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..8GHANGE 10QF5 AACCOUNTING PERIOD

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)

<u>A F</u>	al Revenue Si	The organization may have to use a cop	by of this return to satisf	state reporting requ	rements.	Inspection
	or the 2009	alendar year, or tax year beginning 07/01/09	and ending $12/3$	L/09		
B Ch	heck if applicable	Please C Name of organization			D Employe	r identification numbe
L Ar	ddress change	use IRS Ritter Charitabl	e Trust			
N.	ame change	print or Doing Business As		T	04-6	971851
	itial return	type. Number and street (or P O box if mail is not delivered to street at	ddress)	Room/suite	E Telephon	
_		Specific 1635 Village Center Circle		160	702-	<u>892-2326</u>
	ermination	Instruc- City or town, state or country, and ZIP + 4			G Gross receipts	\$ 2
Ar	mended return	tions. Las Vegas NV	89134			
A	pplication pendin	F Name and address of principal officer			H(a) Isthisagi	
_		John Ritter			affiliates?	
		1635 Village Center Cir, S			H(b) Are all affi included?	Ilates Yes N
			39134		If "No," att	ach a list (see instructions)
<u> </u>	Tax-exempt sta		or 527	***		
		www.rittertrust.org		4		emption number
		n X Corporation Trust Association Other ▶	<u> </u>	L Year of formation 2	002 <u>m</u>	State of legal domicile N
Pa	art I	ummary				
	_	lescribe the organization's mission or most significant activ				
e l		improve the quality of life for wo				
and	Nev	ada through thoughtful grant makin	g and establis	hment of		
Activities & Governance	nev	programs.				
Š	2 Check	his box ▶ 🧻 if the organization discontinued its operation	s or disposed of more t	nan 25% of its net as:	sets	
	3 Numbe	of voting members of the governing body (Part VI, line 1a)		3 '	7
es	4 Numbe	of independent voting members of the governing body (Pa	art VI, line 1b)		4	7
ξ	5 Total n	ımber of employees (Part V, line 2a)			5	0
<u> </u>	6 Total n	imber of volunteers (estimate if necessary)			6	2
`	7a Total g	oss unrelated business revenue from Part VIII, column (C)	, line 12		7a	
	b Net un	elated business taxable income from Form 990-T. line 34_			7b	
		RE(CEIVED	Prior Ye		Current Year
۰	8 Contrib	utions and grants (Part VIII, line 1h)	SC	3	5,000	
Revenue	9 Progra	n service revenue (Part VIII, line 2g)				
Š	10 Investr	ent income (Part VIII, column (A), lines 3, 4, and 7d) JUN	0 8 2010		7,671	2
"	11 Other I	evenue (Part VIII, column (A), lines 5, 6d, 8c, 🖟, 🛍c, and	11e) 🔀	2	0,018	
\dashv	12 Total re	venue – add lines 8 through 11 (must equal Part VIIIເ ງຜູງຊາ	MICANINE 120	6	2,689	2
ļ	13 Grants	and similar amounts paid (Part IX, column (A), Thes 1–3)		9	8,188	31,05
- 1	14 Benefit	s paid to or for members (Part IX, column (A), line 4)				
Ses	15 Salarie	s, other compensation, employee benefits (Part IX, column	(A), lines 5-10)			
l se	16a Profes	ional fundraising fees (Part IX, column (A), line 11e)				
Expen	b Total fo	ndraising expenses (Part IX, column (D), line 25) ▶			1	
	17 Othor					
ш	17 Other t	xpenses (Part IX, column (A), lines 11a-11d, 11f-24f)		3	7,497	15,97
- 1		xpenses (Part IX, column (A), lines 11a–11d, 11f–24t) xpenses Add lines 13–17 (must equal Part IX, column (A),	line 25)		7,497 5,685	
	18 Total e		line 25)	13 -7	5,685 2,996	47,03
	18 Total e	penses Add lines 13-17 (must equal Part IX, column (A),	line 25)	13 -7 Beginning of Cu	5,685 2,996 rrent Year	47,03 -47,00 End of Year
!	18 Total e19 Revenue20 Total a	penses Add lines 13–17 (must equal Part IX, column (A), e less expenses Subtract line 18 from line 12 ssets (Part X, line 16)	line 25)	13 - 7 Beginning of Cu 1,36	5,685 2,996 rrent Year 8,848	47,03 -47,00 End of Year 1,463,10
	18 Total e19 Revent20 Total a21 Total li	spenses Add lines 13–17 (must equal Part IX, column (A), e less expenses Subtract line 18 from line 12 seets (Part X, line 16) bilities (Part X, line 26)	line 25)	13 -7 Beginning of Cu 1,36 68	5,685 2,996 rrent Year 8,848 5,142	47,03 -47,00 End of Year 1,463,10 632,19
Net Assets or Fund Balances	18 Total e 19 Reven 20 Total a 21 Total li 22 Net as	spenses Add lines 13–17 (must equal Part IX, column (A), eless expenses. Subtract line 18 from line 12 sets (Part X, line 16) bilities (Part X, line 26) ets or fund balances. Subtract line 21 from line 20	line 25)	13 -7 Beginning of Cu 1,36 68	5,685 2,996 rrent Year 8,848	47,03 -47,00 End of Year 1,463,10 632,19
Fund Balances	18 Total e 19 Reven 20 Total a 21 Total II 22 Net as	spenses Add lines 13–17 (must equal Part IX, column (A), e less expenses Subtract line 18 from line 12 seets (Part X, line 16) bilities (Part X, line 26)	line 25)	13 -7 Beginning of Cu 1,36 68	5,685 2,996 rrent Year 8,848 5,142	47,03 -47,00 End of Year 1,463,10 632,19
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Net Assets or Fund Balances	18 Total e 19 Reven 20 Total a 21 Total II 22 Net as	spenses Add lines 13–17 (must equal Part IX, column (A), e less expenses Subtract line 18 from line 12 seets (Part X, line 16) bilities (Part X, line 26) ets or fund balances Subtract line 21 from line 20 ignature Block ander penalties of penjury, I declare that I have examined that return, I ad belief, it is true, correct, and complete Declaration of preparer (ot	ncluding accompanying sch her than officer) is based or	Beginning of Cu 1,36 68 68 68 edules and statements, all information of which	5,685 2,996 rrrent Year 8,848 5,142 3,706	47,03 -47,00° End of Year 1,463,10 632,19° 830,91
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Page Page Page Page Page Page Page Page	18 Total e 19 Reven 20 Total a 21 Total II 22 Net as art II	sets (Part X, line 16) bilities (Part X, line 26) ets or fund balances Subtract line 21 from line 20 ignature Block inder penalties of penjury, Lacclare that I have examined that return, I ad belief, it is true, correct, and complete Declaration of preparer (ot	ncluding accompanying sch her than officer) is based or Ch	Beginning of Cu 1,36 68 68 68 edules and statements, all information of which airperson Check self-employees	5,685 2,996 rrent Year 8,848 5,142 3,706 and to the best of preparer has an Dafe of yed	47,03: -47,00° End of Year 1,463,100 632,19° 830,91: of my knowledge y knowledge y knowledge Preparer's identifying number (see instructions) P00292786
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	1990 (2009) RICCEP CHAILCADIE IIUSC 04-09/1851			age 3
_Pa	art IV' Checklist of Required Schedules		1	
4	In the constraint described in contion 501(a)(2) or 4047(a)(1) (other than a private foundation)? If "Vec 7"		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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	1	x
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		<u> </u>	
	Schedule C, Part 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)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_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,"		i	
	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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,"	1.		
	complete Schedule D, Part IV	9	 	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	100		x
11	quasi-endowments? If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		
••	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		<u> </u>	
	Schedule D, Part VI			
	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			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	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, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that 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," complete	-	1	ـــا
	Schedule D, Parts XI, XII, and XIII.	12	<u> </u>	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes N If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A			
13		_	1	v
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	 	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144	├──	<u> </u>
	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	140	 	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Form **990** (2009)

