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Form **990-EZ** 

### Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(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

Open to Public

Inspection

Website: N/A   Street   Mines   Mine	Α	For the 2009 caler	ndar ye	ear, or tax year beginning	<u>,</u> 2009, and e	nding		,		
Name chapter   Subtraction   FUND FOR COUNTS   SUITE 1   Suite   Sui	B_ (			C			D Emp	loyer ic	lentification number	
Termanian    American return   Section 591(c/3) organizations and 4947(s/1) nonexempt charitable trusts   Section 591(c/3) organizations and 4947(s/1) nonexempt charitable trusts   Section 591(c/3) organizations and 4947(s/1) nonexempt charitable trusts   G. Accounting method   Cash   X. Accounting method		Address change use	techange label or 4244 BULLFROG ROAD, SUITE 1					20-0861020		
Temmation   Province return   Province   P		Name change lab								
**Section 301(c)(3) organizations and 4947(a)(7) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-E2).    Website: N/A   The organization is not a section 590(c)(3) supporting organization and its gross receipts are normally not more than \$25,000 A form 990-E2 or 590-E2.)    Tax-exempt strius (cleek only one)   X  501(c)   4   **(insert no)   4947(a)(1) or   527     K Check *   If the organization is not a section 590(c)(3) supporting organization and its gross receipts are normally not more than \$25,000 A form 990-E2 or 590-E2. or 590-E2 or 590-E2. or 590-E2 or 590-E2.    L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990.   L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990.   Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   To contributions, grits, grants, and similar amounts received   2 Program service revenue including government fees and contracts   3   86, 11     A Investment income   3   86, 11     A Investment income   4   10   10   10   10   10   10   10		Initial return typ						509-649-6300		
Section 501(c/3) arganizations and 4947(s/1) nonexempt charitable trusts must altrach a completed schedule A (Form 990 or 990-EZ).   H. Check   X   If the organization is not section 509(c)(3) supporting organization and its ground to statistic schedule B (Form 990 or 990-EZ).   H. Check   X   If the organization is not a section 509(c)(3) supporting organization and its gross recepts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization and its gross recepts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization or more, file Form 990, instead of Form 990-EZ or Form 990 return is not required, but if the organization or more, file Form 990 instead of Form 990-EZ or Form 990 return is not required, but if the organization or more, file Form 990 instead of Form 990-EZ or Form 990 return is not required, but if the organization or more, file Form 990 instead of Form 990-EZ or Form 990 return is not required, but if the organization or more, file Form 990 instead of Form 990-EZ or Form 990 return is not required, but if the organization or more, file Form 990 return is not required, but if the organization or more, file Form 990 return is not required, but if the organization or more, file Form 990 return is not required to a file or file form 990 return is not required to a file or file form 990 return is not required to a file or file form 990 return is not required to a file or file form 990 return is not required to a file or file form 990 return is not required to a file or file form 990 return is not required to a file or file form 990 return is not required to a file or file form 990 return is not required to a file or file form 990 return is not required to a file or file form 990 return is not required to a file or file form 990 return is not required to a file or file form 990 return is not required to a file or file form 990 return is not required to file form 990 return is not required to file	<u></u> ∐.	ermination   Spe	ecific				- 50	709-049-0300		
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11 Benefits paid to or for members 12 Salaries, other compensation and employee benefits 13 Professional feet and of the payments to independent contractors 14 Occupancy, ten unified, and mathematical professional feet and publications, postage, and shipping 15 Printing publications, postage, and shipping 16 Other expenses. Add lines 10 through 6 17 Total expenses. Add lines 10 through 6 18 Excess of (deficulty out the livest Subtract line 17 from line 9) 19 Net assets of the benefits at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Net assets or fund balances at end of year Combine lines 18 through 20 19 Net assets or fund balances at end of year Combine lines 18 through 20 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe SEE STATEMENT 3) 25 Total assets 26 Total liabilities (describe 10 Column (B) must agree with line 21) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Salaries, other compensation and employee benefits 12			_						86,111.	
