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F\$m 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

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

	For the	2009 calen	dar year,	or tax year beginning , 2009, and	ending		<u> </u>
В	Check if a	applicable		C		D Employer Identi	fication Number
	Addr	ress change	Please use IRS label	Elves & More		20-0726	745
	⊣	ne change	or print or type.	2200 Louetta Road #101		E Telephone numb	per
	\vdash	al return	See specific	Spring, TX 77388		281-907	-0071
	\vdash		Instruc-				
	\vdash	nination	tions.				1,034,004.
	\vdash	ended return	<u> </u>		11/23 12 15	G Gross receipts \$	
	Appl	lication pending		and address of principal officer David L. Moore		s a group return for affil ill affiliates included?	₽ ™ ₽ ™
				As C Above	If 'No	n,' attach a list (see ins	tructions) Yes No
	Tax-e	exempt statu	ıs X 501	(c) (3) (insert no.) 4947(a)(1) or 52	27	,	
J	Webs	site: ► ww	w.elve	sandmore.org	H(c) Group	p exemption number	•
ĸ	Form o	of organization	X Corpora	ition Trust Association Other LYear o	f Formation 200	M State of lo	egal domicile TX
Pa	ırt I	Summa	ary				
		Briefly descri	be the org	ganization's mission or most significant activities: We us	se bicycl	es to (1)St	rengthen
Φ				n-a-bike contracts between students			_
ž				connect kids to mentors who keep the			
Ē	-	3) Build	Fitnes	s and Health (riding and participati	ng in aft	er-school r	programs).
Š.				if the organization discontinued its operations or disposed			
Ğ				bers of the governing body (Part VI, line 1a)		3	18
ο <u>σ</u>	4 1	Number of in	depender	t voting members of the governing body (Part VI, line 1b)		4	17
ite	5 T	Total number	r of emplo	yees (Part V, line 2a)		5	3
¥				eers (estimate if necessary) .		6	2,500
چّ ِ	7a ⊺	Total gross u	inrelated b	ousiness revenue from Part VIII, column (C), line 12		7a	0.
© 1 []\\Activities & Governance	Ь١	Vet unrelated	d business	taxable income from Form 990-T, line 34		7b	0.
'		-			1	Prior Year	Current Year
٤)	8 0	Contributions	and gran	ts (Part VIII, line 1h).		892,508.	793,816.
Revenue				ue (Part VIII, line 2g)			
Š.				art VIII, column (A), lines 3, 4, and 7d)		174.	42.
20				II, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		249,470.	62,163.
	1		•	nes 8 through 11 (must equal Part VIII, column (A), line 1	2)	1,142,152.	856,021.
	1	·- ·- ·-		ounts paid (Part IX, column (A), lines 1-3)	-/ 	722,056.	494,568.
	1			members (Part IX, column (A), line 4)	-	722,030.	474,500.
		-		nsation, employee benefits (Part IX, column (A), lines 5-10	<u>,</u>	108,771.	156,990.
ø				100,771.	130,330.		
Expenses	16a F	Professional	fundraisir				
×pe	b T	Total fundrai	sing expe	nses (Part IX, column (D), line 25) ►160, 2	235.		
ш	17 (Other expens	ses (Part	X, column (A), lines 11a-11d, 11f-24f).		301,195.	153,991.
	1	•	•	nes 13-17 (must equal Part IX, column (A), line 25)		1,132,022.	805,549.
	1	•		s Subtract line 18 from line RECEIVED		10,130.	50,472.
8 8	 	teveride less	J CAPCING	S CODUCCIONO TO NOT THIS TAKE OF THE	B		
\$ 5			6		Вед	inning of Year 159, 208.	End of Year
Not Assets Fund Balanc	20 7	Fotal assets			<u> </u>	103,684.	180,473. 74,477.
ž Ę	21 1	Fotal liabilitie	-	, lille 20)	 		
				ances Subtract line 21 from line 20.		55,524.	105,996.
Pa	art II	Signat	<u>ure Blo</u>	k / OGOEN III /			
		Under penalte	as of perjury,	I declare that I have examined this return, including accompanying schedules peclaration of preparer (other than officer) is based on all information of whi	and statements, ar	nd to the best of my knowledge	owledge and belief, it is
		Tide, for ect,	and complete	Day Barrell		1 cas 1	
Sig	gn	\ <u>\</u>	<u> つ ぴル</u>	W DING OU		10.71/10	
He	ere	Signature	of officer	1 1 1 1 1 1 1 1		Date	
			W117	1 LDWIS MOURY I YREST DI	PNT		
		Type or p	rint name an				·—··
				Date		Check if Pr	eparer's identifying number ee instructions)
Pa	id	l			1	self- employed ► X	
Pr	e-	Preparer's signature	\triangleright	1 X X X X X X X X X X X X X X X X X X X	28.10	· · · —	/A
	rer's	Francis a service	Or RIA	zek & Vetterling		120	,
Ųs		Firm's name (CIN - NI/X	
Or	าไy	employed), address, and	<u>≥ 290</u>			EIN ► N/A	3) 430 5330
		ZIP + 4		ston, TX 77027-5132		Phone no ► (71:	7-7-
				with the preparer shown above? (see instructions)	• •		X Yes No
BA	A Forl	Privacy Act	and Pape	rwork Reduction Act Notice, see the separate instruction	S.	TEEA0113L 12/29	/09 Form 990 (2009)