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

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 12 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			32
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>x</u> _
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		х	
04-	employees? If "Yes," complete Schedule J	23		
24a	, , , , , , , , , , , , , , , , , , ,			
	\$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
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
C	Did the organization invest any proceeds of tax-exempt boilds beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	_	
٠	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	270		
2 Ju	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a			
_	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	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?			
	If "Yes," complete Schedule L, Part III	27		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L,			
	Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			7.
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	22		х
33		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? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		
J 4	III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	04		
•	Schedule R, Part V, line 2	35		х
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		х
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 VI	37	L	Х
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	X	
		Form	990	(2009)

- 1 6	Statements Regarding Other IKS Fillings and Tax Compilance					
1-	Enter the number reported in Poy 2 of Form 1006. Appeal Common and Transmitted of				Yes	No
ıa	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	45	٥			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a	 			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	1b				
С	gaming (gambling) winnings to prize winners?	portable	е	4.	1	x
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	[]		10	+	1-
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuing	-		21	. 1	Ì
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				\top	+
	instructions)					
3a		d by				
	this return?	,		3a	1	x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3t	_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	tv			\top
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial	•			
	account)?			4a		x
b	If "Yes," enter the name of the foreign country					\top
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				
	and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg	ardıng				
	Prohibited Tax Shelter Transaction?			50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e				
	organization solicit any contributions that were not tax deductible?					X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6t		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				
	and services provided to the payor?					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			<u>7t</u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	IS				
	required to file Form 8282?	1 1		70		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			1	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	ıł	_		
	benefit contract?			7e		+
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri-			<u>7f</u>		+
g h	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			70	+-	+-
••	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C required?	as		7.		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			71	+	+-
Ū	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8	1	1
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a	Ì	İ
b	Did the organization make a distribution to a donor, donor advisor, or related person?			95		+
10	Section 501(c)(7) organizations. Enter			30	1	+
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	لتنب				
а	Gross income from members 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)	116				
12a	·			12:	.]	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
				Fo	rm 99	0 (2009)

