

Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 2009, and ending 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization Army Medical Department Museum Foundation, Inc
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. Box 8294
 City or town, state or country, and ZIP + 4
San Antonio, TX 78208

D Employer identification number
74 : 1979783

E Telephone number
(210) 226 0265

G Gross receipts \$ 385,751

F Name and address of principal officer:
Patrick D. Sculley, MG (Retired)

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) (insert no.) 4947(a)(1) or 527

J Website:

K Form of organization: Corporation Trust Association Other

L Year of formation: 1978 **M** State of legal domicile: TX

H(c) Group exemption number

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Raise funds to support and expand the Army Medical Museum and its acquisitions.

2 Check this box 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)	<u>3</u>	<u>93</u>
4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>93</u>
5 Total number of employees (Part V, line 2a)	<u>5</u>	<u>3</u>
6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>103</u>
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
7b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	<u>120,688</u>	<u>93,786</u>
9 Program service revenue (Part VIII, line 2g)	<u>0</u>	<u>0</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>53,580</u>	<u>49,329</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>126,326</u>	<u>114,144</u>
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>300,594</u>	<u>257,259</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>0</u>	<u>0</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>67,200</u>	<u>68,334</u>
16a Professional fundraising fees (Part IX, column (A), line 11)	<u>0</u>	<u>0</u>
b Total fundraising expenses (Part IX, column (D), line 25)	<u>37,812</u>	<u>37,812</u>
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>179,210</u>	<u>137,792</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>246,410</u>	<u>206,126</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>54,184</u>	<u>51,133</u>

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	<u>1,711,286</u>	<u>1,762,665</u>
21 Total liabilities (Part X, line 26)	<u>1957</u>	<u>2,203</u>
22 Net assets or fund balances. Subtract line 21 from line 20	<u>1,709,329</u>	<u>1,760,462</u>

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: Virgil E Mielke Date: May 4 2010
 Type or print name and title: VIRGIL E MIELKE TREASURER

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____
 Check if self-employed Preparer's identifying number (see instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____
 EIN: _____ Phone no.: () _____

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2009)

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
Raise funds to purchase, restore and maintain Army Medical Department artifacts and Army Medical Department historical books and papers. Additionally, funds are raised to develop, improve and maintain the museum site. Currently, the foundation is in the process of raising funds for the construction of a Medical Medal of Honor Walk to honor Army Medical Department personnel who have been awarded the Congressional Medal of Honor.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 32,000 including grants of \$) (Revenue \$ 37,000)
The Foundation is presently in a joint fund-raising/construction effort to convert approximately 3 acres of the surrounding grounds into a Medical Medal of Honor Walk. The walk has been designed to meet the Americans With Disabilities Act of 1990. The concrete walkway with a special non-slip surface will be seven feet wide and contoured so as to be easily traversed by wheel chair bound visitors. An enclosed air-conditioned restroom, accessible from the walk, will be located at the remote end of the grounds. Two covered open-air amphitheaters, each seating 250 persons, will be constructed on a contoured slope facing a speaker's platform. It is intended these theaters will be used for public presentations. They will also be available for classroom instruction where equipment too large to be displayed in an indoor classroom can be co-located for demonstration purposes to enhance instruction. The amphitheaters will be equipped with outdoor speakers and electrical lighting with a seating section available for persons using wheel chairs. Various trees and greenery will enhance the open areas to the side of the walk. One flagpole will be erected to fly the Medical Regimental Colors. The foundation pledged \$600,000. A fund-raising effort is committed to raise \$1,000,000. The above represents to-date activity.

4b (Code:) (Expenses \$ 22,109 including grants of \$) (Revenue \$)
The Foundation continues to search for and acquire new Army Medical Department oriented artifacts and material. The Foundation provides special funds to restore, repair and conserve newly acquired material as well as providing, on an as-needed basis, funds to pay for personnel contracted to clean, restore and/or repair, and preserve both the items to be rotated to and from display or available for historical research.

