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Department of the Treasury
Internal Revenue Service

Name of the organization

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.

Employer identification number

"Stafford Lake Association

02:052 9959

Part	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
1	☐ Section 501(c)(3) organization. Complete this section if the organization is a corporation, trust, unincorporated association, or other entity that is not an individual or partnership.
2	☐ Section 501(c)(29) organization. Complete this section if the organization is a qualified pension, profit-sharing, or annuity plan.
3	☐ Section 501(c)(28) organization. Complete this section if the organization is a qualified employee leasing organization.
4	☐ Section 501(c)(27) organization. Complete this section if the organization is a qualified employee benefit plan.
5	☐ Section 501(c)(26) organization. Complete this section if the organization is a qualified employee benefit plan.
6	☐ Section 501(c)(25) organization. Complete this section if the organization is a qualified employee benefit plan.
7	☐ Section 501(c)(24) organization. Complete this section if the organization is a qualified employee benefit plan.
8	☐ Section 501(c)(23) organization. Complete this section if the organization is a qualified employee benefit plan.
9	☐ Section 501(c)(22) organization. Complete this section if the organization is a qualified employee benefit plan.
10	☐ Section 501(c)(21) organization. Complete this section if the organization is a qualified employee benefit plan.
11	☐ Section 501(c)(20) organization. Complete this section if the organization is a qualified employee benefit plan.
12	☐ Section 501(c)(19) organization. Complete this section if the organization is a qualified employee benefit plan.
13	☐ Section 501(c)(18) organization. Complete this section if the organization is a qualified employee benefit plan.
14	☐ Section 501(c)(17) organization. Complete this section if the organization is a qualified employee benefit plan.
15	☐ Section 501(c)(16) organization. Complete this section if the organization is a qualified employee benefit plan.
16	☐ Section 501(c)(15) organization. Complete this section if the organization is a qualified employee benefit plan.
17	☐ Section 501(c)(14) organization. Complete this section if the organization is a qualified employee benefit plan.
18	☐ Section 501(c)(13) organization. Complete this section if the organization is a qualified employee benefit plan.
19	☐ Section 501(c)(12) organization. Complete this section if the organization is a qualified employee benefit plan.
20	☐ Section 501(c)(11) organization. Complete this section if the organization is a qualified employee benefit plan.
21	☐ Section 501(c)(10) organization. Complete this section if the organization is a qualified employee benefit plan.
22	☐ Section 501(c)(9) organization. Complete this section if the organization is a qualified employee benefit plan.
23	☐ Section 501(c)(8) organization. Complete this section if the organization is a qualified employee benefit plan.
24	☐ Section 501(c)(7) organization. Complete this section if the organization is a qualified employee benefit plan.
25	☐ Section 501(c)(6) organization. Complete this section if the organization is a qualified employee benefit plan.
26	☐ Section 501(c)(5) organization. Complete this section if the organization is a qualified employee benefit plan.
27	☐ Section 501(c)(4) organization. Complete this section if the organization is a qualified employee benefit plan.
28	☐ Section 501(c)(3) organization. Complete this section if the organization is a qualified employee benefit plan.

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)(vi).** (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? ☐
- h Provide the following information about the supported organization(s).
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

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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.")	7780	7935	8755	9480	19366	48,316
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	425	1,265	3715	1787	2690	12,912
3 Gross receipts from activities that are not an unrelated trade or business under section 513	6010	25,645	17,509	18,515	17,551	85,230
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	14,215	34,845	30,009	32,782	39,607	142,958
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	2000	2000	2000	2000	6000	14,000
c Add lines 7a and 7b	2000	2000	2000	2000	6000	14,000
8 Public support. (Subtract line 7c from line 6.)	12,215	32,845	28,009	30,782	28,607	132,458

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	14,215	34,845	30,009	32,782	31,107	142,958
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7	728	873	395	17	2019
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	7	728	873	395	17	2019
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	14,222	35,573	30,882	33,177	31,654	148,507

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	89	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	91	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2	%

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 ☐