Form 990 (2009) Ritter Charitable Trust 04-6971851 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI 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 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? X 2 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? X 3 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a X X Each committee with authority to act on behalf of the governing body? 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 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 of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? X 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 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None 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 X 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 1635 Village Center Circle, Ste 160 organization ▶ Nevada Community Foundation

Las Vegas

702-892-2326

NV 89134

DAA

Form 990 (2009)

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."

| X | Check this box if the organization did not compensate any current officer, director, or trustee

- 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) Name and Title	(B) Average	Posi	tion (C) k all i	that a		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Gian Brosco										
Director	1.00	X						0	150,000	17,252
Keith Latham									_	
Director	1.00	X			_			0	65,192	0
Gard Jameson										
Director	1.00	X						0	0	0
Doug Beckley										
Director	1.00	X						0	0	0
John Ritter										
Chairperson	1.00	X						0	0	0
Hilary Westrom										
Director	1.00	X	L_					0	0	0
Thomas DeVore										
Director	1.00	X						0	0	0
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	1									
DAA	<u></u> _	Ь_	L	L	L		<u> </u>	<u> </u>	l <u></u> _	

,	(A) Name and Title (B) Average Position (check all tha				that a	pply)	(D) Reportable compensation	(E) Reportable compensation	Estin	F) nated unt of			
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	otl compe fron organ and r	ner nsation the ization elated zations	
				_									
					-								
											 .		
					<u> </u>								
		-											
1b Total										215,192		17.	252
2 Total numb	per of individuals (in compensation from	-			thos	e lis	ted a	_	re) who received more than				
employee	on line 1a? If "Yes,"	complete Sche	dule	J for	suc	h ind	Jividu	ıal	oyee, or highest compensat		3	Yes	No X
the organiz	ation and related o	rganizations gre	ater 1	than	\$15	0,00	02 lf	"Ye	on and other compensation s," complete Schedule J fo	r such	4	x	
services re	rson listed on line 1 indered to the orgar pendent Contractor	nization? If "Yes	rue (nple	te S	chec	n fror dule .	n an I for	ny unrelated organization fo such person		5	<u>l</u>	х
	tion from the organi		ensa	ited i	nde	pend	dent o	cont	ractors that received more	than \$100,000 of (B) tition of services		(C) Compens	
	Name and	business address							Descrip	ition of services		Compens	ation
								_			-		
				_									
	per of independent of \$100,000 in compe						ed to	tho	se listed above) who receiv	ved		o m 99 (

Pa	rt V	III Statement of Reve	nue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	12	Federated campaigns	1a				Tevende		312, 313, 61 314
ant		Membership dues	1b						
후팀		,	1c						
ifts		Fundraising events							
978		Related organizations	1d						
Sign		Government grants (contributions)	1e						
풀힐	Т	All other contributions, gifts, grants, and similar amounts not included above							
를 ^현			_1f						
S E	g	Noncash contributions included in lines 1a-	11	\$					
	<u>h</u>	Total. Add lines 1a-1f			▶				,
Š	_				Busn. Code				
ě	2a								
8	b								
ž	С								
ဖွ	d					· · · - · · · · · · · · · · · · · · · ·			
匵	e				ļ				
Program Service Revenue Contributions, gifts, grants		All other program service reve	nue						
_			alala.		-1				
	3	Investment income (including	aiviaei	nas, intere	est, and	26			26
		other similar amounts)							26
	4	Income from investment of tax	-exem	pt bona p	roceeas				
	5	Royalties		()	la manal				
	•	(ı) Real		(11)	Personal				
	6a	Gross Rents							
	b	Less rental exps							
	C	Rental inc or (loss)							
	d 7a	Net rental income or (loss) Gross amount from (1) Securities		1 (Othor				
		sales of assets (i) Securities	<u> </u>	(")	Other				
		other than inventory							
	b	Less cost or other							
		basis & sales exps							
		Gain or (loss)					-		
					₽_				
en	ва	Gross income from fundraising eve	nts						
le l		(not including \$							
Re.		of contributions reported on line 1c)							
Other Revenue	_	See Part IV, line 18	a						
ㅎ		Less direct expenses	. b	L					
-		Net income or (loss) from fund		g events					··················
	Уa	Gross income from gaming activities							
		See Part IV, line 19	a						
		Less direct expenses	b	<u> </u>					
		Net income or (loss) from gam	ing ac	tivities	<u> </u>				
	ıva	Gross sales of inventory, less							
		returns and allowances	a			•			
		Less cost of goods sold	b	L					
	င	Net income or (loss) from sale		ventory	Buez Cada				
	44-	Miscellaneous Revenue	-		Busn. Code				
	11a								
	b								_
	0 7	All ather servening							
	d	All other revenue							
	12	Total. Add lines 11a–11d Total Revenue. See instruction	ne			26	0	0	26
	12	_ rotal Nevellue. See Ilistiuctio	113						

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).

Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	31,055	31,055		
2	Grants and other assistance to individuals in	,			
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
-	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				· · · · · · · · · · · · · · · · · · ·
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	3,743		3,743	
b	Legal				<u> </u>
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				· · · · · · · · · · · · · · · · · · ·
f	Investment management fees				· - ·
g	Other	12,235	11,235	1,000	
12	Advertising and promotion				
13	Office expenses	-			
14	Information technology		. ,		_
15	Royalties				
16 17	Occupancy Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	<u> </u>			
20	Interest				· - · · · · ·
21	Payments to affiliates		·		
22	Depreciation, depletion, and amortization				
23	Insurance				
		-			
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)				
а					
b					
C					
d					
e	All other supers				
f 25	All other expenses	47 023	42 200	A 77.43	
25 26	Total functional expenses. Add lines 1 through 24f	47,033	42,290	4,743	
26	Joint costs. Check here ▶ 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				
	dioning concitation				

P	art X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, t	rustees, key			
		employees, and highest compensated employees Comp	olete Part II of			
		Schedule L			5	·
	6	Receivables from other disqualified persons (as defined	under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(l	B) Complete			
10		Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		1,368,848	12	1,463,108
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34	1,368,848	16	1,463,108	
	17	Accounts payable and accrued expenses		17		
	18	Grants payable	685,142	18	632,197	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustee				
Ē		employees, highest compensated employees, and disqui	alified			
=======================================		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa	irties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		685,142	26	632,197
S		Organizations that follow SFAS 117, check here ▶ X	and			
ပို		complete lines 27 through 29, and lines 33 and 34.	•			
<u>ā</u>	27	Unrestricted net assets		-1,195,051	27	830,911
Fund Balances	28	Temporarily restricted net assets		1,878,757	28	
þ	29	Permanently restricted net assets			29	
Ξ		Organizations that do not follow SFAS 117, check here	e ▶ 🗌			
7		and complete lines 30 through 34.				
Ş	30	Capital stock or trust principal, or current funds		30		
set	31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
Š	32	Retained earnings, endowment, accumulated income, or			32	
Net Assets or	33	Total net assets or fund balances		683,706	33	830,911
ž	34	Total liabilities and net assets/fund balances		1,368,848	34	1,463,108

Form **990** (2009)

orm	990 (2009) Ritter Charitable Trust	04-6971851		Pa	ge 12
Pa	rt XI Financial Statements and Reporting				
				Yes	No
1	Accounting method used to prepare the Form 990 X 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?	2a		X
b	Were the organization's financial statements audited by an independent	accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that ass	umes 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	ess during the tax year, explain in			
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the finance	ial statements for the year were			
	issued on a consolidated basis, separate basis, or both:				
	Separate basis Consolidated basis Both consolidated a	nd separate basis			
3а	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?		3a		
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

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

Open to Public Inspection

Name of the organization

Ritter Charitable Trust

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The state of the organization number of the organizatio

he (orga	nization is not	a private foundation becaus	e it is (For lines 1 through 11, o	check only	y one box)				
1	Ц	A church, co	nvention of churches, or ass	ociation of churches described	ın sectioi	170(b)(1)(A)(i).				
2	Ц		cribed in section 170(b)(1)(
3	Н	•	·	ce organization described in se			•				
4				d in conjunction with a hospital	described	ın sectio	n 170(b)(1)(A)(i	ii). Ente	er the hos	pital's name,
_	\Box	city, and stat									
5	Ш	•	•	of a college or university owned	or operat	ed by a g	overnme	ental uni	t descri	bed in	
_	\Box		b)(1)(A)(iv). (Complete Part	•							
6	\vdash		•	overnmental unit described in s				_			
7		-		substantial part of its support fro	om a gov	ernmental	unit or	from the	genera	al public	
_			section 170(b)(1)(A)(vi). (Co	-							
8	\mathbb{H}			170(b)(1)(A)(vi). (Complete Part					_		
9	Ш			1) more than 33 1/3 % of its sup							SS
				npt functions—subject to certain	-	-	-				
		• •	~	nd unrelated business taxable in	•			() from b	ousines	ses	
			•	0, 1975 See section 509(a)(2)			•				
10	X	_	- ·	exclusively to test for public safe	•					_	
i1	Λ	•	•	exclusively for the benefit of, to	•			•	•		
				ed organizations described in s						Section	
		(T) _		he type of supporting organizati c Type III–Function			שו כשוו				
е	X			anization is not controlled direction			u		e III–Oi		
•	41			and other than one or more pul	-						
		•	section 509(a)(2)	and other than one or more par	biloly oup	501100 018	jannza (10	110 0000	iibca iii	3000011	
f			` ` ` ` `	ermination from the IRS that it is	a Type I	Type II.	or Type	III suppo	ortina		
•			check this box		, а туро .,	, . , po, ·	o,po	одрр	Jimg		
g		=		tion accepted any gift or contrib	ution fron	anv of th	ne				
9		following per	•	-, g		,					
				ontrols, either alone or together	with perso	ons descr	ibed in (n)			Yes No
			•	f the supported organization?				,			11g(i) X
			member of a person describ					•		•	11g(II) X
			controlled entity of a person of								11g(III) X
h				he supported organization(s)							
(ı)	Name	e of supported	(iı) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did)	ou notify	(vi)	Is the	(vii) Amount of
	org	anization		(described on lines 1–9	1	sted in your		nization in of your	organiza	ion in col zed in the	support
				above or IRC section (see instructions))	governing	document?		port?		S?	
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No	
Νe	va	da Com	nunity Foundat	ion]			
			88-0241420	7	x		x		X	<u> </u>	31,055
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										<u> </u>	· - <u></u>
											
