

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form 990.

**Return of Organization Exempt From Income Tax** 

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

	. OI tile	. 2003 Cal	ciidai ye	ar, or tax year beginning	<u>'9</u>	, , , , , ,	ila cii	iding .			
В	heck if ap	oplicable	Please use IRS	C Name of organization	Trekkers, Inc				D Employer	identification r	umber
^	Address	change	label or	Doing Business As					<u> 1-0537500</u>		
<u></u> ∐ '	lame ch	ange	print or type	Number and street (or	P O box if mail is not delivered	to street address)	Roc	om/suite	E Telephone	number	
<u></u>	nitial retu	ım	See	P O Box 455			Ш.	2	207-594-509	95	
Ц₫т	erminate	ed	Specific Instruc-	City or town, state or co	ountry, and ZIP + 4						
A	mended	return	tions	Tenants Harbor		ME 0486	60		G Gross rece	ipts \$	266,936
	Application	on pending	FN	lame and address of prir	ncipal officer		- 1	H(a) Is the	is a group retur	n for affiliates?	Yes X No
			Jan Let	ourneau 2 Church St	, Tenants Harbor, ME (	04860	ł	H(b) Are a	all affiliates incl	uded?	Yes No
I T	ay-eyer	npt status		01(c) ( 3) <b>◄</b> (inse						(see instructio	
				rsonline com	11 10 )	7 01 027					,
									ip exemption n		·
		rganization	_=	prporation Trust	Association Other	<u> </u>	_ Year	of formation	on 2000	M State of I	egal domicile ME
, P	art i		nmary	<del></del>							<del> </del>
	1				ssion or most significant		s-cult	tural, se	lf-ımage bu	ilding exped	itions and events
a	}	in the U	S. with	adult, caring mentors	and students from 7th t	o 12th grade		<b></b> -			
Activities & Governance	1								· <b></b>		
Ĕ				. <b> <u></u> .</b>							
30	2	Check th			ation discontinued its op		sed o	of more t	than 25% o	fits net assi	ets
8	3	Number	of voting	g members of the gov	erning body (Part VI, lir	ne 1a) .			ļ	3	
ies Hes	4				ers of the governing boo	ly (Part VI, line 1	b)			4	11
- ₹	5	Total nui	mber of	employees (Part V, III	ne 2a)			•		_5	2
ĕ	6	Total nu	mber of	volunteers (estimate i	ıf necessary)				į	_ 6	50
C	<sup>,</sup> 7a	Total gro	ss unre	lated business reveni	ue from Part VIII, colum	n (C), line 12				7a	0
	ı b	Net unre	lated bu	isiness taxable incom	e from Form 990 Thune	. 34-	<u> </u>			7b	0
==	1					70	L	1	Prior Year		Current Year
	8	Contribu	tions an	id grants (Part VIII, lin		[လို			158	,336	242,757
Revenue North	9			revenue (Part VIII, Iır		010   9	L		21	,485	24,152
SZ Z	10	Investme	ent incor	ne (Part VIII, column	(A), lines 3, 4, and 7d)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	L			29	27
ž	11	Other re	venue (f	Part VIII, column (A), i	lines 5, 6d, 8c, 9c, 10c,	and 11e)				Ö	0
X	12	Total reve	nuead	d lines 8 through 11 (mu	stequal Part VIII, column	(A), line 12)			179	,850	266,936
Š	13				t IX, column (A), lines 1-					0	0
	14	Benefits	paid to	or for members (Part	IX, column (A), line 4)					0	0
en.	15	Salaries,	other c	ompensation, employ	ee benefits (Part IX, col	lumn (A), lines 5-	-10)		52	,196	63,450
Expenses	16a	Profession	onal fun	draising fees (Part IX,	, column (A), line 11e)					0	2,930
рег	b	Total fun	draising	expenses (Part IX, c	olumn (D), line 25)	13	,249	MPX"	stell/1889/15		472 S. T. L. S. A.
ũ					lines 11a-11d, 11f-24f)		· T		103	,503	110,780
	18	Total exp	enses	Add lines 13-17 (mus	st equal Part IX, column	(A), line 25)	• [		155	,699	177,160
				penses. Subtract line		. ,	Γ	-		,151	89,776
or Ses								Beginnin	g of Current \		End of Year
sets	20	Total ass	sets (Pa	rt X, line 16)			Γ		141	,804	233,519
Ase				Part X, line 26)			Γ			372	2,238
Net Assets or Fund Balance	22	Net asse	ts or fur	nd balances Subtract	line 21 from line 20		Γ		141	,432	231,281
Par			nature								
					ive examined this return, includ						
		and be	elief, it is tr	ue, correct, and complete	Declaration of preparer (other th	nan officer) is based o	n all inf	formation of	of which prepar	er has any knov	wledge
		│,、、	10		) I store and	00.			15.	- hull	2010
Sigi	n ·	/-		MUN P	<u> NIXXXII N</u>	2000				5/19/0	<u> </u>
Her			Signature o	of officer	1 0 1 0 0	0-1			Date /		
1101	•	7	<u> </u>	Janet B	<u>. Letours</u>	eau_	ككــــــــــــــــــــــــــــــــــــ	2011	a Che	ZU	
		<del></del>	- 7 Fac - 1 Fr.	nt name and title		T-2007	<del></del>				
		Prepa				Date	Che self-	eck if		Preparer's iden (see instructions)	
Paid		signat	ui e	U Elles		5/12/2010		oloyed		,	
-	arer's	Firm's	name (or	yours A Casatal Da		1 0/12/2010		<del></del>		·- <del></del>	
Use	Only	ıf self-	employed)	Coastal Doc					IN P	(0.07) 500 5	
			ss, and ZIF		on Road, Spruce Head,			<u> P</u>	hone no	(207) 596-6 <u></u>	
May	the IR	S discuss	s this ret	urn with the preparer	shown above? (see ins	tructions)					X Yes No
For F	rivacy	Act and F	Paperwo	rk Reduction Act Notic	e, see the separate instru	uctions.					Form 990 (2009)

