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Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 494/(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

_			0000				
_		2009 calendar year, or tax year beginning	, 2009, 3	and ending			, 20
В	Check if a	une IDS	D Employer	Employer identification number			
님	Address	label or I.O.D.A. T. Foundation		13-3747419			
H	Name ch	print of Transportation Color of the	E Telephone	numi	ber		
H	Initial retu Terminate	DO Boy 700			:	360-€	504-1111
H	Amended	Specific City or town, state or country.	and ZIP + 4		F Group Ex	emr	ntion.
Ħ		Instruc- on pending tions Brush Prairie, WA 98606			Number		, com
				0.4			7 0
	● Sec	tion 501(c)(3) organizations and 4947(a)(1) none: a completed Schedule A (Form		I	-): <u>r</u>	☐ Cash ☐ Accrual
_		a completed Schedule A (Form	990 01 990-E2).		(specify) ►		
				H Check	: ▶ 🖆 if the	orga	anızatıon is not
,	Websit	te: ► today4kids.org		require	ed to attach	Sche	edule B (Form 990,
<u>1</u>	Tax-exe	empt status (check only one) — 🗹 501(c) (3)	◄ (insert no.) ☐ 4947(a)(1) or ☐ 52	7 990-E	Z, or 990-PF	<u>). </u>	
K	Check I	 if the organization is not a section 509(a) 	(3) supporting organization and its gross	receipts are n	ormally not i	nore	than \$25,000. A
	Form 9	90-EZ or Form 990 return is not required, but if th	e organization chooses to file a return,	be sure to file	a complete r	eturr	٦.
L	Add line:	es 5b, 6b, and 7b, to line 9 to determine gross receipts	, if \$500,000 or more, file Form 990 instea	d of Form 990	-EZ ▶	\$	86,967.85
	art I	Revenue, Expenses, and Changes				ns fo	or Part I.)
	1	Contributions, gifts, grants, and similar am			1	\top	8,593.41
	2	Program service revenue including governi			2	+	
	3				. 3	+	
	4	Investment income			. 4	+	49,591,44
					· · *	+	45,551.44
	5a	Gross amount from sale of assets other that				1	
	b	Less: cost or other basis and sales expens				-	
0	С	Gain or (loss) from sale of assets other than	- '	•	_	—	
Ž	6	Special events and activities (complete applicable part	▶□∣				
Revenue	a	Gross revenue (not including \$					
æ		reported on line 1)	,783.00				
	b	Less: direct expenses other than fundraising	g expenses 6b	12,	,442.72		
	С	Net income or (loss) from special events ar	6c		16,340.28		
	7a	Gross sales of inventory, less returns and a					
	Ь	Less: cost of goods sold					
	c	Gross profit or (loss) from sales of inventor	. 7c	1			
	8	Other revenue (describe ►) 8	+			
	9	Total revenue. Add lines 1, 2, 3, 4, 5¢, 6c,			. • 9	\top	74,525.13
_	10	Grants and similar amounts paid (affach sa	17/51	<u> </u>	10	+-	55,498.00
	11	Benefits paid to or for members			11	+	
₍₂₎	1	1 1	ee benefits		12	+-	
Se	13	Salaries, other compensation, and employe	. 13	+-			
Expenses	13	Professional fees and other payments to		+	0.000.00		
X	14	Occupancy, rent, utilities, and maintenance	14	+	2,932.33		
	13	Printing, publications, postage, and shippin			159.92		
	16	Other expenses (describe Taxes, Fees,			1,592.79		
_	17	Total expenses. Add lines 10 through 16				_	60,183.04
\$	18	Excess or (deficit) for the year (Subtract line				╄	14,342.09
Net Assets	19	Net assets or fund balances at beginning				_	
Ä	1	end-of-year figure reported on prior year's		丄	765,219.29		
et	20	Other changes in net assets or fund balance	20	\bot			
_	21	Net assets or fund balances at end of year	Combine lines 18 through 20 .		. ▶ 21		779,561.38
P	art II	Balance Sheets. If Total assets on line				ad c	of Form 990-EZ.
		inning of year	T	(B) End of year			
2	2 Ca	See the instructions fo ash, savings, and investments	•	. —	760,219.29	22	
2:		and and buildings	,	23			
24		ther assets (describe ► Inventory Held For E	5,000.00				
2		765,219.29	_				
20		otal assets		`,	, 00,8 10.E	26	
2		et assets or fund balances (line 27 of colum	in (R) must agree with line 21)	-'	765,219.29	_= <u>-</u>	
~	, 146	or accord or furth buildinges (line 27 of Coluit	m (D) must agree with line 21) .	· 1	1 UU,Z 1 3.Z	141	1 7,301.30