4c (Code:) (Expenses \$ 27,824 including grants of \$) (Revenue \$)
The curbside appearance of any museum is paramount. Unfortunately, the summer weather in San Antonio does not complement such an undertaking. The museum real estate encompasses approximately 7 acres. Grass and other ground cover requires constant and specialized care, including irrigation, weed and pest control, fertilization, and mowing to maintain an appearance commensurate with the museum and its contents. The level of care and concern of the Board of directors for the buildings, its contents and the grounds has its beginning in the same level of care and concern they provided to the health and welfare of the Fighting Force. The museum is a fitting complement to the Army Medical Department.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 86,381 including grants of \$) (Revenue \$)
4e Total program service expenses ▶ 168,314

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various questions about organizational activities and reporting requirements, with 'Yes' or 'No' checked in the corresponding columns.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	✓
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	✓
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>	27	✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34	✓
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35	✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No checkboxes. Includes sub-questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7f, 8, 9a-9b, 10a-10b, 11a-11b, and 12a-12b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?		✓
6	Does the organization have members or stockholders?		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		✓
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	✓	
b	Each committee with authority to act on behalf of the governing body?	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		✓

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		✓
10b		
11	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	
12a	✓	
12b	✓	
12c	✓	
13	✓	
14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
a	The organization's CEO, Executive Director, or top management official	
b	Other officers or key employees of the organization	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	
16a		✓
16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► Texas
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Paulette Hutchinson, Secretary 2310 Stanley Road Bldg 1046 Fort Sam Houston, Tx 78234 (210) 226 0265

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	0	103,786				
	b Membership dues	1b	0					
	c Fundraising events	1c	10,000					
	d Related organizations	1d	0					
	e Government grants (contributions).	1e	0					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	93,786					
	g Noncash contributions included in lines 1a-1f: \$		0					
	h Total. Add lines 1a-1f							
Program Service Revenue	Business Code			0	0	0	0	
	2a			0	0	0	0	
	b			0	0	0	0	
	c			0	0	0	0	
	d			0	0	0	0	
	e			0	0	0	0	
	f All other program service revenue			0	0	0	0	
g Total. Add lines 2a-2f								
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			49,329	49,329	0	0	
	4 Income from investment of tax-exempt bond proceeds			0	0	0	0	
	5 Royalties			0	0	0	0	
	6a Gross Rents	(i) Real	(ii) Personal	0	0			
		b Less: rental expenses		0	0			
		c Rental income or (loss)		0	0			
		d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	0	0			
		b Less: cost or other basis and sales expenses		0	0			
		c Gain or (loss)		0	0			
		d Net gain or (loss)			0			
	8a Gross income from fundraising events (not including \$10,000 of contributions reported on line 1c). See Part IV, line 18	a		12,924	4,011	0	0	0
		b Less: direct expenses	b	8,913				
		c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	a		0	0	0	0	0
b Less: direct expenses		b	0					
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	a		219,711	99,943	0	0	0	
	b Less: cost of goods sold	b	119,768					
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11a			0	0	0	0		
b			0	0	0	0		
c			0	0	0	0		
d All other revenue			190	0	0	0		
e Total. Add lines 11a-11d			190					
12 Total revenue. See instructions.			257,259	0	0	0		

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	63,492	63,492	0	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	0	0	0	0
10 Payroll taxes	4,842	4,842	0	0
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	11,547	5,582	0	5,965
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other	0	0	0	0
12 Advertising and promotion	760	0	0	760
13 Office expenses	4,255	2,059	0	2,196
14 Information technology	3,655	519	0	3,136
15 Royalties	0	0	0	0
16 Occupancy	0	0	0	0
17 Travel	0	0	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	6	6	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	3,696	2,020	0	1,676
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Architect Fees	31,339	31,339	0	0
b Lawn Maintenance	27,824	27,824	0	0
c Artifact Purchases and Conservation	22,109	22,109	0	0
d Postage and Shipping	17,624	1,629	0	15,995
e Printing	5,255	2,631	0	2,624
f All other expenses	9,722	9,722	0	0
25 Total functional expenses. Add lines 1 through 24f	206,126	173,774	0	32,352
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	70,541	1	85,978
	2	Savings and temporary cash investments	1,491,498	2	1,525,879
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	149,247	8	149,072
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	0		
	b	Less: accumulated depreciation	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	1,737
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,711,286	16	1,762,665	
Liabilities	17	Accounts payable and accrued expenses	1,957	17	2,203
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	1,957	26	2,203
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,709,329	27	1,758,763
	28	Temporarily restricted net assets	0	28	1,699
	29	Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances		33		
34	Total liabilities and net assets/fund balances		34		

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

	Yes	No
2a		✓
2b		✓
2c		
3a		✓
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization Army Medical Department Museum Foundation	Employer identification number 74 : 1979783
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
									0
Total									0

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 any "unusual grants.")	144,872	306,344	348,105	120,688	116,710	1,036,719
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	1,000	1,000	1,000	1,000	1,000	5,000
4 Total. Add lines 1 through 3	145,872	307,344	349,105	121,688	117,710	1,041,719
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)						0
6 Public support. Subtract line 5 from line 4.						1,041,719