	Part III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission	
	Expeditions with students from grade 7 through grade 12 throughout the U.S. that explore five program co	omponents, service to
	others, cultural diversity, adventure and image building, recreation with peers, and education. Approxima	
	students are served Adult mentors play important roles in each trip and with each student	
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 X No
	If "Yes," describe these new services on Schedule O	res No
_		
3	3, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	m,
	services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	· · · · · · · · · · · · · · · ·	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	ount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	a (Code ) (Expenses \$ 18,343 including grants of \$ 0 ) (Revenue \$	\$ 15,300)
	10th Grade Expedition "Across America" trip	
	This trip, like all others, has five components, service to other, cultural	
	diversity, adventure and image building, recreation with peers, and	
	play important roles in each trip and with each student. Twenty students	
	and six mentors go on this expedition	
4b	b (Code ) (Expenses \$ 2,777 including grants of \$ 0 ) (Revenue \$	\$ 8,550.)
	9th Grade Expedition "Ride Through History"	
	9th Grade Expedition "Ride Through History"  This expedition contains all the components, serves up to twenty	
	This expedition contains all the components, serves up to twenty	
	This expedition contains all the components, serves up to twenty students and six to eight mentors, and uses the trusty bus Daisy or Bessie	
	This expedition contains all the components, serves up to twenty students and six to eight mentors, and uses the trusty bus Daisy or Bessie for transportation down the eastern seacoast of America.	
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4c	This expedition contains all the components, serves up to twenty students and six to eight mentors, and uses the trusty bus Daisy or Bessie for transportation down the eastern seacoast of America.  (Code ) (Expenses \$ 5,297 including grants of \$ 0 ) (Revenue \$ 8th Grade Expedition This expedition contains all the components, serves up to twenty	
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	This expedition contains all the components, serves up to twenty students and six to eight mentors, and uses the trusty bus Daisy or Bessie for transportation down the eastern seacoast of America.  C (Code ) (Expenses \$ 5,297 including grants of \$ 0 ) (Revenue \$ 8th Grade Expedition This expedition contains all the components, serves up to twenty students and uses the bus to travel for fourteen days working by consensus and developing group problem solving skills	

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Form 9	990 (2009) Trekkers, Inc	01-0537500	F	age 🤅
Par	t IV Checklist of Required Schedules		1	
		Γ	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	. 1	X	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?		+	<del>  ^</del>
3	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Scholar II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	e) notice 5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, complete Schedule D, Part III	"		×
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	. 11	x	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	e		
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		-	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
0	Sid the organization report an amount and a second and a			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, P	od V		
•	Did the organization report an amount for other liabilities in Part X, line 25° ii Tes, complete schedule b, r  Did the organization's separate or consolidated financial statements for the tax year include a footnote that	an		
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D	Part X		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," con		1	re e
12	Schedule D, Parts XI, XII, and XIII	12		Х
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax	Yes No	7.5	
127	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrais	sing,		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	$\perp$	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	e		

to individuals located outside the United States? If "Yes," complete Schedule F, Part III

on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III .

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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Ollin	990 (2009) Trekkers, Inc U1	-053/500	P	age 4
Par	t IV Checklist of Required Schedules (continued)			
	B.10		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		1 1	
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	1	l	.,
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	- 1	1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	1 22		
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
<b>∠</b> +a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		}	
	24b through 24d and complete Schedule K. If "No," go to line 25	24a	}	X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		$\frac{\hat{x}}{x}$
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c	1 1	Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\frac{\hat{x}}{x}$
	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? If "Yes," complete Schedule L, Part I	25a	} {	Х
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		1 1	
	990-EZ? If "Yes," complete Schedule L, Part I	25b	] ]	Х
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? If "Yes," complete Schedule L, Part II	26		X
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?	{	1	
	If "Yes," complete Schedule L, Part III .	27		<u>X</u>
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)		****	1.17 (7) 3 (4)
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<b> </b> -	_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			.,
	Schedule L, Part IV .	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a		1	
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	00.	]	v
20	Part IV	28c		$\frac{x}{x}$
29 30	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
٠.	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	1		:-
	If "Yes," complete Schedule N, Part II	32	}	Χ
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? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		<u> X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		}	
	organization? If "Yes," complete Schedule R, Part V, line 2 .	36	L	_X_
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? If "Yes," complete Schedule R, Part	1 }		

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

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Par	Statements Regarding Other IRS Filings and Tax Compliance				
	•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				57.7
	U.S. Information Returns. Enter -0- if not applicable	1a	_1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	_이		
С	Did the organization comply with backup withholding rules for reportable payments to vendors	and reportable		: Ti	
•	gaming (gambling) winnings to prize winners?	I I	1c	X	80 410 T-
2a	Enter the number of employee's reported on Form W-3, Transmittal of Wage and Tax			Acce	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		<b>Z</b>	STORE S
b	If at least one is reported on line 2a, did the organization file all required federal employment to		* 2b	X	172275
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return	ı (see			
3a	instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year of	covered by			
Ja	this return?	covered by	3a	218.11	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	_	3b		
4a	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 ot	•			
	account)?		4a		Х
b	If "Yes," enter the name of the foreign country		33		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Fo	reign Bank 🖰			
	and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye		5a	-	<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter to		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Regarding	1_1		
6-	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	aia the			~
ь	organization solicit any contributions that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such conf	ributions or	6a		<u>X</u>
	gifts were not tax deductible?	indutions of	6ь	Ì	
7	Organizations that may receive deductible contributions under section 170(c).		\$4.2		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and part	ly for goods			
	and services provided to the payor?		7a		_X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	• •	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	h it was		į	
	required to file Form 8282?		7c	. application	X
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-4		2. 114.
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums obenefit contract?	on a personai	7-	SAFEE E	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	contract?	7e 7f		<del>^</del>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as requ		7g		<u>^</u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1		'9	1	
••	required?	000 0 00	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) suppor	ting		75	(F. 9.
	organizations. Did the supporting organization, or a donor advised fund maintained by a spons	-			
	organization, have excess business holdings at any time during the year? .		8		
9	Sponsoring organizations maintaining donor advised funds.		PAR.	4.5	
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	•	9b	**************************************	L / 200
10	Section 501(c)(7) organizations. Enter	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	—: I		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	11a		734	
	Gross income from embers or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		> section follows
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	TZ4	Mary .	

