 2009 and 2008, a grant was rescinded and the funds were withdrawn from the Organization's investment account. During 2008, the withdrawals were misclassified as donations thus overstating the expenses for 2008. After all of the funds were withdrawn, the corresponding unearned income needed to be recorded as income.

VASCULAR BIRTHMARKS FOUNDATION, INC
NOTES TO FINANCIAL STATEMENTS (CONTINUED)
DECEMBER 31, 2009 (REVIEWED) AND DECEMBER 31, 2008 (AUDITED)

5. Prior Period Adjustments (Continued)

As a result of these adjustments, the following restatements were made to the net assets as of January 1, 2009.

	<u>Unrestricted</u> <u>Net Assets</u>
Net Assets, Beginning of Year as Previously Stated	\$(22,801)
Understatement of Income	(236,509)
Overstatement of Expenses	(56,137)
Overstatement of Current Liabilities	<u>538,413</u>
Net Assets, Beginning of Year, As Restated	<u>\$222,966</u>

6. Subsequent Events

Subsequent events have been evaluated through the date these financial statements were available to be issued – November 4, 2010

Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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

- B** Check if applicable:
- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type. See
Specific
Instructions.

C

VASCULAR BIRTHMARKS FOUNDATION INC.

P O BOX 106

LATHAM, NY 12110-0106

COPY**D** Employer identification number

16-1515227

E Telephone number

518-782-9637

F Group Exemption
Number

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ►

I Website: ► WWW.BIRTHMARK.ORG**J** Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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

► \$ 154,704.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	117,370.
	2	Program service revenue including government fees and contracts	2	10.
	3	Membership dues and assessments	3	
	4	Investment income	4	1,609.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	35,715.
	6b	Less: direct expenses other than fundraising expenses	6b	56,732.
EXPENSES	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-21,017.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ►)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	97,972.
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	114,776.
	13	Professional fees and other payments to independent contractors	13	12,724.
ASSETS	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	9,947.
	16	Other expenses (describe ► SEE STATEMENT 1)	16	66,969.
	17	Total expenses. Add lines 10 through 16	17	204,416.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-106,444.
	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	-22,801.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	245,767.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	116,522.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	382,631.	22 130,191.
23 Land and buildings		23
24 Other assets (describe ► SEE STATEMENT 3)	3,021.	24 2,745.
25 Total assets	385,652.	25 132,936.
26 Total liabilities (describe ► SEE STATEMENT 4)	408,453.	26 16,414.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-22,801.	27 116,522.

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

Form 990-EZ (2009)

Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

28 PROVIDE SUPPORT AND INFORMATIONAL RESOURCES FOR INDIVIDUALS
AFFECTED BY HEMANGIOMAS, PORT WINE STAINS AND OTHER VASCULAR
BIRTHMARKS AND TUMORS, AND SPONSORED RELEVANT RESEARCH

29 _____

 (Grants \$ _____) If this amount includes foreign grants, check here. ☐ 29 a

30 (Grants \$) If this amount includes foreign grants, check here. ▶ 30 a

31	Other program services (attach schedule).....		
	(Grants \$) If this amount includes foreign grants, check here.....		31 a

32	Total program service expenses (add lines 28a through 31a)	32	144,885.
----	--	----	----------

(a) Name and address

(a) Name	(b) Title and average hours per week devoted to position	(c) Organization	(d) Address	(e) Telephone	(f) Other
1. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
2. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
3. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
4. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
5. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
6. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
7. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
8. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
9. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
10. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
11. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
12. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
13. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
14. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
15. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
16. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
17. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
18. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
19. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
20. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
21. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
22. [Name]	[Title and hours]	[Organization]	[Address]	[Telephone]	[Other]
23. [Name]	[Title and hours]				

(c) Compensation (If not paid, enter -0-.)

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account and other allowances

SEE STATEMENT 6

106,200.

0.

0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

SEE STATEMENT 7

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a 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?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
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
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41 List the states with which a copy of this return is filed NY		

42a The organization's books are in care of **DR. LINDA ROZELL-SHANNON** Telephone no. **518-382-1977**
 Located at **2031 REGENT ST NISKAYUNA NY** ZIP + 4 **12309**

	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: NY		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: NY		X

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

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

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

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' was the related organization a section 527 organization?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

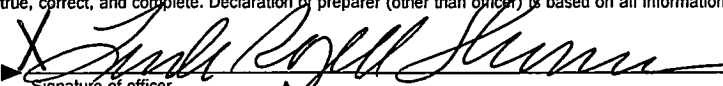
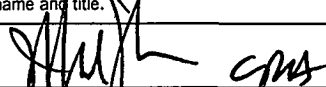
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

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

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

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

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

Sign Here	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.			
	 Signature of officer		11/10/2010 Date	
Paid Preparer's Use Only	Type or print name and title. LINDA R. SHANNON			
	Preparer's signature	 Date 11/10/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4	SLOCUM, DEANGELUS & ASSOCS, CPA'S PC 974 ALBANY-SHAKER ROAD LATHAM, NY 12110		
	EIN	N/A		
	Phone no.	(518) 783-6000		

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

BAA

Form 990-EZ (2009)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	%

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)...	65,288.	362,441.	386,354.	389,166.	153,085.	1,356,334.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.....		5,750.	11,201.	100.	10.	17,061.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.....						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.....						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge....						0.
6 Total. Add lines 1 through 5....	65,288.	368,191.	397,555.	389,266.	153,095.	1,373,395.
7a Amounts included on lines 1, 2, 3 received from disqualified persons.....	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.....	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.....	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.).....						1,373,395.