Form 930 (2009) Elves & More	20-0726745 Page
Part III Statement of Program Service Accomplishments	
1 Briefly describe the organization's mission:	
By partnering with schools and community leaders, El	
one bike at a time. Providing bicycles to underpriv	
get to after school events, tutors, mentors and jobs	!
2 Did the organization undertake any significant program services during the year whi	ch were not listed on the prior
Form 990 or 990-EZ?	Yes X No
If 'Yes,' describe these new services on Schedule O.	– –
3 Did the organization cease conducting, or make significant changes in how it conducting	cts, any program services? Yes X No
If 'Yes,' describe these changes on Schedule O.	
4 Describe the exempt purpose achievements for each of the organization's three larg and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the	gest program services by expenses. Section 501(c)(3) amount of grants and allocations to others, the total
expenses, and revenue, if any, for each program service reported	
4a (Code) (Expenses \$591,437. including grants of \$	534,703.) (Revenue \$
See Schedule O	
	·
	·
	·
	·
4b (Code) (Expenses \$ including grants of \$) (Revenue \$
	·
	-
	·
4c (Code) (Expenses \$ including grants of \$) (Revenue \$
	
4d Other program services. (Describe in Schedule O.)	
(Expenses \$ including grants of \$) (Revenue \$
4e Total program service expenses ► 591, 437.	

Form 990 (2009) Elves & More
Part IV | Checklist of Required Schedules

	•		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	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 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,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	ļ 	X
9	or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		х
,	• Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete 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 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 	į		! ! !
]	
	 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	x	
12.	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional. Yes No 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I</i> .	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		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		<u>x</u>
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		Х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	 		<u>. </u>
	complete Schedule G, Part III. Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.	19 20		X

20-0726745 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 1? If 'Yes,' complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III Х 22 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 employees? *If 'Yes,' complete* X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25. X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part L 25b Х 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 Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L. Part III 27 Х Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV X 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X Schedule L, Part IV 28b c 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 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II Х 32 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 35 X 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 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 VI37

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Form 990 (2009)

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Х

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

orm 990 (2009) Elves & More 20-0726745	<u>) </u>	<u>F</u>	age
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			İ
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.	- 1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			Г
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			i -
this return?	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь		
la 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 account)?	4a		Х
b If 'Yes,' enter the name of the foreign country: ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
a 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?	5b		λ
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			_
Tax Shelter Transaction?	5c		_
a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
Organizations that may receive deductible contributions under section 170(c).			
a 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?	 7a	X	-
	7b	X	\vdash
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	-/ -		⊢
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			_
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		_
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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		
Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b	-	
Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			ł
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
1 Section 501(c)(12) organizations. Enter.	1		
a Gross income from other members or shareholders 11a	Ì		1
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		l
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			Ь—

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	Governing Body and Management	·			
					Yes	No
1 a	Enter the	number of voting members of the governing body	1a 18			
b	Enter the	number of voting members that are independent .	1b 17			
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business represents trustee or key employee?	elationship with any other	2		_X
3	Did the o	rganization delegate control over management duties customarily performed by or s, directors or trustees, or key employees to a management company or other pers	under the direct supervision on?	3		X
4		rganization make any significant changes to its organizational documents		4		X
_		prior Form 990 was filed?		_		v
5 6		rganization become aware during the year of a material diversion of the organization organization have members or stockholders?.	on's assets!	5 6		X
_				-		
	governin			7a		<u>X</u>
b	Are any	decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		X
8	Did the o	rganization contemporaneously document the meetings held or written actions undiving:	ertaken during the year by			
	_	rning body?		8a	Х	
b	Each cor	nmittee with authority to act on behalf of the governing body?		8ь	Х	
9	organıza	any officer, director or trustee, or key employee listed in Part VII, Section A, who can tion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>		9		Х
		Policies (This Section B requests information about policies not	required by the Internal			
Reve	enue Code				1	
10 a	Does the	organization have local chapters, branches, or affiliates?		10a	Yes	No X
b	If 'Yes,' o	does the organization have written policies and procedures governing the activities ches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10 b		
11		organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	Х	
		in Schedule O the process, if any, used by the organization to review this Form 99	I			
12 a	Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х	
t	Are offic to conflic	ers, directors or trustees, and key employees required to disclose annually interests ${\sf ts}^2$	s that could give rise	12b	х	
c	Does the	organization regularly and consistently monitor and enforce compliance with the position of the second seco	olicy? If 'Yes,' describe in	12c	х	
13	Does the	organization have a written whistleblower policy?		13	_	X
14	Does the	organization have a written document retention and destruction policy?		14		X
15	Did the persons,	process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent ecision?			
	-	nization's CEO, Executive Director, or top management official		15a	Х	
t	Other of	icers of key employees of the organization See Schedule O		15b	Х	
	If 'Yes' to	o line 15a or 15b, describe the process in Schedule O (See instructions.)	1			
16 a		organization invest in, contribute assets to, or participate in a joint venture or simila ring the year?	r arrangement with a taxable	16a		Х
t	If 'Yes,' I in joint v status w	nas the organization adopted a written policy or procedure requiring the organizatio enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	n to evaluate its participation d the organization's exempt	16b		~- 1
Sec	tion C.	Disclosures				
17	List the	states with which a copy of this Form 990 is required to be filed None				
18	Section (5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an indicate how you make these available. Check all that apply	and 990-T (501(c)(3)s only) av	aılabl	e for p	public
		website Another's website X Upon request				
	statemer	in Schedule O whether (and if so, how) the organization makes its governing docunts available to the public See Schedule O	·	-		ancıal
		name, physical address, and telephone number of the person who possesses the ca L.B. Roberts 2200 Louetta Road, #101 Spring TX 7		ınızat — — -	ion:	

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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