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

	Scriedule O See instructions				
Sect	ion A. Governing Body and Management				
		ı	W * 20 7 500 8	Yes	No
1a	Enter the number of voting members of the governing body	<b>1a</b> 1	1		
b	Enter the number of voting members that are independent	<del></del>	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation of the formal of the formal of the family relationship or a business relation of the formal of the family relationship or a business relation of the family relation of the family relationship or a business relation of the family relation of the family relationship or a business relation of the	ationship with	2	X	
3	Did the organization delegate control over management duties customarily performed by or u	nder the direct			
	supervision of officers, directors or trustees, or key employees to a management company or		3		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 9	90 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization	's assets?	5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or n of the governing body?	nore members	7a		×
b	Are any decisions of the governing body subject to approval by members, stockholders, or other	ner persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions unde			31.00	700.
	the year by the following:	<b>9</b>		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	100 B
а	The governing body?		8a	X	-12 P- 15 13
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	t be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the				
Reve	enue Code )				
		·		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities o	f such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization	n?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body b	efore filing the			
	form?		11	METHOD TO A	X
11A		•		<b>*53</b>	III.
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	•	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests trise to conflicts?	hat could give	12b		х
C	Does the organization regularly and consistently monitor and enforce compliance with the pol	icy? If "Yes,"			
	describe in Schedule O how this is done		12c		X
13	Does the organization have a written whistleblower policy?		13		_X_
14	Does the organization have a written document retention and destruction policy?		14		_X_
15	Did the process for determining compensation of the following persons include a review and a				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	ation and decision?		Shi	
а	The organization's CEO, Executive Director, or top management official		15a		<u>X</u>
b	Other officers or key employees of the organization	•	15b	36° <b>3</b> 0.000	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		4		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a	rrangement			
	with a taxable entity during the year?	A	16a	and the	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization		T.		
	its participation in joint venture arrangements under applicable federal tax law, and taken step	is to safeguard	16b	The said	
04	the organization's exempt status with respect to such arrangements?	· · · - · · · · ·	100	L	
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar	H 990-T (501(c)(2)c	only)		
18	available for public inspection. Indicate how you make these available. Check all that apply	iu 330-1 (301(6)(3)8	Orny)		
10	Own website  Another's website  X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing docum	nents conflict of inte	rest		
19	policy, and financial statements available to the public	ionio, cominci oi inte	. 031		
20	State the name, physical address, and telephone number of the person who possesses the be	ooks and records of	the		
20		207 506 65			
	organization Coastal Documentation  111 Decrease Poad Spring Head MF 04859	207-000-00	<u> </u>		

01-0537500

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons.

(A) (B) (C)						(D)	(E)	(F)		
Name and Title	Average hours per week	Por director		Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Jan Letourneau										
President	1 3	_ X	$oxed{oxed}$	Х				0	0	
Tom Armitage Treasurer	13	X		Х				0	O	
Bethany Yovino Secretary	1 3			Х				0	0	
Jean Faustini Director	1 3							0	0	
Zach Marvın Dırector	1 3	X						0	0	
Jack Carpenter Director	1 3	Х						0	0	
Meredith Joyce Director	1 3	Х						0	0	
Frank Magrogan Director	1 3	Х						0	0	
Lilli Martin Director	1 3	Х						0	0	
Gretchen Jordan Director	1 3	Х						0	0	
Jenifer Mumford Director	1 3	Х						0	0	
Donald Carpenter ED	45				х	х		45,020	0	
Meredith Lynt				-	$\dashv$		$\dashv$			
Program Director	40			ı		l		6,250	ol	

Pa	art VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees	and	Hig	jhesi	t Co	mpensated Em	ployees (d	ontin	ued)	
	(A)	(B)	(C)						(D)	(E)		(F,)	_
	Name and title	Average hours per		_			hat ap		Reportable compensation	Reportal	ition	Estimated amount of	
	:	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rela organizati (W-2/1099-I	ons	other compensation from the organization and related organization	n I
				_									
				· -									
									!				
											:		
1b	Total				_			•	51,270		0	<del></del> -	0
2	Total number of individuals (including but no reportable compensation from the organizat		e list	ed a	bove 0	e) wh	no red			00,000 in			
3	Did the organization list any <b>former</b> officer, employee on line 1a? <i>If "Yes," complete Sci</i>					yee,	or hi	ghe:	st compensated		3		lo X
4	For any individual listed on line 1a, is the su the organization and related organizations gundividual										4		<u>X</u>
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Ye	•			-				-		5		Χ
Sec	ction B. Independent Contractors										,		
1	Complete this table for your five highest con compensation from the organization	npensated indep	ende	ent c	ontra	acto	rs tha	at red	ceived more that	n \$100,000	O of		
	(A) Name and business a	ddress		-					(B) Description of serv	ices	Con	(C) npensation	
													0