	_							<u></u>	<u> </u>	ļ	· · · · · · · · · · · · · · · · · · ·
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Sche	dule A (Form 990 or 990-EZ) 2009 Rit	ter Chari	itable Tr	ust		-6971851	Page 2
	art II 'Support Schedule for O	rganizations [Described in S	ections 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you che	ecked the box	on line 5, 7, o	r 8 of Part I.)			
	tion A. Public Support						
Cal	endar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	_					
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support lendar year (or fiscal year beginning in) ▶	() 0005	1,0000	T		1 () 2000	
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on		-				
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	~					
11	Total support. Add lines 7 through 10		<u> </u>	<u> </u>		<u> </u>	
12	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for the		t, second, third, fo	urth, or fifth tax yea	ar as a section 50	1(c)(3)	. —
	organization, check this box and stop her						•
Sec	tion C. Computation of Public Su	ippoπ Percen	tage				
14	Public support percentage for 2009 (line 6		-	nn (f))		14	<u> </u>
15	Public support percentage from 2008 Sch					_ 15	%_
16a	33 1/3 % support test—2009. If the organ				33 1/3 % or more,	check this box	. 🗆
	and stop here. The organization qualifies		•				
b	33 1/3 % support test—2008. If the organ				15 is 33 1/3 % or i	more, check this	. □
470	box and stop here. The organization quali	• •	٠,			- 44 - 400/ -	
17a	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fa						▶ □
b	organization meets the "facts-and-circums 10%-facts-and-circumstances test—200		•	•	•		
	more, and if the organization meets the "fa	-					
	organization meets the "facts-and-circums			· -	<u>-</u>		▶ □
18	Private foundation. If the organization did			• •			
				.,,,			

Schedule A (Form 990 or 990-EZ) 2009

P	Support Schedule for O (Complete only if you che				(2)		<u>r age (</u>
Sec	tion A. Public Support	Solica the Box	011 11110 0 01 1				
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(4) 2000	(3) 2000	(0) 2007	(d) 2000	(e) 2003	(i) 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)						
	tion B. Total Support					****	
Ca	lendar 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						
С	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,					1	.,
	and 12)						
14	First five years. If the Form 990 is for the		, second, third, fo	urth, or fifth tax yea	ar as a section 501	(c)(3)	
500	organization, check this box and stop here		<u></u>				<u> </u>
	tion C. Computation of Public Su			(0)		1.2	
15 16	Public support percentage for 2009 (line 8			ın (t))		15	<u>%</u>
	Public support percentage from 2008 School tion D. Computation of Investme					16	<u>%</u>
17	Investment income percentage for 2009 (li			Column (f))		17	%
18	Investment income percentage for 2009 (ii			, wiunin (i <i>j</i>)		18	%_ %
19a	33 1/3 % support tests—2009. If the orga			e 14, and line 15 is	more than 33 1/3		
b	17 is not more than 33 1/3 %, check this b 33 1/3 % support tests—2008. If the orga	ox and stop here.	The organization	qualifies as a publ	icly supported orga	anızatıon	• [
	line 18 is not more than 33 1/3 %, check the						▶ □
20	Private foundation. If the organization did						▶ □