Check this box if the organization did	not compen	sate a	ny d	curre	ent	officer	, dır	r · · ·		
(A)	(B)			•	c)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	institutional trustee		a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
David L. Moore						<u> </u>				
President/Chair	20	Х		Х				0.	0.	0.
Thomas C. Davis								·		
Vice President	3	X		Х				0.	0.	0.
James M. Tidwell										
Treasurer	1	Х		Х				0.	0.	0.
Byron N. Wrotenbery										
Secretary	3	_X		Χ				0.	0.	0.
David Entrekin										
Director	2	Х						0.	0.	0.
David Key										
Director	1	Х						0.	0.	0.
Howard L. DeCastro										
Director	1	Х						0.	0.	0.
James Glanville										
Director	1	X				<u> </u>		0.	0.	0.
Jim Clepper]									
Director	1	X				1		0.	0.	0.
John H. Miller										
Director	1	X	<u> </u>					0.	0.	0.
Kelli Weinzierl										
Director	1	Х					<u> </u>	0.	0.	0.
Laura Ward										
Director	1	X			L	ļ		0.	0.	0.
Michelle Majewski			l	 			1			
Director	1	X			L		L	0.	0.	0.
Patti Dale Tye				1						
Director	1	X				<u> </u>		0.	0.	0.
Philip L. Leggett						1				
Director	1	X	<u> </u>	L_		<u> </u>		0.	0.	0.
Robert A. Marsh								1		
Director	11	X	<u> </u>	1		<u> </u>		0.	0.	0.
Wallis T. Marsh										
Director	1	X	<u> </u>					0.	0.	0.
BAA		-	TEFA	0107	11	1/10/09				Form 990 (2009

Part VII Section A. Officers, Directors, Trus	T	ley		ipic		es,	and			
· (A)	1 ' '	(B)						(D)	(E)	(F)
Name and Title	Average hours per week			Officer		_		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
		idual rector	utiona	e	Key employee	Highest compensated employee	e l	((,	organization and related organizations
		huste) trus		yee	mpen				organizations
		"	tee			sated				
Cally A Clark	1	-		<u> </u>	-			-		
Sally A. Clark Director	2	Х						0.	0.	0.
Rebecca Roberts										_
Executive Dir.	40			X			H	75,000.	0.	0.
			ļ }							
		├		<u> </u>						
	 	-		_	-		-			_
	1									
	}	<u> </u>	_		-	-				<u>.</u>
		ļ								
					-	-	_			
		<u> </u>								
1 b Total		1	<u>. </u>		<u>. </u>	1	•	75,000.	0.	0.
2 Total number of individuals (including but not limite	d to tho	se li	stec	ab	ove)) wh	o re		\$100,000 in reporta	able compensation
from the organization ► 0										Yes No
3 Did the organization list any former officer, director	or truct	too	kov	omi	برمام	00	or b	abost component	ad amplayes	Tes No
on line 1a ³ If 'Yes,' complete Schedule J for such i	ndıvıdu	al İ	•	·		·				3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to	eportable than \$15	e coi	mpe 00?	nsa If 'Y	tion ′es′	and con	d oth oplet	er compensation e Schedule J for :	from s <i>uch</i>	
ındıvıdual										4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete So	compens hedule .	satio <i>J for</i>	n fro	om a ch pe	any e <i>rso</i>	unre n	elate	d organization fo	r services	5 X
Section B. Independent Contractors	4 - T				. 1				h #100 000 - f	
Complete this table for your five highest compensation from the organization	tea inae	pen	aen	cor	ntrac	ctors	s tna	t received more t	nan \$100,000 of	
(A) Name and business addres	: <							(B Description of) of Services	(C) Compensation
								2000		- Componential
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		limi	ted	to tl	nose	e list	ted a	above) who receiv	ed more than	

r ai	t viii Statement of Revenue				
	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>΄</u>	1a Federated campaigns . 1a				
ž či		1			,
₹ŞI	b Membership dues 1b]			
병원	c Fundraising events 1c 332, 784.				
Ë2	d Related organizations 1 d				
ا≧ٍق		į			
ΣŠ	e Government grants (contributions)				:
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in lns 1a-1f				
δ₹I	·——	702 016			-
	h Total. Add lines 1a-1f	793,816.			ļ
≝	Business Code				
Ψĺ	2a				
Ű				•	
핒					
Ž∣	c				
, j	d				j
×					
₹	f All other program convention				
စ္က	f All other program service revenue			-	
	g Total. Add lines 2a-2f ▶				
	3 Investment income (including dividends, interest and				
	other similar amounts).	42.			42.
	4 Income from investment of tax-exempt bond proceeds.				
	5 Royalties	i i			
	(I) Real (II) Personal				
	6a Gross Rents				!
					1
	b Less: rental expenses				1
	c Rental income or (loss)				
	d Net rental income or (loss).				1
	(i) Securities (ii) Other				
	/a Gross amount from sales of				
	assets other than inventory				
	b Less, cost or other basis				
	and sales expenses				
	c Gain or (loss)				1
	d Net gain or (loss)				
ENUE	8a Gross income from fundraising events (not including \$ 332,784.				1
OTHER REVEN	of contributions reported on line 1c).	i			1
~	See Part IV, line 18 . a 240, 146.				
发	b Less direct expenses b 177, 983.	İ			
6	c Net income or (loss) from fundraising events	62,163.			62 162
	9a Gross income from gaming activities See Part IV, line 19	02,103.			62,163.
	· · · · · · · · · · · · · · · · · · ·	İ			
	b Less ⁻ direct expenses b				i
	c Net income or (loss) from gaming activities				<u></u>
	10a Gross sales of inventory, less returns and allowances				
ļ	b Less. cost of goods sold b	[
	c Net income or (loss) from sales of inventory				
ŀ	Miscellaneous Revenue Business Code				
ł					
	11a				 ,
	b				<u> </u>
	c				
	d All other revenue				
					
	e Total. Add lines 11a-11d		<u> </u>		
	12 Total revenue. See instructions .	856,021.	0.	0.	62,205.
DAA					