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 in compensation from the organization

2

Par	t 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
ts ts	1a	Federated campaigns		1a	0				FERNAL SE
grants nounts	Ь	Membership dues .	. 1	1b	0				
g, To	С	Fundraising events		1c	58,195			<b>第345</b> 23	
Contributions, gifts, grants and other similar amounts	d	Related organizations .	·	1d	00,100		and the second		
s, g	(	Government grants (contributions)	·	1e			902 <u>(</u>		
Sin	e	• • • • • • • • • • • • • • • • • • • •		16			July 13r		
uti Te r	f	All other contributions, gifts, grants	I	45	404.500			74	
e is		similar amounts not included above	•	1f	184,562	7 10 20			5.7
Contributions, and other sim	9	Noncash contributions included in	lines 1a-1f \$	•			Age of the second	A Sales	100
	<u>h</u>	Total. Add lines 1a–1f				242,757			
Revenue	_				Business Code		FIFT MET.		27.46.00
š	2a	student fees				24,026	<del></del>	Ĺ	
ž	b	shirt sales				126			
څ	С					0		λ	
Sei	d				 	0			<u></u>
표	е					0			
Program Service	f	All other program service revenue				0			
Ŗ.	g	Total. Add lines 2a-2f			<b></b>	24,152	The second second		75. THE / 1912
	3	Investment income (including divide	ends, interest	, an	d				
		other similar amounts) .				27	<del> </del>		
	4	Income from investment of tax-exe	mpt bond pro	cee	ds -	0			
	5	Royalties	<del></del>		<u>.</u> ▶	0	ad another manerometers take	Contract of the contract of th	To the a section of the section
	1		(ı) Real		(ii) Personal		1.2	V	
	6a	Gross Rents						<i>6</i>	
	b	Less rental expenses							
	С	Rental income or (loss) .		_ 0	0		445		
	d	Net rental income or (loss)			<b>&gt;</b>	0			
	7a	Gross amount from sales of	(i) Securities		(II) Other			Track Control	
		assets other than inventory		0	0				
	b	Less cost or other basis							
		and sales expenses .		0	0		100		
	c	Gain or (loss)		0	0				
	d	Net gain or (loss)			•	0		(1828	AMADEMIN'S SINGLA-ME
	8a	Gross income from fundraising		·	•				
ne	""	events (not including \$	0						
eu		of contributions reported on line 1c)							
ě		See Part IV, line 18	,						
Other Revenu			•	a		•			
he	b	Less direct expenses	_	b [	0				
ō	C	Net income or (loss) from fundraisir		Г		U		SECTION CONTRACTOR TO THE	1.1.0 × 1 × 2.00 0 1 × 2.00
	9a	Gross income from gaming activitie	s		_				
		See Part IV, line 19		a	0			C Same	M. S.
	b	Less direct expenses .		b	0				300 APRIL 2004 200
	С	Net income or (loss) from gaming a	ctivities	,	<b>&gt;</b>	0			
	10a	Gross sales of inventory, less		- 1	[				
		returns and allowances		а	0				
	b	Less cost of goods sold		ь	0				
ł	-	Net income or (loss) from sales of it	nventory.	•		0			
		Miscellaneous Revenue		Т	Business Code		<b>K 1200 P</b> 1.73	West Constitution	PERMIT
	11a					0	AND ANDRESS AND ANDRESS	AND AN ARCHITECTURE SANCTES AND TO SALES	AND THE RESIDENCE OF MANY WEST STATES
}	b			ŀ		0			<del></del>
	2			ł		0			
	C -1	All other roverse		}					
	d	All other revenue	-	Ĺ		0	SACE SHAME IN THE	PLANT - VALUE -	NATIONAL PROPERTY.
	е	Total. Add lines 11a–11d	•		<b>&gt;</b>	0	ELDERT EREZT	THE RESIDENCE OF THE PARTY OF T	Karakan di
	12	Total revenue. See instructions			<b>▶</b>	266 936	ΛI	OI.	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).

	All other organizations must complete colum	ii (A) but are not re	danea to complete	Columns (B), (C),	and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(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	)		
2	Grants and other assistance to individuals in				EPELENS AND AREA
	the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments,			77.5642.77.47.539.8	
_	organizations, and individuals outside the		1		
	U.S. See Part IV, lines 15 and 16	0	j		
4	Benefits paid to or for members	0	<del> </del>		
5	Compensation of current officers, directors,	ļ	<del></del>	- MEALT SYSTEM 1. SANCETTS	SCREEKSMY 'N' N-FRESHY EN AND AND
•	trustees, and key employees		}		
6	Compensation not included above, to disqualified	0	<del> </del>	<del> </del>	<del> </del>
0	persons (as defined under section 4958(f)(1)) and		(		
					<b>,</b>
-	persons described in section 4958(c)(3)(B).	51.070		54.070	<del> </del>
7	Other salaries and wages	51,270	<del>\</del>	51,270	
8	Pension plan contributions (include section 401(k)	_		}	
_	and section 403(b) employer contributions)	0	<del></del>	<del></del>	
9	Other employee benefits	8,258		8,258	
10	Payroll taxes	3,922		3,922	
11	Fees for services (non-employees)	'	Ĺ	<i>'</i>	
а	Management	0			
b	Legal .	0			
С	Accounting	1,735		1,735	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	2.930	7.5.44.7.30.5 <b>76</b> 7.4		
f	Investment management fees .	0	<del></del>		
g	Other	0		<del></del>	<del> </del>
12	Advertising and promotion	0	<del></del>	<del></del>	<del></del>
13	Office expenses	9,966	<del></del>	9,966	<del></del>
14	Information technology .	0,000	<del> </del>	0,000	
15	Royalties	0	<del></del>		
16	Occupancy	0	<del></del>		
17	Travel	17,791	15,791	2,000	
18	Payments of travel or entertainment expenses	17,731	15,791	2,000	<del></del>
10	for any federal, state, or local public officials		,		
	· · · · · · · · · · · · · · · · · · ·	0	<del></del>		
19	Conferences, conventions, and meetings	<del></del>	<del></del>	26	·
20	Interest	25		25	
21	Payments to affiliates	0		4.005	
22	Depreciation, depletion, and amortization .	19,445		4,085	0
23	Insurance	8,508	3,600	4,908	A Bridge to the Salaria Marie and A
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together			ANG SANCTON	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				is at the state of
а	Fundraising expense	13,249		<u></u>	13,249
b	trip food, educational components, accomodation	19,530		<u> </u>	
С	repairs (bus)	2,810			
d	supplies and small equipment	2,381	2,381	·	
е	other expense	11,218			<u> </u>
f	All other expenses mentoring, scholarships	4,122	4,122		
25	Total functional expenses. Add lines 1 through 24f	177,160	74,812	86,169	13,249
26	Joint costs. Check here ▶ if following				- <del>-</del>
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined	1	}		
	educational campaign and fundraising	1			
	solicitation	<del></del>	L	<del></del>	Form 990 (2000)