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	145,872	307,344	349,105	121,688	117,710	1,041,719
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	54,584	47,603	64,770	53,580	51,133	271,670
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						1,313,389
12 Gross receipts from related activities, etc. (see instructions)				12		0
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	79.3 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	57 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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 ▶	<input type="checkbox"/>	

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 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 any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 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, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

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 line 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 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	
		Dinner (event type)	(event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	22,924	0	0	22,924
	2	Less: Charitable contributions	0	0	0	0
	3	Gross income (line 1 minus line 2)	22,924	0	0	22,924
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	0	0	0
	6	Rent/facility costs	1,875	0	0	1,875
	7	Food and beverages	5,490	0	0	5,490
	8	Entertainment	0	0	0	0
	9	Other direct expenses	1,548	0	0	1,548
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11	Net income summary. Combine line 3, column (d), and line 10 ▶					14,011

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))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other 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 line 1, column d, and line 7 ▶					

	Yes	No
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?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		Yes	No						
13 Indicate the percentage of gaming activity operated in: <table border="1" style="float:right; margin-left:20px; border-collapse: collapse;"> <tr> <td style="width:10%; text-align:center;">13a</td> <td style="width:10%;"></td> <td style="width:10%; text-align:center;">%</td> </tr> <tr> <td style="text-align:center;">13b</td> <td></td> <td style="text-align:center;">%</td> </tr> </table>	13a		%	13b		%			
13a		%							
13b		%							
a The organization's facility <table border="1" style="float:right; margin-left:20px; border-collapse: collapse;"> <tr> <td style="width:10%; text-align:center;">13a</td> <td style="width:10%;"></td> <td style="width:10%; text-align:center;">%</td> </tr> </table>	13a		%						
13a		%							
b An outside facility <table border="1" style="float:right; margin-left:20px; border-collapse: collapse;"> <tr> <td style="width:10%; text-align:center;">13b</td> <td style="width:10%;"></td> <td style="width:10%; text-align:center;">%</td> </tr> </table>	13b		%						
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 contract with a third party from whom the organization receives gaming revenue?	15a								
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 ▶ <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?	17a								
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 ▶ \$									

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Army Medical Department Museum Foundation, Inc.

Employer identification number

74 : 1979783

Part VI, Line 11a and Line 19

The Foundation has posted a copy of the Form 990, the Whistleblower Policy, and the Conflict of Interest policy on the Foundation Website. Each director will be notified by e-mail or mail, in case of those not having an e-mail address, that these are available for review. The Staff Judge Advocate has provided guidance to the board members who are well informed as to the contents of the Conflict of Interest Policy. The ramifications of this policy are carefully considered before any person is approached to serve in any capacity on the Board.

At present the Foundation does not have a written record retention policy. The military background of the board, the officers, and the volunteers are contributory to an over-conservative policy with regard to saving everything of value.

Prior to 2010, the Foundation has not posted the Articles of Incorporation, the Constitution, or the by-laws on the Internet. These were available, if requested, by contacting the Foundation Office. The issue of posting these on a website will be brought before the Board for consideration during the coming year.

Part VII Section A

All directors and officers are either retired military or former Department of Defense civilian employee volunteers and serve without compensation or benefits, either direct or indirect. Except for the officers, who work 12 to 18 hours per week, other volunteers work fewer hours for projects such as quarterly mailings of the museum newsletter or as docents who conduct Saturday morning orientations for military students undergoing Advanced Individual Training or Officer Training Classes. Except for the docents, most other volunteers serve as on-call volunteers for special events.

Part IX Statement of Functional Expenses

Collection, restoration, preservation and preparation of Medical Department memorabilia for display is a major and on-going effort of the Museum. The Foundation is a major source of funds to assist the museum in meeting these objectives. The actual museum buildings were constructed by funds raised by the foundation, which were then deeded to the Army. Much of the reconstruction, restoration and painting of the larger outdoor exhibits was accomplished through funds provided by the museum.

Name of the organization

Army Medical Department Museum Foundation, Inc.

Employer identification number

74 : 1979783

The fund-raising event in 2009 was a dinner organized to bring retired military and local civilians together to introduce the concept of constructing the Medical Medal of Honor Walk and celebrate the 20th Anniversary of the Museum and its accomplishments. No professional fund raisers were involved. Except for the caterer, volunteers did all other work.

No donations, other than the ticket costs, were solicited. The dinner ticket was sold for \$100 and the value of the meal together with costs for rentals of tents, tables and chairs was estimated to be \$50. Music was provided by the military band. The dinner was well attended within the constraints of the outdoor space available to us. Attendees were provided with a notification as to the value of the dinner and the amount that should be deductible for Federal Income

Tax Purposes.