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 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1				gomeran oxponess	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	494,568.	494,568.		1
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	75,000.	18,750.	18,750.	37,500.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	37,500.	9,375.	9,375.	18,750.
7	Other salaries and wages	33,333.	8,333.	8,333.	16,667.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	11,157.	2,789.	2,789.	5,579.
11	Fees for services (non-employees)				
;	a Management				
١	o Legal				
(C Accounting	16,049.	1,217.	7,416.	7,416.
•	d Lobbying				
•	e Prof fundraising svcs. See Part IV, In 17				
1	Investment management fees				·
9	g Other				
12	Advertising and promotion	2,873.			2,873.
13	Office expenses	58,379.	5,257.	1,376.	51,746.
14	Information technology	17,447.	1,746.		15,701.
15	Royalties				
16	Occupancy	3,195.	937.	1,129.	1,129.
17	Travel	1,690.	1,014.	676.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	48.		48.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		3,312.	1,656.	1,656.	
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)				
	Other bicycle program exp	40,135.	40,135.		
	Other expenses	8,434.	5,660.	2,329.	445.
(Other event expenses	2,429.			2,429.
	¹				
1	All other expenses			-	
_25	Total functional expenses. Add lines 1 through 24f	805,549.	591,437.	53,877.	160,235.
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				
BAA			,		Form 990 (2009)

Balance Sheet (B) End of year Beginning of year 1 Cash - non-interest-bearing 2 149,750. 72,647 Savings and temporary cash investments 22,186. 70,070 3 Pledges and grants receivable, net 1,994. Accounts receivable, net 6,973. 4 Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 9,518 8 6,543 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. 10a Complete Part VI of Schedule D 10b 10 c **b** Less: accumulated depreciation. 11 11 Investments - publicly-traded securities 12 12 Investments - other securities See Part IV. line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 159,208 180,473. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 74,477. 103,684 17 Accounts payable and accrued expenses 18 18 Grants payable. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties . 24 Other liabilities Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 103,684 26 74,477. X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 55,524. 105,996. Unrestricted net assets Temporarily restricted net assets 28 29 Permanently restricted net assets Q R Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, and equipment fund 31 Retained earnings, endowment, accumulated income, or other funds . 32 55,524. 33 105,996. 33 Total net assets or fund balances. 159,208. 180,473 Total liabilities and net assets/fund balances.

BAA

Form 990 (2009)

Form 990 (2009)Elves &	More	
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20-0726745

Page **12**

Part XI Financial Statements and Reporting			
•		Yes	No
1 Accounting method used to prepare the Form 990: Cash X 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		Х
b Were the organization's financial statements audited by an independent accountant?	. 2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th review, or compilation of its financial statements and selection of an independent accountant?.	ne audit,	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue consolidated basis, separate basis, or both.	ed on a		:
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	Single 3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ıred audıt		

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

	the organization							1 ' '		tion number	
	s & More		 						726745		
Part	I Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	See I	<u>nstruct</u>	tions	
The or	ganization is not a pri	vate foundation becau	ise it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)				
1	A church, conventi	on of churches or ass	ociation of churches des	cribed in	section	1 170(b)	(1)(A)(i)	•			
2											
3											
4	A medical research	n organization operate	ed in conjunction with a h	ospital (describe	d in sec	tion 17	0(b)(1)(<i>A</i>	A)(iii) Er	nter the hosp	oital's
_	name, city, and sta										
5 [170(b)(1)(A)(iv). (Complete Part II)										
	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described										
7 [X An organization that in section 170(b)(1	at normally receives a)(A)(vi). (Complete P	i substantial part of its su art II.)	apport fr	om a go	vernme	ntal uni	t or from	n the ger	neral public	described
8	A community trust	described in section	170(b)(1)(A)(vi). (Comple	te Part I	l.)						
9 [from activities relate investment income June 30, 1975 See	ed to its exempt function and unrelated busine e section 509(a)(2). (C		eptions, a section	and (2) r 511 tax)	o more from b	than 33- usiness	1/3 % of es acqui	its suppo	ort from gross	5
10		•	exclusively to test for pu		•			• •			
11	more publicly supp	orted organizations o	exclusively for the bene- lescribed in section 509(zation and complete lines	a)(1) or	section	509(a)(2	ctions o 2). See	of, or ca section	rry out tl 509(a)(3	he purposes 3). Check the	of one or e box that
	a Type I	b Type II	c ☐ Type II	I - Fund	tionally	integra	ted		d 🗌	Type III- (Other
e [By checking this both than foundation may 509(a)(2).	ox, I certify that the or anagers and other tha	rganization is not control n one or more publicly s	led direc upportec	tly or in d organi	directly zations	by one describe	or more ed in sec	disqualiction 509	ified person 9(a)(1) or se	ns other ction
f	If the organization check this box	received a written det	termination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting	organızatıon	· 📗
g	Since August 17, 2	2006, has the organiza	ition accepted any gift o	r contrib	ution fro	om any	of the fe	ollowing	persons	s?	
						-					Yes No
	(i) a person who below, the go	directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d in (ii) a ·	and (III)	11 g (i)	
	(ii) a famıly mem	nber of a person desc	cribed in (i) above?							11 g (ii)	
	(iii) a 35% contro	lled entity of a persor	described in (i) or (ii) a	bove? .						11 g (iii)	
<u>h</u>	Provide the following	ng information about	the supported organization	ons.							
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister	s the ion in col i in your rning ment?	the organ	rou notify nization in (i) of upport?	(vi) I organizat (i) organi U S	s the ion in col zed in the S ?	(viı) Amount	of Support
				Yes	No	Yes	No	Yes	No		
							1]		
				ļ	ļ 						
							l				
				 	,		<u> </u>				
				 	ļ <u>.</u>		<u> </u>	-			
		-		 	<u> </u>		 				
		j] 						
Total											