	990 (20					01-0537500	Page <b>11</b>
P	art X	Balance Sheet				<del>,</del>	
		•		(A) Beginning of year		(B) End of ye	ear
	1	Cash—non-interest-bearing		30,017	1_		56,545
	2	Savings and temporary cash investments		73,387	2		153,933
	3	Pledges and grants receivable, net	•	0	3		0
	4	Accounts receivable, net			4		0
	5	Receivables from current and former officers, of	directors, trustees, key			Control	
		employees, and highest compensated employees. Schedule L	ees. Complete Part II of	0	5		
	6	Receivables from other disqualified persons (a	s defined under section				
		4958(f)(1)) and persons described in section 4 Part II of Schedule L	958(c)(3)(B) Complete	0	6		
ţ	7	Notes and loans receivable, net		0	7	<u> </u>	0
Assets	8	Inventories for sale or use	• • •	<del></del>	8		
å	9	Prepaid expenses and deferred charges			9	·- ·-	
	10a		10a 84,08	6	CHAR		
	l	other basis Complete Part VI of Schedule D					
	b	•	<b>10b</b> 61,04	5 38,400	10c	- Acomo as to the same of the	23,041
	11	Investments—publicly traded securities		0	11		0
	12	Investments—other securities See Part IV, line	e 11	0	12		0
	13	Investments—program-related 'See Part IV, lin	e 11	0	13		0
	14	Intangible assets		0	14		0
	15	Other assets See Part IV, line 11.		0	15		0
	16	Total assets. Add lines 1 through 15 (must eq	ual line 34)	141,804	16		233,519
	17	Accounts payable and accrued expenses	372	17		2,238	
	18	Grants payable .			18		
	19	Deferred revenue .	•		19		
	20	Tax-exempt bond liabilities		0			
Liabilities	21	Escrow or custodial account liability. Complete		in the second control of the second control	21	- Champelle agen	PT SERIESTOPPER
₹	22	Payables to current and former officers, director					
<u> </u>		employees, highest compensated employees,	and disqualified				
	00	persons Complete Part II of Schedule L		0	22		
	23	Secured mortgages and notes payable to unrel Unsecured notes and loans payable to unrelate		0	_		0
	24 25	Other liabilities Complete Part X of Schedule D	•	0			<u>0</u> 0
	26	<b>Total liabilities.</b> Add lines 17 through 25	, .	372	26		2,238
es	_20	Organizations that follow SFAS 117, check I complete lines 27 through 29, and lines 33 a		312	20		2,250
anc.	27	Unrestricted net assets	VT.	141,432	27		231,281
a	28	Temporarily restricted net assets	•	141,432	28		231,201
Б	29	Permanently restricted net assets			29		
Fund Balances	23	Organizations that do not follow SFAS 117,	check here▶		23		
ō		and complete lines 30 through 34.		100 A			
ets	30	Capital stock or trust principal, or current funds	And the second s	30			
ASS	31	Paid-in or capital surplus, or land, building, or e	quipment fund		31		
Net Assets or	32	Retained earnings, endowment, accumulated in	•	32			
ž	33	Total net assets or fund balances		141,432	33		<u>231,281</u>
	34	Total liabilities and net assets/fund balances.		141,804	34		233,519

3b

Form 9	90 (2009) Trekkers, Inc	01-0537500	P	age 12
Part	XI Financial Statements and Reporting	,		
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	100 m		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			12.2
	Schedule O			2-E
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	2a		X
b	Were the organization's financial statements audited by an independent accountant?	. 2b		Х
С	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	- T-	Property of	型,湖
	Schedule O			170
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	27.72		Section 1
	ssued on a consolidated basis, separate basis, or both		1	
	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	l j		1
	the Single Audit Act and OMB Circular A-133?	. 3a		X

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

Form **990** (2009)