12 Salaries, other compensation and employee benefits 13 Professional east and life between the independent contractors 14 Occupancy for Hithres, and markite hance 15 Printing publications, postage, and suppring 16 Other belease (describe) (BEE STATEMENT 2) 17 Total expenses. Add lines 10 though 6 18 Excess of (deficit) to fitte veal Subtract line 17 from line 9) 19 Net assets of that betarness at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II ) (A) Beginning of year (B) End of year 23  22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe SEE STATEMENT 3 ) 25 Total assets 26 Total liabilities (describe ) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 313,910. 27 352,21	- 1			· · · · · · · · · · · · · · · · · · ·	SEE S	TATEMENT 1	L	10	1,750.	
13 Professional test and dried bauments to independent contractors 14 Occupancy of differences (deepther) in thirdes, and matifemance 15 Printing publications, postage, and shipping 16 Other poerses (deepther) ISEE STATEMENT 2 17 Total expenses. Add lines 10 through 6 18 Excess of fund balances at beginning of year (from line 9) 19 Net assets of fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe SEE STATEMENT 3) 25 Total assets 26 Total liabilities (describe Column (B) must agree with line 21) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 313, 910. 27 352, 21 352, 21 352, 21 352, 21 352, 21 353, 313, 910. 22 344, 33 353, 910. 25 352, 21 352, 21 353, 910. 25 352, 21 353, 910. 27	Е	· ·					L	11		
13   Professional feets and affect payments to independent contractors   14	X	12 Salaries, oth	her cor	mpensation, and employee benefits			L	12		
14   Occupancy, Institutions, and matificianance   15   Frinting publications, postage, and symptoms   15   16   Other expenses, describe   SEE STATEMENT 2   16   Other expenses, Add lines 10 through 6   17   47,80     18   Excess of (deficit) for the year of bulbrase line 17 from line 9)   18   38,30     19   Net assets of the balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   20   Other changes in net assets or fund balances (attach explanation)   20     21   See the instructions for Part II   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II   (A) Beginning of year (B) End of year (B) End of year (Cash, savings, and investments   313,910.   22   344,33     22   Cash, savings, and investments   23   24   7,88     25   Total assets   313,910.   25   352,21     26   Total liabilities (describe   SEE STATEMENT 3   )   24   7,88     27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   313,910.   27   352,21     28   Total liabilities (describe   27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   313,910.   27   352,21     28   Total sasets or fund balances (line 27 of column (B) must agree with line 21)   313,910.   27   352,21     29   Total assets or fund balances (line 27 of column (B) must agree with line 21)   313,910.   27   352,21     20   Total sasets or fund balances (line 27 of column (B) must agree with line 21)   313,910.   27   352,21     20   Total sasets or fund balances (line 27 of column (B) must agree with line 21)   313,910.   27   352,21     20   Total sasets or fund balances (line 27 of column (B) must agree with line 21)   313,910.   27   352,21     31   Total sasets or fund balances (line 27 of column (B) must agree with line 21)   313,910.   27   352,21     32   Total sasets or fund balances (line 27 of column (B) must agree with line 21)   313,910.   2	Ë	13 Professional	Ces :	and other payments to independent contracto	rs		L	13		
16 Other breefses (describe) ISEE STATEMENT 2  17 Total expenses. Add lines 10 through 6  18 Excess of Ideficit) for the year Subtract line 17 from line 9)  19 Net assets of this parameter at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II)  (A) Beginning of year (B) End of year 2 Cash, savings, and investments  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe SEE STATEMENT 3 )  25 Total assets  Total liabilities (describe Column (B) must agree with line 21)  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  313, 910. 27  352, 21	S	14 Occupancy,	tent	utilities, and mattle nance	-			14		
16 Other breedses (describe) ISEE STATEMENT 2 17 Total expenses. Add lines 10 through 6 18 Excess of (deficit) for the year Subtract line 17 from line 9) 19 Net assets of the breeds of prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 352, 21  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II) (A) Beginning of year (B) End of year 2  Cash, savings, and investments 23 Land and buildings 24 Other assets (describe SEE STATEMENT 3 ) 25 Total assets 26 Total liabilities (describe SEE STATEMENT 3 ) 313, 910. 25 352, 21  7 Net assets or fund balances (line 27 of column (B) must agree with line 21) 313, 910. 27 352, 21	E	15 Printing, put	blicatio	ons, postage, and shipping				15		
17 Total expenses. Add lines 10 through 6  18 Excess of (deficit) for the year (Subtract line 17 from line 9)  19 Net assets of the balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II)  (A) Beginning of year  (B) End of year  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe SEE STATEMENT 3)  25 Total assets  26 Total liabilities (describe )  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  313, 910. 27  352, 21  A 7, 88  313, 910. 27  352, 21	_	16 Other expenses	(descrit	be? (SEE STAURENENT 2			) [	16	46,056.	