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	dule A (Form 990 or 990-EZ) 200					20-072674	
Par	t II Support Schedule for				b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)
	' (Complete only if you check	ed the box on line	e 5, 7, or 8 of Par	t I.)	.,,.		
	tion A. Public Support	-					
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
I	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	953,503.	1,351,723.	1,078,151.	892,508.	793,816.	5,069,701.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-through 3	953,503.	1,351,723.	1,078,151.	892,508.	793,816.	5,069,701.
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).						1,280,579.
6	Public support. Subtract line 5 from line 4						3,789,122.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	953,503.	1,351,723.	1,078,151.	892,508.	793,816.	5,069,701.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	128.	239.	226.	174.	42.	809.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).						0.
11	Total support. Add lines 7 through 10 .						5,070,510.
12	Gross receipts from related activ	rities, etc. (see in:	structions) .			12	0.
13	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth, c	or fifth tax year as	s a section 501(c)	(3) ▶ □
Sec	tion C. Computation of Pul	blic Support P	Percentage				
	Public support percentage for 20 Public support percentage from 2	-	•	ne 11, column (f)		14 15	74.7 % 68.9 %
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pul	i not check the bo blicly supported o	ox on line 13, and	the line 14 is 33	-1/3 % or more, c	heck this box
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pul	I not check a box blicly supported o	on line 13, or 16a iganization.	, and line 15 is 33	3-1/3% or more, o	_
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	IV how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance test. The organi	s' test, check this zation qualifies as	box and stop her a publicly suppor	e. Explain in Part rted organization.	IV how the ►
	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a	, or 17b, check th	ns box and see in	structions -
BAA					Sch	hedule A (Form 99	90 or 990-EZ) 2009

	 (Complete only if you che 	cked the box on li	ne 9 of Part I.)					<u>-</u>
Sec	tion A. Public Support		· · · · - · · ·					
	ndar year (or fiscal yr beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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							
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
	: Add lines 7a and 7b				<u> </u>			<u></u>
	Public support (Subtract line							
Ū	7c from line 6)				<u> </u>			
Sec	tion B. Total Support				<u> </u>		J	
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	a	(f) Total
	Amounts from line 6.	\\\\	(-)	(0) = 0.0	(4,200	(5) 250	_	(1) 10141
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.							
	: Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carned on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organize	ation's first, secor	nd, third, fourth,	or fifth tax year a	s a section 5	501(c)	(3)
Sec	tion C. Computation of Pu		ercentage			_ :		
	Public support percentage for 20			ie 13, column (f))			15	%
	Public support percentage from	•	•	,			16	%
	tion D. Computation of Inv						-	
17	Investment income percentage f	or 2009 (line 10c,	column (f) divide	d by line 13, colu	mn (f))		17	%
18	Investment income percentage f	rom 2008 Schedu	le A, Part III, line	17			18	%
	a 33-1/3 support tests – 2009. If the omore than 33-1/3%, check this b	oox and stop here	. The organization	n qualifies as a pi	ublicly supported	organization		. ▶∐
	33-1/3 support tests – 2008. If to is not more than 33-1/3%, check	k this box and sto l	p here. The organ	ization qualifies a	as a publicly supp	orted organı	zatıon	` ▶∐
20	Private foundation. If the organi	zation did not che	ck a box on line	<u>14, 19a, or 19b, c</u>	theck this box and	d see instruc	tions .	▶

Schedule A	(Form 990 or 99	0-EZ) 2009	Elves &	More			20-0726745	Page 4
Part IV	Supplementa	I Informati	ion. Comple	te this	part to provide	the explanation	ns required by Part II, line I information. See instruct	10;
•	Part II, line I	/a or 1/b;	and Part III	, line	12. Provide any	other additiona	I information. See instruct	ions.
					·		-	
					·			
					- -			
								
- -					- 			
								
								
								
								
		. 						
								
		- -						
							· - 	

TEEA0404L 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer Identification number

Elv	ves & More					
_					20-0726745	
Par	the organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Oth to Form 990, Part IV, line	er Similar Funds e 6.	or Acco	ounts Complete	e if
		(a) Donor advised	funds	(b) F	unds and other acc	ounts
1	Total number at end of year				-	
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year).					
4	Aggregate value at end of year					
5	Did the organization inform all donors and doi funds are the organization's property, subject			or advised	. Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or do	ing that grant funds i nor advisor or for an	may be y other	∏Yes	□No
Day	t II Conservation Easements Comple		newarad 'Vac' ta	Form 00		<u> </u>
				FOIIII 99	o, Fart IV, line	7.
'	Purpose(s) of conservation easements held b	• •	— · · · · ·		iller immonstant tand	
	Preservation of land for public use (e.g., i	recreation or pleasure)	Preservation of a		ally important land	area
	H			ertinea nis	storic structure	
2	Preservation of open space Complete lines 2a through 2d if the organization	on held a gualified conservati	on contribution in the	o form of a	conconvation case	mont on the
	last day of the tax year	ion neid a quaimed conservati	on contribution in the	ב וטוווו טו ב	i conservation ease	ement on the
					Held at the End of	f the Year
ā	Total number of conservation easements			2a		
ŀ	Total acreage restricted by conservation ease	ments		2b		
(Number of conservation easements on a certi	fied historic structure included	lin (a) .	2c		
•	Number of conservation easements included in	in (c) acquired after 8/17/06	•	2d		
3	Number of conservation easements modified, year ►	transferred, released, extingu	iished, or terminated	by the org	ganization during th	ne tax
4	Number of states where property subject to co	onservation easement is locat	ed ►			
5	Does the organization have a written policy re and enforcement of the conservation easeme	egarding the periodic monitorii	ng, inspection, handl	ing of viola	ations, Yes	□ No
6	Staff and volunteer hours devoted to monitoring the year		conservation easeme	ents		☐ 110
7	Amount of expenses incurred in monitoring, induring the year ►	nspecting, and enforcing cons	ervation easements	\$_		_ _
8	Does each conservation easement reported o $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	n line 2(d) above satisfy the r	equirements of section	on 	. 🗌 Yes	☐ No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements.	s conservation easements in its to the organization's financial	revenue and expense statements that des	statement, cribes the	and balance sheet, organization's acco	and ounting for
Pai	t III Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990	Treasures, or O), Part IV, line 8.	ther Sim	ilar Assets	
1 a	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial stateme	olic exhibition, education, or re	search in furtherance	and balar e of public	nce sheet works of service, provide, i	art, historical n Part XIV,
i	of the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items:	er SFAS 116, to report in its re plic exhibition, education, or re	venue statement and search in furtherance	d balance e of public	sheet works of art, service, provide th	historical ne following
	(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 a amounts required to be reported under SFAS	art, historical treasures, or oth 116 relating to these items:	er sımılar assets for	financiał g	ain, provide the fol	llowing
á	Revenues included in Form 990, Part VIII, line	e 1			► \$	_
i	Assets included in Form 990, Part X				⊳ \$	