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

## **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.

0000

Department of the Treasury Internal Revenue Service

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

section	2009
	Open to Public
ons.	Inspection
Employer identifi	cation number

OMB No 1545-0047

Name of	the organization							Employe	er identifica	tion numt	er	
Trekker										537500		
Part I			harity Status (All or						instructio	ns		
	_	=	dation because it is (F						/:X			
1 [	=		urches, or association				cuon 170	(D)(T)(A)(	(1).			
2	=		ion 170(b)(1)(A)(ii). (A		-		4					
3	<del>'''</del>		hospital service organ									
4 _		esearch organiz ame, city, and s	ation operated in conj tate	unction w	ith a hosp	oital desci	ibed in se	ection 17	0(b)(1)(A)	)(iii). En	ter the	
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, s	tate, or local go	vernment or governme	ental unit	described	ın sectio	n 170(b)(	1)(A)(v).				
7			lly receives a substant )(1)(A)(vi). (Complete	-	fits suppo	ort from a	governme	ental unit	or from th	e gener	al pub	lic
8	A communit	ty trust describe	d in <b>section 170(b)(1</b> )	(A)(vi). (	Complete	Part II)						
9 <u>x</u>	An organiza receipts from support from	ition that normal m activities relat n gross investm	fly receives (1) more the to its exempt function of the transfer of the transf	han 33 1/ ons—sub ited busir	/3 % of its oject to ce ness taxab	support to rtain exce ble income	eptions, ar e (less se	nd (2) no i ction 511	more thar	33 1/3	% of it	
10	An organiza	ition organized a	and operated exclusive	ely to test	for public	safety S	ee <b>sectio</b>	n 509(a)	(4).			
11	=		and operated exclusive	-	-	-				ry out th	ie	
е 🗌	509(a)(3). C a Type By checking persons oth	theck the box the b b the box, I certified the box because the box is the	iblicly supported organat describes the type of Type II cfy that the organization managers and others.	of support Type I s not co	ting organ e III–Fun ontrolled o	ization ar ctionally i lirectly or	nd comple ntegrated indirectly	te lines 1 by one or	1e through d	h 11h Type III- squalified	-Other	
f	If the organi		a written determinatio	n from the	e IRS that	it is a Ty	pe I, Type	II, or Typ	e III supp	orting		
g	-	st 17, 2006, has	the organization acce	epted any	gift or cor	ntribution	from any	of the	• •			لـــا
			or indirectly controls,	either ald	ne or tog	ether with	persons	described	l in (II)		Yes	No
			verning body of the su		organizatio	on?	•			11g(i)		
			person described in (i	•	. (iı) ahav	-0	•			11g(ii)	-	
h			ty of a person describe ation about the suppo							11g(iii)	·	L
(ı) Nan	ne of supported rganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the	organization sted in your document?	(v) Did the orga col (i)	you notify nization in of your port?	organiza (i) organi	Is the tion in col ized in the S?		Amount	t of
				Yes	No	Yes	No	Yes	No	<u></u>		
		[	[		[	1				ľ		
									<del>                                     </del>	_		0
												0
				<del> </del>						-		0
	· <del>-</del>								-			0
	· <del>-</del>					1. The state of th						0
Total		PERSONAL STATE OF STA	LOUPING COLUMN ACTION OF THE SECOND	La Proposition Section (1998)	HEREN THE PARTY OF	<b>1000年,他的</b>	12 南京公安縣公司與	PENETRAL POT WAS	I Park Link To Mill	1		Ω

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	0 00%
15	Public support percentage from 2008 Schedule A, Part II, line 14 .	 15_	0 00%

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 . . . ▶

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

box and stop here. The organization qualifies as a publicly supported organization

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. ▶

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

Pai	t III Support Schedule for Organi			tion 509(a)(2)			
-	(Complete only if you checked	the box on line	e 9 of Part I)				
	tion A. Public Support endar year (or fiscal year beginning in)	(a) 2005	(F) 2006	(=) 2007	(4) 2009	(-) 2000	(f) Total
Cai		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and			-			
	membership fees received (Do not	24.544	440.004	400.450	404000	101.500	040.000
	include any "unusual grants.")	64,514	143,284	102,453	124,990	184,562	619,803
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished			i			
	in any activity that is related to the	24.500	40.000	05.000	04.405	24.50	455.000
3	organization's tax-exempt purpose	31,560	42,283	35,903	21,485	24,152	155,383
3	Gross receipts from activities that are not an unrelated trade or business under section 513	22.062	0	41,439	33,346	58,195	155.042
4	Tax revenues levied for the organization's	22,963		41,439	33,340	36,193	155,943
•	benefit and either paid to or expended on	1					
	ıts behalf .	l ol	0				0
5	The value of services or facilities						
	furnished by a governmental unit to the	]	j	J			
	organization without charge	0	0				0
6	<b>Total.</b> Add lines 1 through 5	119,037	185,567	179,795	179,821	266,909	931,129
7a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received		i				
•	from other than disqualified persons that			-			
	exceed the greater of \$5,000 or 1% of the	}					
	amount on line 13 for the year						0
C	Add lines 7a and 7b .	0	0	0	0	0	0
8	Public support (Subtract line 7c from		× satisfi				
Soci	line 6)	A CONTRACT OF THE CONTRACT OF					931,129
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Jaic		<u> </u>					
9	Amounts from line 6	119,037	185,567	179,795	179,821	266,909	931,129
10a							
	payments received on securities loans, rents, royalties and income from similar						
	sources .	24	429	1,212	29	27	1,721
b	Unrelated business taxable income (less		720				1,721
	section 511 taxes) from businesses						
	acquired after June 30, 1975	i					0
С	Add lines 10a and 10b	24	429	1,212	29	27	1,721
11	Net income from unrelated business						
	activities not included in line 10b,				,		
	whether or not the business is regularly			1			_
42	carried on						0
12	Other income. Do not include gain or loss from the sale of capital assets	[ [	1	ĺ		1	
	(Explain in Part IV)	o	o				0
13	Total support. (Add lines 9, 10c, 11,	<b>├</b>					
	and 12)	119,061	185,996	181,007	179,850	266,936	932,850
14	First five years. If the Form 990 is for the org						
	organization, check this box and stop here				•		▶ 🔲
Sect	ion C. Computation of Public Support	Percentage					
15	Public support percentage for 2009 (line 8, co		d by line 13, co	olumn (f))		15	99 82%
16	Public support percentage from 2008 Schedu					16	99 78%`
Sect	ion D. Computation of Investment Inc						
17	Investment income percentage for 2009 (line	10c, column (f)	divided by line	e 13, column (f	))	17	0_18%
18	Investment income percentage from 2008 Sc	hedule A, Part	III, line 17			18	0 22%
19a	33 1/3% support tests-2009. If the organiza						d line 17 is
	not more than 33 1/3%, check this box and s						ightharpoons
b	33 1/3% support tests-2008. If the organization d						
	line 18 is not more than 33 1/3%, check this box ar						▶
20	Private foundation. If the organization did no	ot check a box o	on line 14, 19a,	, or 19b, check	this box and s	ee instructions	▶ 🗍