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.....	65,288.	368,191.	397,555.	389,266.	153,095.	1,373,395.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....	5,188.	10,351.	42,711.	4,166.	1,609.	64,025.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975....						0.
c Add lines 10a and 10b.....	5,188.	10,351.	42,711.	4,166.	1,609.	64,025.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.....						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV....	12,414.					12,414.
13 Total support. (add lines 9, 10c, 11, and 12.)						1,449,834.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).....	15	94.7 %
16 Public support percentage from 2008 Schedule A, Part III, line 15.....	16	92.8 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).....	17	4.4 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17.....	18	4.5 %

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

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

This image shows a full page of white paper designed for handwriting practice. It features 20 evenly spaced, horizontal dashed lines that run across the entire width of the page. The lines are thin and black, providing a guide for letter height and placement. There are no margins, text, or other markings on the page.

2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 5390

VASCULAR BIRTHMARKS FOUNDATION INC.

16-1515227

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
SPECIAL EVENTS					12,414.
TOTAL	\$ 0.	\$ 0.	\$ 0.	\$ 0.	\$ 12,414.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

Open to Public Inspection

VASCULAR BIRTHMARKS FOUNDATION INC.

16-1515227

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

- ☐
- Mail solicitations

- ☐ Internet and email solicitations

- ☐
- Phone solicitations

- ☐
- In-person solicitations

- ☐
- Solicitation of non-government grants

- ☐
- Solicitation of government grants

- ☐ Special fundraising events

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GALA (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
REVENUE	1 Gross receipts.....	35,715.			35,715.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2).....	35,715.			35,715.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes.....				
	6 Rent/facility costs.....	11,829.			11,829.
	7 Food and beverages.....				
	8 Entertainment.....				
	9 Other direct expenses.....	44,903.			44,903.
	10 Direct expense summary. Add lines 4- through 9 in column (d).				56,732.
	11 Net income summary. Combine lines 3, column (d) and line 10.....				-21,017.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
REVENUE	1 Gross revenue.....				
	2 Cash prizes				
	3 Non-cash prizes.....				
	4 Rent/facility costs.....				
	5 Other direct expenses.....				
DIRECT EXPENSES	6 Volunteer labor.....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d).....				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7.....				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?.....

b If 'No,' explain:

	YES	NO
9a		
10a		
11		
12		

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....

b If 'Yes,' explain:

11 Does the organization operate gaming activities with nonmembers?.....

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?.....

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶

Address: ▶

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....**b** If 'Yes,' enter the amount of gaming revenue received by the organization \$_____ and the amount of gaming revenue retained by the third party \$_____.**c** If 'Yes,' enter name and address of the third party:

Name: ▶

Address: ▶

16 Gaming manager information

Name: ▶

Gaming manager compensation ▶ \$_____

Description of services provided: ▶

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$_____

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. . . . ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	VASCULAR BIRTHMARKS FOUNDATION INC.	16-1515227
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	P O BOX 106	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LATHAM, NY 12110-0106	

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

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

- The books are in the care of. ► DR. LINDA ROZELL-SHANNON _____

Telephone No. ► 518-382-1977 _____ FAX No. ► _____

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ☒ calendar year 20 09 or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	VASCULAR BIRTHMARKS FOUNDATION INC.		16-1515227
	Number, street, and room or suite number. If a P.O. box, see instructions.		For IRS use only
	SLOCUM, DEANGELUS & ASSOCS, CPA'S PC 974 ALBANY-SHAKER ROAD		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	LATHAM, NY 12110		

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of. **DR. LINDA ROZELL-SHANNON**
Telephone No. **518-382-1977** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).... . If this is for the whole group, check this box... ☐. If it is for part of the group, check this box... ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 2010.

5 For calendar year 2009, or other tax year beginning _____, 20____, and ending _____, 20____.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension... TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs....	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____ Title _____ Date _____

CLIENT 5390

VASCULAR BIRTHMARKS FOUNDATION INC.