Schedule D (Form 990) 2009 Elves	& More			20-072	6745 Page 2
Part III Organizations Maintai	ining Collection	s of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (continued)
3 Using the organization's acquisiti items (check all that apply):	on accession and o	ther records, chec	k any of the following	that are a significant us	e of its collection
a Public exhibition		d Loan o	r exchange programs		
b Scholarly research		e Other			
c Preservation for future gener	ations				
4 Provide a description of the organ Part XIV.		·		,	se in
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or receiv	e donations of art	historical treasures, of the organization's co	or other similar	☐ Yes ☐ No
Part IV Escrow and Custodia 9, or reported an amo	Arrangements	Complete if or	ganization answei		
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or c	ther intermediary	for contributions or oth	ner assets not	Yes No
b If 'Yes,' explain the arrangement	in Part XIV and con	mplete the following	ig table:		
					Amount
c Beginning balance			• •	1 c	
d Additions during the year		•		1 d	
e Distributions during the year .				1 e	
f Ending balance			•	[1f]	п п
2a Did the organization include an a), Part X, line 21?			∐ Yes
b If 'Yes,' explain the arrangement Part V Endowment Funds Col		zation answers	d 'Vas' to Form O	00 Part IV line 10	
Fart V Lindownient Funds Con	(a) Current year	(b) Prior year	(c) Two years bac		(e) Four years back
1 a Beginning of year balance	(a) Guirent year	(b) Frior year	(c) Iwo years bac	(u) Tillee years back	(e) Four years Dack
b Contributions		 			
	· · · · · · · · · · · · · · · · · · ·				
 c Net Investment earnings, gains, and losses 					
d Grants or scholarships		ļ			
 Other expenditures for facilities and programs 					
f Administrative expenses					
g End of year balance.		.]			
Provide the estimated percentage	e of the year end ba	alance held as:			
a Board designated or quasi-endov	vment ►	%			
b Permanent endowment ►	%				
c Term endowment ▶	 8				
3a Are there endowment funds not a organization by	n the possession of	the organization	hat are held and adm	inistered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(II), are the related of	-			•	3b
4 Describe in Part XIV the intended					
Part VI Investments-Land, B		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Description of investment		st or other basis investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land	-				
b Buildings	ļ <u></u> -				
c Leasehold improvements	 				
d Equipment e Other		-			
Total. Add lines 1a through 1e (Colum.	n (d) must equal Fo	orm 990 Part X co	olumn (R) line 10(c))		0.
	,uu uu uuuu 1 L	ان ۱۰۰۰ تین در برس سر ۱۰۰۰	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, -1	v.

BAA

Schedule **D** (Form 990) 2009

Part VII Investments—Other Securities See Fo	orm 990, Part X, lir	ne 12. N/A	
 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives.			
Closely-held equity interests			
Other			
	·		
Table (Calumn (b) must asset from 200 Part V and (D) to 210			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)			
Part VIII Investments-Program Related (See I			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
		Cost or end-or-year market value	
	 		
Total (Column (b) must equal Form 990, Part X, Col (B) line 13) ▶			
Part IX Other Assets (See Form 990, Part X,	Ime 15) N/A		
(a) De	scription	(b) Book value	е
	• •		
	, <u>, ,</u>		
			
			——
Total (Column (h) must equal Form 000 Part V and (P) I		→	—
Total. (Column (b) must equal Form 990, Part X, col (B), la Part X Other Liabilities (See Form 990, Part		<u> </u>	
(a) Description of Liability	(b) Amount		1
Federal Income Taxes			
			•
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
	note to the organization	n's financial statements that reports the organization's lia	ability