Schedule A (Form	990 or 990-EZ) 2009	Trekkers, Inc			•		01-0537500	Page <b>4</b>
Part IV	Supplemental	Information.	Complete this	part to provide	e the explanation	s required	by Part II, line 1	0,
	Part II, line 17a	or 17b; and F	art III, line 12.	Provide any o	ther additional inf	formation	See instructions	,
								<b>-</b>
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## SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2009

Open to Public

Open to Public Inspection

Employer identification number Name of the organization 01-0537500 Trekkers, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) . 4 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 6 used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes No purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements . Number of conservation easements on a certified historic structure included in (a) 2c C 2d Number of conservation easements included in (c) acquired after 8/17/06 d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 . (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	dule D (Form 990) 2009					, Page <b>2</b>
Par	t III Organizations Maintaining Co	ollections of Art	, Historical	Treasures, or	Other Similar A	Assets (continued)
3	Using the organization's acquisition, accuse of its collection items (check all that				-	significant
а	Public exhibition	d	Loan	or exchange pro	ograms	
b	Scholarly research	е	Other			
С	Preservation for future generation	IS				
4	Provide a description of the organization Part XIV	n's collections and	explain how t	hey further the	organization's exe	empt purpose in
5	During the year, did the organization so assets to be sold to raise funds rather the	licit or receive don nan to be maintain	ations of art, l led as part of t	nistorical treasu the organization	res, or other simil	ar Yes No
Par	t IV Escrow and Custodial Arran IV, line 9, or reported an amou				wered "Yes" to	Form 990, Part
1a	Is the organization an agent, trustee, cu	stodian or other in	termediary fo	r contributions of	or other assets no	t
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Par	t XIV and complete	e the following	ı table	<del> </del>	<del></del>
_	Downsian belows			-		Amount
c d	Beginning balance		-	• • •	1c	
e	Distributions during the year	•	•	• • -	1d	
f	Ending balance	• • •	• • • •	ŀ	1e	0
2a	Did the organization include an amount	on Form 000 Dec	+ V. lina 242	Г		
b	If "Yes," explain the arrangement in Part		LA, IIIIe ZT?			Yes X No
Part			on answered	d "Yes" to Form	n 990 Part IV I	ine 10
			(b) Prior year	(c) Two years bac	<del></del>	
1a	Beginning of year balance					
b	Contributions			ADMAGES 2009		
С	Net investment earnings, gains,			- 28	· William	
	and losses					
d	Grants or scholarships .					<u>/4                                     </u>
е	Other expenditures for facilities					
	and programs					
t g	End of year balance	0				September 1990
2	Provide the estimated percentage of the		held as	and the second		***
a	Board designated or quasi-endowment	<b>▶</b>	%			
b	Permanent endowment	% _				
С	Term endowment ▶ %					
3a	Are there endowment funds not in the po	ossession of the or	rganization tha	at are held and	administered for t	he
	organization by <sup>.</sup>					Yes No
	(i) unrelated organizations . ,					3a(i)
L	(ii) related organizations					3a(ii)
b 4	If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of				•	3b
Part					line 10	
	Description of investment	(a) Cost or other bas			c) Accumulated	(d) Book value
	bescription of investment	(investment)	1 ' '	(other)	depreciation	(u) book value
1a	Land		0	0	- 1 Maria	0
b	Buildings		0	0	0	0
С	Leasehold improvements		0	0	0	0
d	Equipment		0	4,085	4,085	0
e	Other	<u> </u>	0	80,001	56,960	23,041
Total	. Add lines 1a through 1e (Column (d) m	ust equal Form 99	0, Part X, colu	ımn (B), lıne 10	(c).) . <b>•</b>	23,041

Trekkers, Inc 01-05

Schedule D (Form 990) 2009		Page <b>3</b>
Part VII Investments—Other Securitie	s. See Form 990, Part X,	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	0	
Closely-held equity interests	0	
Other	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
T. 100 1 10 10 10 10 10 10 10 10 10 10 10	0	
Part VIII Investments—Program Relate	·	
	T	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	0	
	0	
	0	
	0	
<del>-</del>	0	
<del></del>	0	
	0	
<del></del>	0	<del></del>
<del></del>	0	
Total (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	
Part IX Other Assets. See Form 990, P		
<del></del>	a) Description	(b) Book value
	a) = 000.1p.10.1	0
		0
		0
		0
		0
		0
		0
		0
		0
		0
Total. (Column (b) must equal Form 990, Part X, of Part X Other Liabilities. See Form 990		<u>▶</u> 0
1. (a) Description of liability	(b) Amount	
Federal income taxes	(b) Amount	
- ederal medine taxes		
······································		
	<del></del>	0
		0
		0
		0
		0
		0
		0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		0

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Scrie	101e D (F01fff 990) 2009		Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financia	I Statements	,
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	266,936
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	177,160
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	89,776
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	89,776
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities . 2b		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)	4	
е	Add lines 2a through 2d	2e	_ 0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	0
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens	es per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	
а	Donated services and use of facilities	100 mg	
b	Prior year adjustments		
C	Other losses	7.77	
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	83.5	<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	431	
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	<u>o</u>
	t XIV Supplemental Information	<del></del>	<u> </u>
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and part to provide any additional information.	4b Also complete	e 
		,	