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2009)



Par		 		l.)		Expenses				
What is the organization's primary exempt purpose? Help Athletics & Youth Programs Prosper (F										
	ribe what was achieved in carrying out the org			(3) and 501(c)(4)						
	manner, describe the services provided, the number of persons benefited, and other relevant information for									
each program title.										
28										
	28 Scholarships, Donalions to Youth & Athleuc Programs									
	(Grants \$ 55,498.00) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	28a	60,183.04				
29										
	(Grants \$) If this amount	ıncludes foreign grants, ch	eck here	. ▶ 🗆	29a					
30										
	(Grants \$) If this amount				30a					
31	Other program services (attach schedule)									
•	(Grants \$) If this amount			_	31a					
32	Total program service expenses (add lines 28a				32	60,183.04				
Par										
		(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense				
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans &	account and other allowances				
Ranc	ly Myers	devoted to position	cinci v.,	deterred comper	13GNO71	other allowarides				
	2 N.E. Caples Rd. Battle Ground, WA 98604	President	0		0	o				
	Hudson		<u>~</u>							
	Baypoint Dr. Vancouver, WA 98683	Vice-President	0		0	0				
	oll Myore					-				
	ell Myers	Secretary/Treasurer	0			0				
	N.E. 180th Place		0		0					
	Il Felix	Board of Director			_	•				
	7 S.E. 12th Circle Vancouver, WA 98683			0						
	nis McCormick	Board of Director	Board of Director		0	_				
	6 N.E. Vernon Rd. Washougal, WA 98671			<u>J</u>		0				
	Melnick	Board of Director	_		_	_				
	9 N.E. Sliderberg Brush Prairle, WA 98606	_	0		0	0				
	l Myers	Board of Director	_							
2900	0 N.E. 63rd Ave. Battle Ground, WA 98604		0		0	0				
	y Myers	Board of Director								
6316	N.E. 291st Ave. Battle Ground, WA 98604		0		0	0				
Johr	Seekins	Board of Director								
<u>P.O.</u>	Box 871236 Vancouver, WA 98687	Dodie of Director	0		0	0				
Blair	e Link	Board of Director								
6404	Montana Vancouver, WA 98661	Dodi'd or Director	0		0	0				
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		1		ii						

Form 99	0- _T EZ (2009) 1		F	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		~
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		~
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		~
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 5			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		V
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	ļ		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	-		
	Gross receipts, included on line 9, for public use of club facilities	-] ;	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶		[]	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed. ► WA			
42a	Toophono in	360-60	4-1111	\
	Located at ► 15525 N.E. Caples Rd. Brush Prairie, WA 98606 ZIP + 4 ►			
b	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 other financial		Yes	
	account)?	42b	\vdash	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		~
40	If "Yes," enter the name of the foreign country: ►			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •	. I	▶ ∐
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
4-	Form 990-EZ	44	 	
45 ———	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
		~~		

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) no 17(a)(1) nonexempt ch nd 51.	nexempt chari arıtable trusts r	table trusts only. Anust answer question	II section ons 46–4	n .9b
46	Did the organization engage in direct or indirect				Ye	s No
	candidates for public office? If "Yes," complete	·			46	<u> </u>
	Did the organization engage in lobbying activities				47	
	Is the organization a school as described in section. Did the organization make any transfers to an ex				48 49a	V
	If "Yes," was the related organization a section 5	•	•		49a 49b	1
50	Complete this table for the organization's five his employees) who each received more than \$100,000.	ghest compensated em	ployees (other tha	an officers, directors,	trustees a	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensat		(e) Exp	ense nt and
				-		
					<u> </u>	
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Type of service	(c) Comper	nsation
d 	Total number of other independent contractors e	each receiving over \$100	0,000 ▶	0		
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accom- of preparer (other than officer)	panying schedules and is based on all informa	d statements, and to the bes ation of which preparer has	st of my kno any knowled	wledge ige
Sign Here	1 11/05/2017 1 9/02					
	Russell K. Myers- Secretary/Treasurer Type or print name and title					
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nun	nber (See insti	uctions)
Use On	1 Fun Shame or 1 Fig. 5					
May th	e IRS discuss this return with the preparer shown	above? See instruction	s	<u></u> ▶ □	Yes 🗆	No _
				Fo	m 990-E	Z (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.

