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## SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Department of the Treasury Internal Revenue Service

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

Name o	f the organization							Employe	г Іовпился	Con number		
Timl	oer Lake and A	rea Developme	nt, Inc.					36-38	31369	2		
	Reason for Pu	blic Charity Statu	s (All organizations	must (	comple	ete this	part.	) (see i	nstruc	tions)		
The o			se it is. (Please check on									
1	A church, convent	on of churches or asse	ciation of churches desc	ribed in:	section	170(Б)(1	XAXI).					
2	A school described	ool described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	A hospital or coop	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(ii). (Attach Schedule H.)										
4	A medical research	medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's										
	name, city, and st	ate										
5	An organization or 170(b)(1)(A)(iv).	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 g	povernmental unit describ	ed in <b>se</b>	ction 17	<b>"</b> (Љ)(1)(	AX(v).					
7	in section 170(b)(1	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)									ed	
8			70(b)(1)(A)(vi). (Complete									
9	magainent tucome											
10	An organization or	ganized and operated	exclusively to test for pub	lic safet	y. See s	ection !	509(a)(4	). (see ı	nstructio	ons)		
11											or hat	
	a Type I	b ∏Type II	c ☐ Type III		-		ed		dП	Type III-	Other	
•	By checking this b	ox, I certify that the on	ganization is not controlle o one or more publicly su	d directl	y or indi	rectly by	у опе ог	more di	squalifie on 509(a	ed persons a)(1) or sec	other tion	
•		received a written date	ermination from the IRS to	hat is a '	Type I 1	Type II o	r Type I	III suppo	rtina ora	anization		
a	check this box		tion accepted any gift or	•	•		• •	•	• • •			Ш
7	5	.ooo, nos are organiza	non accepted any gift of	COMUNDA		ii diiy o	BIC 1011	Oming po			Yes	No
	(i) a person who below, the go	directly or indirectly overning body of the su	controls, either alone or to	ogether v	with pers	sons des	scribed i	ın (II) anı	d (in)	119()	,,,,	
	(ii) a family men	nber of a person desc	ribed in (i) above?							11 g (ii)		
	(iii) a 35% contro	olled entity of a person	described in (i) or (ii) ab	ove? .						11 g (ii)		
h	Provide the follows	ng information about ti	ne organizations the orga	nization	support	s						
	(i) Name of Supported Organization	(ii) EiN	(iii) Type of organization (described on lines 1-9 organization in col. above or IRC section (see instructions))  (see instructions))  ((v) is the organization in col. (i) issted in your governing document?				uzation in (D of	in organization in col (f) organized in the		(vil) Amoun	t of Sup	port
				Yes	No	Yes	No	Yes	No			
	-	<del> </del>		<del> </del>								
				ļ								
					Ţ							
	<del></del>	· · · · · · · · · · · · · · · · · · ·										
Total												

Sch	edule A (Form 990 or 990-EZ) 200	8 Timber I	ake and Are	ea Developm	ent, Inc.	36-381369	
	Support Schedule for	•			<b>(b)(1)(A)(iv)</b> an	d 170(b)(1)(A)	(vi)
	(Complete only if you check	ed the box on line	5, 7, or 8 of Part	1.)			<del></del>
	ction A. Public Support	Υ		1	<del></del>		
Calendar year (or fiscal year beginning in) ►		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-3						
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						
Sec	tion B. Total Support		*				
Calendar year (or fiscal year beginning in) ►		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7						
	through 10						
	Gross receipts from related activi	•	•			. 12	
13	First five years. If the Form 990 organization, check this box and	is for the organization here	tion's first, second	i, third, fourth, or	fifth tax year as a	section 501(c)(3)	¹ ►□
Sec	tion C. Computation of Pu	blic Support P	ercentage	<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 20			11, column (f)		14	%_
15	Public support percentage for 20	07 Schedule A, Pa	rt IV-A, line 26f			15	%_
16	a 33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a publ	not check the box licly supported org	on line 13, and i	the line 14 is 33-1/	3 % or more, che	ck this box
١	b 33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a publ	not check a box o icly supported org	n line 13, or 16a, janization.	and line 15 is 33-	1/3% or more, che	eck this box
17.	a 10%-facts-and-circumstances te or more, and if the organization r the organization meets the facts	neets the 'facts-ar	nd-circumstances'	test, check this b	oox and stop here.	Explain in Part IV	how _ [
	b 10%-facts-and-circumstances te or more, and if the organization is organization meets the 'facts-and	meets the 'facts-ar d-circumstances' i	nd-circumstances' test. The organiza	test, check this bation qualifies as	oox and stop here. a publicly supporte	Explain in Part IV ed organization.	now the ►
18 RA	Private foundation. If the organiz	zation did not chec	k a box on line, 1	3, 16a, 16b, 17a,			uctions

Schedule A (Form 990 or 990-EZ) 2008 Timber Lake and Area Development, Inc.

	its behalf .									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1-5	0.	2,208.	1,694.	35,632.	162,878.	202,412			
_	Anounts included on lines 1, 2, 3 received from disqualified persons	0.	2,200.	1,094.	33,632.	102,070.	202,412			
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000									
c	Add lines 7a and 7b									
8	Public support (Subtract line									
	7c from line 6.)						202,412			
Sec	tion B. Total Support									
Cale	ndar year (or fiscal yr beginning in) >	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total			
9	Amounts from line 6	0.	2,208.	1,694.	35,632.	162,878.	202,412			
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources				449.		449			
ŧ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
	Add lines 10a and 10b.				449.		449			
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carned on									
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
13	Total support. (add ins 9, 10c, 11, and 12)			1.00			202,861			
	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									
	tion C. Computation of Pu									
15	Public support percentage for 20	08 (line 8, column	<ul><li>(f) divided by line</li></ul>	13, column (f))	•	<u>15</u>	<u>%</u>			
	Public support percentage from 2				····	16	<u> </u>			
<u>Sec</u>	tion D. Computation of Inv	<u>restment Incon</u>	<u> 1e Percentage</u>	) 			96			
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)									
	8 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h									
	9a 33-1/3 support tests – 2008. 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 - 2007. If the is not more than 33-1/3%, check	ne organization did this box and <b>stop</b>	not check a box of here. The organization	on line 14 or 19a, ation qualifies as	and line 16 is moi a publicly support	re than 33-1/3%, ed organization	and line 18			
20	Private foundation. If the organiz	zation did not checi	k a box on line 14	, 19a, or 19b, che	ck this box and se	e instructions	<u>., ► </u>			
BAA	<del></del> -	<del></del>	TEEA0403	01/29/09	Scl	hedule A (Form 9	990 or 990-EZ) 200			

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