Schedule A (Form 990 or 990-EZ) 2009 Ritter Charitable Trust 04-6971851

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

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.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection Employer identification number Name of the organization 04-6971851 Ritter Charitable Trust 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. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 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 easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and 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. 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 b 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 2 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 a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	edule D (Form 990) 2009 Ritter Cha					04-69					Page	<u>: 2</u>
Pa	art III 'Organizations Maintaining	Collections of	Art, H	istorical Trea	sures,	or Other	Simila	ar Assets	(contir	nuec	d)(b	
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records	s, check	any of the following	ng that a	re a significa	ant use	of its				
а	Public exhibition	d 🗍	Loan or	exchange progran	ns							
b	Scholarly research	е 🦳	Other									
С	Preservation for future generations		•		- -							
4	Provide a description of the organization's colle	ections and explain	how the	ey further the orga	ınızatıon'	s exempt pu	ırpose ıı	n				
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	eceive donations of	of art, his	storical treasures,	or other	sımılar				es	N	lo
Pa	art IV Escrow and Custodial Arran						"Yes"	to Form C				-
• •	IV, line 9, or reported an ame				adona	iiiowci cu	103	10 1 01111 0	.50, 1 6	411		
12	Is the organization an agent, trustee, custodian				her acce	ts not						—
·a	included on Form 990, Part X?	r or other intermed	ialy lol (Somming of Ou	1101 0330	13 1101				es		lo
h	If "Yes," explain the arrangement in Part XIV a	nd complete the fo	llowing t	ahle					<u>.</u>	es ['`	
U	in tes, explain the arrangement in Fait XIV a	na complete the to	ilowing t	aule			Г		Amour	nt.		-
_	Beginning balance						F	4-	Airioui			-
	3						F	1c				-
	Additions during the year						⊢	1d			_	-
_	Distributions during the year							1e				-
f 2-		000 D+ V I	040				L	1f		<u> </u>	_	-
	Did the organization include an amount on For	m 990, Part X, line	217						Y	es [N	ю
	if "Yes," explain the arrangement in Part XIV art V Endowment Funds. Comple	to if organizati	ion on	nuorod "Voo"	to Form	000 Da	m4 1\ /	lina 10				—
	art V Endowment Funds. Comple		on ans		1				(a) Fai			_
		(a) Current year		(b) Prior year	(c) Iwo	years back	(a) Inn	ee years back	(e) Fou	ır yea	rs bac	:K
	Beginning of year balance	<u> </u>	_		 				 			
	Contributions	· 						<u></u>	 			
С	Net investment earnings, gains,				l							
_	and losses								ļ			
	Grants or scholarships		-		ļ		ļ		ļ			
е	Other expenditures for facilities								l `			
	and programs				ļ							
f	Administrative expenses		_			•••••						
g	End of year balance				l				<u> </u>			_
2	Provide the estimated percentage of the year e	end balance held a	s									
а	Board designated or quasi-endowment ▶	%										
b	Permanent endowment ▶ %											
С	Term endowment ▶ %											
3a	Are there endowment funds not in the possess	ion of the organiza	ition that	t are held and adn	nınıstered	d for the				_		
	organization by									Yes	s N	0
	(i) unrelated organizations								3a(i)	<u> </u>		
	(ii) related organizations								3a(ii)	<u> </u>		
b	If "Yes" to 3a(II), are the related organizations I	isted as required o	n Sched	lule R?					3b			
4	Describe in Part XIV the intended uses of the c	organization's endo	wment f	funds								
Pa	art VI Investments—Land, Buildin	<u>igs, and Equip</u>	ment.	See Form 99	0, Part	X, line 1	0					
	Description of investment	(a) Cost or other	basis	(b) Cost or ot	her	(c) Acc	cumulate	d	(d) Bool	k valu	e	
		(investment))	basis (other	·)	depr	eciation					
1a	Land											_
b	Buildings											_
c	Leasehold improvements											
d	Equipment											
е	Other											
Tota	I. Add lines 1a through 1e (Column (d) must equ	ual Form 990, Part	X, colu	mn (B), line 10(c))			•				
										_		

Schedule D (Form 990) 2009

	ents—Other Securities. See Form			04-09/1031	Page 3
	escription of security or category	1 990,	(b) Book value	(c) Method o	fuction
	ncluding name of security)		(b) book value	Cost or end-of-year	
Financial derivatives		-+			
Closely-held equity interests	,	-			
Other _ Investmen		-	1,463,108	Market	
Oulei _ <u> </u>		-	1,403,100	Mairet	
		· -	-		
		· — -			
		· — -			· · · · · · · · · · · · · · · · · · ·
		-			
		-			
		-			
		· -			
Total (Column (b) must equ	ual Form 990, Part X, col (B) line 12)		1,463,108		
	ents—Program Related. See Forr	_			
······	Description of investment type	11 330	(b) Book value	(c) Method o	f valuation
(α) .	occumpation of investment type		(b) book value	Cost or end-of-year	
					
					
				·	
		_	-		
					
Total (Column (b) must equ	ual Form 990, Part X, col (B) line 13)				
Part IX Other As	sets. See Form 990, Part X, line		l.		
TAILIN OTHER AS	(a) Description		 		(b) Book value
	(1) 2 000 1 100				(D) Dook Value
·	· · · · · · · · · · · · · · · · · · ·				
Total. (Column (b) must equ	ual Form 990, Part X, col (B) line 15)			•	
	abilities. See Form 990, Part X, lii	ne 25.			
***************************************	(a) Description of liability	1	(b) Amount		
Federal income taxes	· · · · · · · · · · · · · · · · · · ·		- ' '		
		j			
		·			
					
 -					
	· · · · · · · · · · · · · · · · · · ·	-+			
		-+			
					
Total (Column (h) must see	ual Form 990, Part X, col (B) line 25)				
	t XIV, provide the text of the footnote to the		vation's financial statemen	ite that reports the	
	certain tax positions under FIN 48	Jiganiz	Lation o miunolai statemer	no that reports the	