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

OMB No 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ns. Open to Publi Inspection

Employer identification number

T.C	.D.A	.Y. Foundat	ion						13		374741	9	
Pa	rt I	Reasor	for Public Cl	harity Status (All or	rganızatı	ons mus	st comp	lete this	part.) S	ee instru	ctions		
The	orga			ndation because it is:			_	-		•			
2	П	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3				hospital service organ				n 170(b)	(1)(A)(iii).	_			
4		A medical re	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the nospital'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 organiza	tion that normall	y receives a substanti (1)(A)(vi). (Complete F	al part of			-			the ge	neral p	oublic
8				d in section 170(b)(1)	•	Complete	Part II.)						
9				y receives: (1) more th				m contrib	outions, n	nembersh	ıp fees	and	aross
		receipts from	m activities relate m gross investm	ed to its exempt function income and unread after June 30, 1975.	tions-su elated bu	ibject to siness ta	certaın e xable ind	xceptions come (les	s, and (2) ss section	no more	than 3	3⅓%	of its
10 11		An organiza purposes of	tion organized a one or more pu	nd operated exclusive and operated exclusive blicly supported orga- at describes the type	vely for t	he benef describe	it of, to d	perform (ion 509(a	the funct)(1) or se	ions of, c	(a)(2). S	see se	
e		a □ Type	। ь □		: 🗆 Тур	e III–Fun	ctionally	ıntegrate	d	d□] Туре	III-O1	
_	_	persons other		on managers and othe									
f		organization	, check this box								ill sup	portii	ng _
g		following pe	rsons?	the organization acce		. •			•				
				r indirectly controls, eming body of the sup				th persor	ns descri	bed in (ii)	11g(i)	Yes	No
		(ii) A family	member of a pe	erson described in (i) a	above?						11g(ii)		
				of a person described		(II) above	?				11g(iii)		
<u>h</u>		Provide the	following inform	ation about the suppo	orted org	anızatıon	(s)						
(i) Nar		lame of supported organization (ii) EIN (iii) Type of organization (described on lines 1 above or IRC section (see instructions))			(iv) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support?			(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support		of	
					Yes	No	Yes	No	Yes	No			
					:								
								-					
													
Tota	1												

Pai	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support		<u></u>	<u> </u>		·	
	lendar 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.")	23,095.00	25,768.54	37,476.45	37,398.53	37,376.41	161,114.93
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	23,095.00	25,768.54	37,476.45	37,398.53	37,376.41	161,114.93
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.						161,114.93
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	23,095.00	25,768.54	37,476.45	37,398.53	37,376.41	161,114.93
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	45,481.00	50,455.52	51,845.58	47,256.19	49,591.44	244,629.73
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 .	i	_				405,744.66
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re .		d, third, fourth,	•		
	tion C. Computation of Public Su			1 (0)	·	44	39.71 %
14	Public support percentage for 2009 (line of		-		ſ	15	39.71 % 23.34 %
15	Public support percentage from 2008 Sch						
16a	33% % support test—2009. If the organization qualifies				ne 14 is 331/3 1/3	6 or more, chec	ck this box
b	331/3 % support test-2008. If the organize	zation did not cl	heck a box on	line 13 or 16a. a	and line 15 is 3	33/3 % or more.	check this
	box and stop here. The organization qua					•	_
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums	acts-and-circum	nstances" test, d	check this box a	and stop here.	Explain in Part	V how the
b 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circums	stances" test, c organization qua	heck this box a Iıfies as a publıcl	nd stop here. I y supported org	Explain in Part I janization	V how the

	dule A (Form 990 or 990-EZ) 2009 T III Support Schedule for Organ	nizations De	escribed in S	ection 509/a	1)(2)		Page 3
	(Complete only if you checke				·/\ - /		
	tion A. Public Support		·-				
Ca	elendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513					<u> </u>	
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					<u> </u>	<u> </u>
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support					-	T
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 0a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 1	Add lines 10a and 10b						
2	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
3	Total support. (Add lines 9, 10c, 11, and 12.)	_					
4	First five years. If the Form 990 is for toganization, check this box and stop he tion C. Computation of Public Sur	nere					on 501(c)(3) ▶ □
	Bubbs august personters for 2000 (Inc.	• • • • • • • • • • • • • • • • • • • •		- 40		145	01
5 6 ec	Public support percentage for 2009 (line Public support percentage from 2008 S tion D. Computation of Investmen	chedule A, Pa	art III, line 15			16	<u>%</u> %
				l by line 12	alumn (A)	17	%
7 8	Investment income percentage for 2009 Investment income percentage from 2009			•		18	
-	331/3 % support tests—2009. If the orga					·	O/ and line

b 33½% support tests – 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □

Schedule A (Form 990 or 990-EZ) 2009									
Part IV	Supplemer Part II, line	ntal Info 17a or 1	rmation. 17b; and	Complete Part III, line	this part 12. Pro	t to provide ovide any o	e the explan ther addition	ations required nal information.	by Part II, line 10; See instructions.
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