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

Department of the Treasury Internal Revenue Service

## Supplemental Information Regarding **Fundraising or Gaming Activities**

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

OMB No 1545-0047 Open To Public

	Revenue Service		=			Form 990-EZ, line 6a separate instructions.		Inspection
Name o	of the organization		ttuen to 1 omi 330	OI TOINI SSC	-LZ. V Gee	separate maduccons.	Employer identificat	ion number
<u> Trekk</u>	ers, Inc					·	01-05	37500
Par						ered "Yes" to Forr	n 990, Part IV, lin	e 17
aı	1 01111 330-1	Z filers are not	<del></del>	<del></del>				
1		=	ised funds thro	· —		ing activities Chec		
а	X Mail solicitatio	ns		===		of non-government	=	
b	X Internet and e	mail solicitations		$f \times S$	Solicitation	of government gran	nts	
С	Phone solicita	tions		g X	Special fund	draising events		
d	X In-person solid	citations						
2a						l (including officers, th professional fund		Yes X No
b	If "Yes," list the ter		•	-		=	- ,	
-	to be compensated				.00.0, pu.0	dani to agreement		arraraisor 13
			r		<del></del> 1	<u> </u>	63 4	
	(i) Name of Indi or entity (fundra		(ii) Activity		draiser have r control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
	or entry (lundre	1001)		1	outions?	nom activity	fundraiser listed in	organization
				Yes	No		col (i)	<del></del>
				100				
						0	0	0
				1	1 1			•
				-		0	0	0
				1		o	o	0
				<del> </del>	ļ	0	0	0
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			<del>_</del>	-l	<del></del>			
otal				<u>.                                    </u>	.▶	0	0	0
	List all states in wh		on is registered	or license	d to solicit	funds or has been	notified it is exemp	t from
	registration or licen	sing						
					. <b></b>			
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Pa	ırt li			nization answered "Yes a List events with gros		
		more than \$13,000	(a) Event #1  Auction (event type)	(b) Event #2  (event type)	(c) Other events  NONE  (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 2	Gross receipts Less Charitable	5,245	0	0	5,245
	3	contributions Gross income (line 1 minus line 2)	5,245	0	0	5,245
	4	Cash prizes	0	0	0	0
	5	Noncash prizes .	0	0	. 0	0
Direct Expenses	6	Rent/facility costs	0	0	0	0
Exp	7	Food and beverages	0	0	. 0	
Direct	8	Entertainment	0	0	0	0
	9	Other direct expenses	0	0	0	0
Pa	10 11 rt III	Direct expense summary Net income summary Complete	mbine line 3, column (d),			( 0) 5,245
		than \$15,000 on Fo				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue				0
ses	2	Cash prizes			•	0
Expenses	3	Noncash prizes .				0
Direct 1	4	Rent/facility costs				0
	5	Other direct expenses	Yes %	Yes %	Yes %	0
	6	Volunteer labor .	No	No	No \	<b>10</b>
	7	Direct expense summary	Add lines 2 through 5 in o	column (d)	•	( 0)
	8	Net gaming income summ	ary Combine line 1, colu	mn d, and line 7	<u> </u>	0
9 a b	ls	nter the state(s) in which the the organization licensed to 'No," explain:			?	9a
		ere any of the organization' 'Yes," explain	s gaming licenses revoke	ed, suspended or terminat	ted during the tax year?	10a
11 12	ls	pes the organization operate the organization a grantor, med to administer charitab	beneficiary or trustee of a		artnership or other entity	11 12

	•				Yes_	No
13	Indicate the percentage of gaming activity operated in			5-12	7.4	
а	The organization's facility	13a		<u>%</u> =		
b	An outside facility	13b		<u>%</u> ****		
14	Enter the name and address of the person who prepares the organization's gaming/s	specia	l events books			
	and records					
	;					
	Name ▶	·		<b>3</b> 53%		
		•			10.00	ri <b>a</b> de mi
	Address •					
15a	Does the organization have a contract with a third party from whom the organization	receive	es gaming	450		
<b>L</b>	revenue?  If "Yes," enter the amount of gaming revenue received by the organization ▶ \$		and the	15a		574.6°
þ	amount of gaming revenue retained by the third party > \$		and the		26	
С	If "Yes," enter name and address of the third party					an Guidalan Na hada
Ū	The foot from and address of the time party					
	Name ▶					
	Address ▶					
16	Gaming manager information					7
	Name ▶					-
						7.7
	Gaming manager compensation ▶ \$ 0	•			lar ye san	10 gg
	Description of services provided					i and
	Director/officer Employee Independent contract	ctor				in a series
				,	3.3	
17	Mandatory distributions	aomin	a proceede to			
а	Is the organization required under state law to make charitable distributions from the retain the state gaming license?	yanını	g proceeds to	17a	\$2\**********************************	18/44° 25/3
<b>b</b>	Enter the amount of distributions required under state law to be distributed to other ex	xempt	organizations			4
D	or spent in the organization's own exempt activities during the tax year   \$\bigsec\$	veribi	o.gamzanons			
	of opone in the organization of other exempt detended defining the tax year - +			Felling Property	AND SHIPS OF	No. of Contraction of the Assessment

### SCHEDULĘ O (Form 990)

### Supplemental Information to Form 990

2009

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

• Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization Trekkers, Inc. 01-0537500 Form 990 Part VI Section A Line 2 One director is the uncle of the Executive Director Form 990 Part VI Section C Line 19 All organizational documents are available for review by request and appt.