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

Schedule D (Form 990) 2009 Elves & More

20-0726745

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Sche	edule D (Form 990) 2009 Elves & More	20-0726745	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	;	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		856,021.
2	Total expenses (Form 990, Part IX, column (A), line 25)		805,549.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		50,472.
4	Net unrealized gains (losses) on investments		00/1/21
5	Donated services and use of facilities	<u> </u>	
6	Investment expenses	· · 	 -
7	Prior period adjustments	· 	
-			
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		50,472.
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per		
1	Total revenue, gains, and other support per audited financial statements .	. 1	1,364,685.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments 2a		
E	Donated services and use of facilities 2b 330, 68	31.	
c	Recoveries of prior year grants		
c	Other (Describe in Part XIV) See Part XIV 2d 177,98	33.	
e	Add lines 2a through 2d	2e	508,664.
3	Subtract line 2e from line 1	3	856,021.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	O Other (Describe in Part XIV).		
	Add lines 4a and 4b	─ ┤ <u></u>	
	, , , ,	4c	056 001
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	856,021.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Total expenses and losses per audited financial statements	1	1,314,213.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities 2a 330, 68	11.	
b	Prior year adjustments		
C	Other losses 2c		
c	Other (Describe in Part XIV) See Part XIV . 2d 177,98	33.	
e	Add lines 2a through 2d	2 e	508,664.
3	Subtract line 2e from line 1	3	805,549.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	-	
	Add lines 4a and 4b.	4c	
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	805,549.
	t XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this mation	t IV, lines 1b and s part to provide	I 2b; Part V, any additional

Schedule D (Form 990) 2009 Elves & More Part XIV Supplemental Information (continued)	20-0726745	Page 5
Part XIV Supplemental Information (continued)		
•		
	•	
		
	. -	
		_

2009	Schedule D, Part XIV - Supplemental Information	on		Page 6
	Elves & More			20-0726745
Schedule D, Pai Other Revenue Direct donor	ort XII, Line 2d Included In F/S But Not Included On Form 990 benefits	otal	\$ 8	177,983. 177,983.
Schedule D, Pai Other Expenses	ort XIII, Line 2d s And Losses Per Audited F/S			
Direct donor	benefits To	otal	\$	177,983. 177,983.
				i

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18,

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or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form990 or Form 990-EZ. ► See separate instructions. Department of the Treasury Internal Revenue Service Name of the organization Employer Identification number Elves & More 20-0726745 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X No **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in (i) Name of individual or entity (fundraiser) (iii) Did fundraiser (vi) Amount paid to (or retained by) organization (ii) Activity (iv) Gross receipts have custody or control of contributions? from activity col (i) Yes No

Total 0. List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

	• •	reported more than \$15,000 on F	orm 990-EZ, line 6	a. List events with	gross receipts grea	ater than	\$5,00	00.
R			(a) Event #1 Bicycle Ball (event type)	(b) Event #2 Marathon (event type)	(c) Other Events 1 (total number)	(d) Tot (Add col.	al Ever	nts
mCZm <m2< td=""><td>1</td><td>Gross receipts</td><td>531,310.</td><td>23,435.</td><td>18,185.</td><td></td><td>572,9</td><td>30.</td></m2<>	1	Gross receipts	531,310.	23,435.	18,185.		572,9	30.
Ě	2	Less Charitable contributions	298,850.	22,260.	11,674.		332,7	784.
	3	Gross income (line 1 minus line 2)	232,460.	1,175.	6,511.		240,1	46.
	4	Cash prizes						
	5	Noncash prizes		81.	635.			716.
ローRECT	6	Rent/facility costs	1,170.		3,670.		4,8	340.
	7	Food and beverages	68,823.				68,8	323.
X P	8	Entertainment	68,890.				68,8	<u> 390.</u>
EXPESSES	9	Other direct expenses	30,069.	2,444.	2,201.		34,7	714.
Ş	10 11	Direct expense summary Add lines 4- th Net income summary Combine lines 3, o	- ' '		•		177,9 62,1	
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or rep	orted m	ore th	an
#CZ#		, , , , , , , , , , , , , , , , , , , ,	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tot (Add col co	al gamı (a) thro	ng ough
Ĕ	1	Gross revenue						
D X	2	Cash prizes						
D-RECT	3	Non-cash prizes						
S	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes %	Yes% No	Yes%			
	7 Direct expense summary Add lines 2 through 5 in column (d).							
	8	Net gaming income summary Combine I	ines 1, column (d) and	line 7	>			
9	Ente	er the state(s) in which the organization op	perates gaming activitie	es:			YES	NO
		ne organization licensed to operate gaming o,' explain:	g activities in each of th	nese states?	-	9:	3	
								<u> </u>
		e any of the organization's gaming license es,' explain:	es revoked, suspended	or terminated during the	e tax year?.	10:	3	-
11	 Doe	s the organization operate gaming activities	es with nonmembers?			 <u>11</u>	- -	
12	ls th	ne organization a grantor, beneficiary or tri ninister charitable gaming?	ustee of a trust or a me	ember of a partnership o	or other entity formed to	12		
				· · · · · · · · · · · · · · · · · · ·				——

Schedule G (Form 990 or 990-EZ) 2009 Elves & More	20-0726745		age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	ક	ł	
b An outside facility 13b	ક		
14 Enter the name and address of the person who prepares the organization's gaming/special events book	s and records:		
Name: •			
Address. •			
15a Does the organization have a contact with a third party from whom the organization receives gaming re-		15a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and of gaming revenue retained by the third party \$	the amount		1
c If 'Yes,' enter name and address of the third party:			
Name a			1
Name: •			
Address: ►			
16 Gaming manager information			
Name· ►			i
Gaming manager compensation ► \$;
Description of services provided:			1
Director/officer Employee Independent contractor			1
17 Mandatory distributions			
a is the organization required under state law to make charitable distributions from the gaming proceeds state gaming license?	to retain the	17a	
b Enter the amount of distributions required under state law to be distributed to other exempt organization	ns or spent in the		
organization's own exempt activities during the tax year: ► \$			
BAA TEEA3703L 02/05/10 Sche	edule G (Form 990 c	or 990-EZ	2009

SCHEDULE I

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

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× **≗** □ (h) Purpose of grant or assistance Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Employer identification number X Yes 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 20-0726745 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) See Part IV (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Part I General Information on Grants and Assistance (b) EIN ------1 (a) Name and address of organization or government ! 1111 Elves & More Name of the organization 1 ı 1 ı 1 1 1 1 ١

Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations

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

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

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. Elves & More Schedule I (Form 990) 2009

Part III

Page 2

20-0726745

Schedule I (Form 990) 2009 percent of these were given to children through schools (Houston ISD, Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Bicycles and helmets 90 percent of these were given to children through school given to childreh through other charitable organizations. (e) Method of valuation (book, FMV, appraisal, other) students who want one. Those contracts call for children to improve their performance are aimed at getting children to take a step toward achieving a better education, and __such as tutoring, Saturday school, or mentored programs (like sports). The contracts _it), and work with administrators and teachers to offer earn-a-bike contracts to all -- Focusing on children who are at risk, the Charity and ISDs select "feeder patterns" _improved_attitudes_and_behaviors_or_greater_participation_in_after-school_programs_ of schools (a High School, and the Middle Schools and Elementary Schools that feed in at least one of four areas, such as improved academics, improved attendance, Elves & More partners with school officials in the Houston Independent School ___<u>District_(HISD)_and_with_other_ISDs_in_the_eight-county_Greater_Houston_Area.</u> Cost 494,568. (d) Amount of non-cash assistance Klein ISD), and the remainder were 2009. Approximately (c) Amount of cash grant Part J. Line 2 - Grantmaker's Description of How Grants are Used 10,000 10,000 new bicycles were given to at-risk children during (b) Number of recipients Hempstead ISD, Waller ISD, Aldine ISD, and (a) Type of grant or assistance Bicycles and helmets

2009

Schedule I, Part IV - Supplemental Information

Page 3

Elves & More

20-0726745

Part I, Line 2 - Grantmaker's Description of How Grants are Used (continued)

a better future in life before the children receive their bicycles. Once children receive their bicycles, they use them for fun, exercise and as basic transportation to and from their homes to participate in after-school sports and other programs where adult mentors help children stay in school and out of trouble.

SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

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Department of the Treasury Internal Revenue Service

Complete if the organization answered
 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ.

Inspection Name of the organization Employer identification number Elves & More 20-0726745 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. Part I (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No Enter the amount of tax imposed on the organization managers or disqualified persons during the year under \$ section 4958 Ś Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (b) Loan to or from the organization? (c) Original principal amount (f) Approved by board or committee? (g) Written agreement? (a) Name of interested person and purpose (d) Balance due Τo From Yes Nο Yes Nο Yes No **Total** Ś Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of assistance the organization **Business Transactions Involving Interested Persons.** Complete if the organization answered'Yes' on Form 990, Part IV, line 28a, 28b, or 28c. (b) Relationship between interested person and the organization (e) Sharing of organization's revenues? (a) Name of interested person (c) Amount of transaction \$ (d) Description of transaction Yes No Tanya Saenz Family mbr of Pres 37,500. Employee Х

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Schedule L (Form 990 or 990-EZ) 2009

or 990-EZ.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

20-0726745

Department of the Treasury Internal Revenue Service Name of the organization

Elves & More

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

► Attach to Form 990.

Form 990, Sch. B - Sch. of Contributors
The contributions reported in Schedule B are considerably lower than those received
due to IRS restrictions on how amounts are reported there. The major differences
are: (1) in-kind donations of services and facilities are not reported, (2)
contributions from related entities and family members are reported separately and
(3) contributions are reduced by any benefits provided by the Charity in exchange
for such contributions. In addition, donated auction items are not reported as
donations in Schedule B and amounts paid to purchase auction items are reduced by
the_value_of_such_items. This_listing_below_shows_donors_who_would_have_been_listed
on Schedule B if their donations had not been excluded from reporting under item 1
above
Reliant Park/SMG (\$205,000), Freeman (\$34,037), Continental Airlines (\$23,600),
3-Men_Movers (\$20,850), Jeff Rando (\$8,280), LD Systems (\$7,500), RoNan Enterprises
(\$6,199), Glaziers (\$5,000).
Form 990, Part III, Line 4a - Program Service Accomplishments
Elves & More focuses on at-risk children throughout Greater Houston and uses new
bicycles as the principal way of doing this. Here's how:
Strengthening Education: We partner with Independent School Districts to let children
earn bicycles through contracts with their teachers. Teachers set each child's
specific goals-such as improved academics, better attendance, more-positive attitudes
and participation in after-school activities; Students and their parents sign
contracts to meet those goals. As the semester progresses, teachers use the contracts
to motivate students. At semester's end, those students who meet their goals are
rewarded with new bicycles from Elves & More Students who participated in our 2009

the program's inception in 2000.

at-risk children, bringing its cumulative total of bicycles to 100,719 bicycles since

Name of the organization	Employer Identification number 20-0726745
Form 990, Part VI, Line 11 - Form 990 Review Process	[20-0/20/45
The President reviews the Form 990 and provides a copy to be	oard members before
filing.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of	Conflicts
The conflict of interest policy is monitored by careful scr	
transactions by the Executive Director, a treasury staff member and a separate	
accounting staff member. In addition, for key transactions,	
involved in the selection of vendors and the establishment	
most significant transactions, either the Executive Committee	
Board approval is provided. Finally, the Charity obtains in	
third-party auditor who has access to the full Board of Dir	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Of	ficers & Key Employees
Elves & More does not compensate any officers. It does comp	ensate its Executive
Director following the process described below:	
1. Information is gathered from Board Members (primarily) a	nd other charities about
comparable compensation for persons serving in a similar ca	pacity in other
charitable organizations and in commercial businesses.	
2. The performance of the individual is assessed by the Pre	sident and key board
members.	
3. The capabilities and needs of the Charity are assessed	
4. The proposed salary is presented to the board for approv	al, and the salary is
set.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Availab	ole
Documents are available on the organization's website.	