Sche	dule D (Form 990) 2009 Ritter Charitable Trust		<u>04-697185</u>	51	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to	Aud	ited Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
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	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10	L
	at XII Reconciliation of Revenue per Audited Financial Stateme	ents V	Vith Revenue per Re	turn	г
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	1	I		
a	Net unrealized gains on investments	2a		ļ	
b	Donated services and use of facilities	2b		-	
С	Recoveries of prior year grants	2c		Į.	
d	Other (Describe in Part XIV)	2d	<u>L</u> ,		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	r	1	3	
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)	4b		1	
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	<u> </u>
Pa	art XIII Reconciliation of Expenses per Audited Financial Statem	<u>nents</u>	With Expenses per I	Retur	<u>n</u>
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	2a		ļ	
b	Prior year adjustments	2b		4	
C	Other losses	2c		┦	
d	Other (Describe in Part XIV)	2d	<u> </u>	₹	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	r	1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		4	
	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	art XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, I				
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, I	ines 2d	and 4b Also complete		
this p	part to provide any additional information				
	 				. – – – – –

Sche	dule	D (F	orm	990	200	9	R:	it	te:	r (Ch	ar:	ita	ab.	Le	Tı	cus	3t					0	4 - (597	18	51						Page 5
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Ritter Charitable Trust

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

2009

Open to Public OMB No 1545-0047 Inspection

Employer identification number

04-6971851

≗ □ Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Φ non-cash assistance (g) Description of 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable General Information on Grants and Assistance (b) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Part Part

Enter total number of other organizations

Schedule I (Form 990) 2009

04-6971851

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

	OSE I BILLY BIND SCHEDULE I'I (1 SHIII 330) II BUUMINI SPACE IS HEEGEN.	(1 OIIII 330) II add <u>i</u> tio	niai space is inceded	•		
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
						:
Part IV	Supplemental Information. Complete this part to pr	omplete this part to p	provide the informatio	on required in Part I,	ovide the information required in Part I, line 2, and any other additional information.	onal information.

- Procedures for Monitoring the Use of Grant Funds

Part I, Line 2

Grants typically require that the nonprofit receiving the funding complete

a grant agreement and then submit a regular reports to the Ritter

Charitable Trust on the use and impact of the grant. If the grant does not

require a grant agreement, the Ritter Charitable Trust is intimately

involved with the organizations receiving the funding, so the Ritter

Charitable Trust is able to monitor first-hand how the grant fudnding is

being put to use.

SCHEDULE J (Form 990)'

Part I

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV. line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Ritter Charitable Trust

Employer identification number 04-6971851

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 4c c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of X a The organization? 5a X b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a X Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed X payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe X 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2009

Page 2

Ritter Charitable Trust

04-6971851

Schedule J (Form 990) 2009 Ritter Charitable Trust

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

		of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemis	(n)-(ı)(q)	Form 990 or Form 990-EZ
Gian Brosco (i)	0	0	0	0		0	0
(9)	150,000	0	0	4,500	12,752	167,252	90,178
(0)		•					
(0)		•					
(0)		•					
(0)	(6)	•					
(9)		•					
(n) (n)	(6	•					
(p)	(6	•					
(ii)	(•					
(n) (0)	((•					
(0)		•					
(n) (n)	(1)						
(n)							
(n)		•			·		
(ii) (i)	(0)	•					
(u) (b)	((•					
				:		Schedi	Schedule J (Form 990) 2009

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Schedule J (Form 990) 2009 Ritter Charitable Trust

04 - 6971851

Supplemental Information

Part III

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Part I, Line 4 - Severance, Nongualified, and Equity-Based Payments

Severance Nongualified Equity-based

Keith Latham

3,000

0

0

Part III - Other Additional Information

Gian Brosco is President of Nevada Community Foundation. Gard Jameson and

Doug Beckley are past members of the Board of Directors of Nevada Community

Foundation. Keith Latham is the former Director of Finance of Nevada

Community Foundation and currently a consultant to Nevada Community

Foundation. Their compensation is determined by Nevada Community

Foundation, a related organization, that utilized a compensation committee

to determine the compensation of Gian Brosco. Keith Latham received \$3,000

severance pay during the year and incentive pay of \$5,000 to complete

certain work from the Nevada Community Foundation prior to 12/31/09.

Schedule J (Form 990) 2009

SCHEDULE O

Supplemental Information to Form 990

(Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

Ritter Charitable Trust

Employer identification number

04-6971851

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Thomas DeVore

John Ritter

Director

Chairperson

Business activities

John Ritter

Hilary Westrom

Chairperson

Director

Family relationship

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
The Form 990 is listed as a separate item on the Board agenda. A copy of
the Form 990 is also provided to every Board member.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The governing documents, conflict of interest policy and financial statements are available at the offices of Nevada Community Foundation.

Schedule R - Additional Information

The Ritter Charitable Trust paid Nevada Community Foundation \$3,743 in Foundation fees.