16-1515227

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK FEES.....	\$	2,536.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		9,139.
DEPRECIATION.....		826.
GRANT EXPENSES.....		300.
INSURANCE.....		2,141.
INTERNET & WEBSITE.....		18,400.
OFFICE EXPENSES.....		14,566.
OTHER EXPENSE.....		491.
REPAIRS AND MAINTENANCE.....		794.
RESEARCH AND PROJECT GRANTS.....		5,679.
TELEPHONE.....		4,952.
TRAVEL.....		7,145.
TOTAL	\$	<u>66,969.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR PERIOD ADJUSTMENTS.....	\$	245,767.
TOTAL	\$	<u>245,767.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES.....	\$ 601.	\$ 429.
MACHINERY AND EQUIPMENT.....	2,420.	2,066.
PREPAID EXPENSES AND DEFERRED CHARGES.....	0.	250.
TOTAL	\$ <u>3,021.</u>	\$ <u>2,745.</u>

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 538.	\$ 16,414.
DEFERRED REVENUE.....	407,915.	0.
TOTAL	\$ <u>408,453.</u>	\$ <u>16,414.</u>

CLIENT 5390

VASCULAR BIRTHMARKS FOUNDATION INC.

16-1515227

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE SUPPORT AND INFORMATIONAL RESOURCES FOR INDIVIDUALS AFFECTED BY
 HEMANGIOMAS, PORT WINE STAINS AND OTHER VASCULAR BIRTHMARKS AND TUMORS, AND
 SPONSORED RELEVANT RESEARCH

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	EXPENSE ACCOUNT/ OTHER
DR ELYSA BARON 12 ROLLING BROOK DR SARATOGA SPRINGS, NY 12866	PARENT REP 2.00	\$ 0.	\$ 0.	\$ 0.
ANN CIOFFI 3 DIANA PLACE TROY, NY 12180	PARENT REP 2.00	0.	0.	0.
DR DINAH GONZALEZ 78 DISPATCH DRIVE WASHINGTON CROSSING, PA 18977	DIR PHYS ED COM 2.00	0.	0.	0.
DR. MILENA LOMBARDI 229 WEST 2ND AVE #2 CORNING, NY 14380	BOARD PHYS REP 5.00	0.	0.	0.
RACHAEL MARER 13 WALNUT ST COHOES, NY 12047	ADULT REP 1.00	0.	0.	0.
LAUREEN PALMATEER 2333 STORY AVE NISKAYUNA, NY 12309	ADMIN DIRECTOR 10.00	15,600.	0.	0.
PAIGE SALVADOR 16 RICHLAND DRIVE MT LAUREL, NY 08054	EXECUTIVE DIREC 35.00	0.	0.	0.
DR. LINDA ROZELL-SHANNON 2031 REGENT STREET NISKAYUNA, NY 12309	PRESIDENT 30.00	75,000.	0.	0.
GLENDA ETHINGTON 1361 DALE DRIVE LEXINGTON, KY 40517	SECRETARY 20.00	0.	0.	0.
TIFFANY ETHINGTON 1361 DALE DRIVE LEXINGTON, KY 40517	PUBLIC RELATION 5.00	0.	0.	0.

2009

FEDERAL STATEMENTS

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CLIENT 5390

VASCULAR BIRTHMARKS FOUNDATION INC.

16-1515227

STATEMENT 6 (CONTINUED)

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	EXPENSE ACCOUNT/ OTHER
ELISSA RIFKIN 605 SOUTH CLAYTON CLAYTON, MO 63105	CLINIC REP 5.00	\$ 0.	\$ 0.	\$ 0.
AMBER WILSON UAF PO BOX 751085 FAIRBANKS, AK 99775	STUDENT REP 1.00	0.	0.	0.
DANIELLE VLAHOS 7 RIVER ST DEDHAM, MA 02026	PARENT REP 2.00	0.	0.	0.
GREG ANTONELLE 64 KINGS HIGHWAY LONG VALLEY, NJ 07853	VICE PRESIDENT 5.00	0.	0.	0.
CORINNE BARINAGA 17309 NE 29TH ST VANCOUVER, WA 98682	DIR INFO SERVICE 15.00	0.	0.	0.
JENNIFER BATTISTONI 6107 TRIPLE CROWN DRIVE MEDINA, OH 44256	PARENT REP 1.00	0.	0.	0.
LIANNE CHASE 6 ROBINWOOD ROAD ALBANY, NY 12203	PARENT REP 1.00	0.	0.	0.
MARVIN KALAFER MD 78 DISPATCH DRIVE WASHINGTON CROSSING, PA 18977	DIR PHYS ED COM 2.00	0.	0.	0.
BARBARA KING 9 CORNELL ROAD LATHAM, NY 12110	LEGAL ADVISOR 1.00	0.	0.	0.
BARBARA JOYCE 2271 PREISMAN DRIVE NISKAUNA, NY 12309	EXECUTIVE DIREC 15.00	15,600.	0.	0.
	TOTAL	\$ 106,200.	\$ 0.	\$ 0.

2009

FEDERAL STATEMENTS

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CLIENT 5390

VASCULAR BIRTHMARKS FOUNDATION INC.

16-1515227

STATEMENT 7
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?.....	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.....	NO

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