Schedule O - Additional Information

Part IV, Line 12A - The Organization's Form 990 and tax year is for the period 7/1/09 - 12/31/09. The Organization is included in the financial statements of Nevada Community Foundation, a related organization, however,

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
Ritter Charitable Trust	04-6971851

Nevada Community Foundation has not received an audit for this time period as their year end is 6/30/09. The Organization will be included in Nevada Community Foundation's 6/30/10 audit.

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SCHEDULE R (Form 990)

Open to Public Inspection OMB No 1545-0047 (f) Direct controlling Employer identification number 2009 (f) Direct controlling entity entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A 04-6971851 (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. (d) Total income 501c3 Related Organizations and Unrelated Partnerships ▶ See separate instructions. (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) ⋛ Charitable (b) Primary activity (b) Primary activity ▶ Attach to Form 990. 1635 Village Center Circle, Suite 1 88-0241420 Ritter Charitable Trust (a) Name, address, and EIN of related organization (a) (a) Name, address, and EIN of disregarded entity 89134 Nevada Community Foundation ž Name of the organization Department of the Treasury Internal Revenue Service Las Vegas Part II Part

Schedule R (Form 990) 2009

Page 2	(U) General or managing partner? Yes No		age
. '	5	Part IV,	(h) Percentage ownership
Part IV, li	Code Sched (Form	to Form 990, Part IV,	(g) Share of end-of-year assets
m 990,	(h) Disproportionate alloc 2 Yes No	es" to Fc	She end-of-ye
red "Yes" to For	Share of end-of-year assets	n answered "Yeyear.)	Share of total income
janization answe	Share of total income	if the organizationst the tax	(e) Type of entity (C corp. S corp. or trust)
nplete if the orginic during the training the ta	Predominant income (related, unmelated, excluded from tax under sections 512-514)	rust (Complete	Direct controlling entity
04 - 6971851 rtnership (Complass a partnership	Direct controlling entity	rporation or Ti treated as a co	Legal domicile (state or oreign country)
as a Pai treated	Legal domicile (state or foreign country)	Is a Col	
Trust ons Taxable a organizations	(b) Primary activity	ons Taxable a elated organiz	(b) Primary activity
Schedule R (Form 990) 2009 Ritter Charitable Trust Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)	Name, address, and EIN of related organization	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EiN of related organization
Schedule R (Part IV	Ž

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Schedule R (Form 990) 2009 Ritter Charitable Trust

Part V

04-6971851

Page 3

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

		' 		į
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	·	Yes	S No	_ [
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	1		-	1
a Receipt of (i) interest (ii) annuttes (iii) royaltes (iv) rent from a controlled entity		1a	×	- 1
b Gift, grant, or capital contribution to other organization(s)		1p	×	
c Gift, grant, or capital contribution from other organization(s)		10	×	ı
d Loans or loan quarantees to or for other organization(s)	<u> </u>	19	×	ı
e I oans or loan guarantees by other organization(s)	1	9	×	1
	<u> </u>	-		F
f Sale of assets to other organization(s)	•	-	×	
g Purchase of assets from other organization(s)	J.	19	×	ı
	l	4	×	ı
i Lease of facilities, equipment, or other assets to other organization(s)	ı	i=	×	ı
	I		_	ı
j Lease of facilities, equipment, or other assets from other organization(s)	<u> </u>	1,	×	ı
k Performance of services or membership or fundraising solicitations for other organization(s)		축	×	- 1
l Performance of services or membership or fundraising solicitations by other organization(s)		=	×	- 1
m Sharing of facilities, equipment, mailing lists, or other assets		1 E	×	- 1
n Sharing of paid employees	l.	11	×	- 1
	••••			
o Reimbursement paid to other organization for expenses		10	×	- 1
p Reimbursement paid by other organization for expenses	.	1p	×	F
	•••••	****		
q Other transfer of cash or property to other organization(s)		1 ₄	\dashv	- 1
r Other transfer of cash or property from other organization(s)		+	×	- 1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds				i
(q) (e)		(c)		
Name of other organization Transaction	Amon	Amount involved	70	
type (a-1)				
				l
(1) Nevada Community Foundation 1			3,743	m۱
(2)				ı
				ı
(4)				ı
(2)				
				ı
(6)	Schedule R (Form 990) 2009	(Form 99	0) 2008	I၈

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Schedule R (Form 990) 2009 Ritter Charitable Trust

Part VI

04-6971851

Page 4

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

1	L	= 00	2									g		
ε	General or managing	anagıng artner?	-	_						- · ·		 		30) 20 _t
L	ଞ	<u> </u>	Yes											EL 36
(6)	Code V—UBI	of Schedule K-1	(000)											Schedule R (Form 990) 2009
	onate	-su	ŝ	!								 	-	
ε	Disproportionate	allocatio	Yes											
		end-of-year assets	1											
	rtners	(3)	2											
9	Are all partners	section 501(c)(3)	Yes	+								 		
						. <u>-</u>								
(c)	Legal domicil	(state or foreign country)												
(b)	Primary activity													
(a) (b) (b) (c) (c)	Name, address, and EIN of entity													