19 Net assets of the parameter at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe SEE STATEMENT 3) 25 Total assets 26 Total liabilities (describe Total balances (line 27 of column (B) must agree with line 21) 313, 910. 27 352, 21 36, 313, 910. 27 352, 21 36, 32, 21 37, 88 38, 313, 910. 27 38, 32, 21 38, 313, 910. 27 38, 32, 21 39, 313, 910. 27 30, 352, 21 30, 313, 910. 27 30, 352, 21 313, 910. 27 313, 910. 27 313, 910. 27		17 Total expens	ses. A	Add lines 10 through 6		<del>-</del>	▶[	17	47,806.	
Other changes in net assets or fund balances (attach explanation)  Net assets or fund balances at end of year Combine lines 18 through 20  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II)  (A) Beginning of year (B) End of year 20  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe SEE STATEMENT 3)  25 Total assets  Total liabilities (describe 7)  Total liabilities (describe 7)  Net assets or fund balances (line 27 of column (B) must agree with line 21)  352, 21  25 Net assets or fund balances (line 27 of column (B) must agree with line 21)  352, 21  352, 21	Δ	18 Excess WH	deficit)	11519			<u> </u>	18	38,305.	
Other changes in net assets or fund balances (attach explanation)  Net assets or fund balances at end of year Combine lines 18 through 20  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II)  (A) Beginning of year (B) End of year 20  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe SEE STATEMENT 3)  25 Total assets  Total liabilities (describe 7)  Total liabilities (describe 7)  Net assets or fund balances (line 27 of column (B) must agree with line 21)  352, 21  25 Net assets or fund balances (line 27 of column (B) must agree with line 21)  352, 21  352, 21	N S	19 Net assets of figure report	ied on	balances at beginning of year (from line 27, prior year's return)	column (A)) (must a	agree with end-of		19	313,910.	
Part II   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II)  (A) Beginning of year   (B) End of year  22 Cash, savings, and investments   313,910.   22   344,33  23 Land and buildings   23    24 Other assets (describe   SEE STATEMENT 3   24   7,88  25 Total assets   313,910.   25   352,21  26 Total liabilities (describe   0. 26    27 Net assets or fund balances (line 27 of column (B) must agree with line 21)   313,910.   27   352,21	- 11	20 Other change	ges in r	net assets or fund balances (attach explanation	on)			20		
24 Other assets (describe ► SEE STATEMENT 3 )       24 7,88         25 Total assets       313,910. 25 352,21         26 Total liabilities (describe ► )       0. 26         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       313,910. 27 352,21		21 Net assets o	or fund	I balances at end of year Combine lines 18 th	rough 20		▶	21	352,215.	
24 Other assets (describe ► SEE STATEMENT 3 )       24 7, 88         25 Total assets       313,910. 25 352,21         26 Total liabilities (describe ► )       0. 26         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       313,910. 27 352,21	Pai	rt II Balanc	e Sh	eets. If Total assets on line 25, column (B) a	re \$1,250,000 or me	ore, file Form 99	0 instea	ad of f	Form 990-EZ	
24 Other assets (describe ► SEE STATEMENT 3 )       24 7,88         25 Total assets       313,910. 25 352,21         26 Total liabilities (describe ► )       0. 26         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       313,910. 27 352,21				(See the instructions for Part II)		(A) Beginning	of yea	r	(B) End of year	
24 Other assets (describe ► SEE STATEMENT 3 )       24 7, 88         25 Total assets       313,910. 25 352,21         26 Total liabilities (describe ► )       0. 26         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       313,910. 27 352,21	22	Cash, savings, a	and inv	vestments		313,	910.	22	344,330.	
24 Other assets (describe ► SEE STATEMENT 3 )       24 7, 88         25 Total assets       313,910. 25 352,21         26 Total liabilities (describe ► )       0. 26         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       313,910. 27 352,21	23	Land and buildin	ngs					23		
25 Total assets.       313,910. 25       352,21         26 Total liabilities (describe ► )       0. 26         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       313,910. 27       352,21	24			SEE STATEMENT 3					7,885.	
26 Total liabilities (describe >	25					313.	910.	25	352,215.	
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) 313, 910. <b>27</b> 352, 21	26		(descri	ibe ►	)				0.	
	27				line 21)	313.	910.		352,215.	
Proprieti integrational application regulation and induce, see separate instructions. FUIII 330°EZ (Z	BAA					· · · · · ·			Form <b>990-EZ</b> (2009)	

Form 990-EZ (2009) SUNCADIA FUND FO				-086	1020 Page <b>2</b>
Part III Statement of Program Ser		(See the instruction	ons.)	(Doc	Expenses
What is the organization's primary exempt purpose? SEE		501 (c	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional		
Describe what was achieved in carrying out the describe the services provided, the number of	ncise manner,	orgai	nîżations and section		
program title	persons benefited, or other i	elevant information for	eacii	for o	thers)
28 SEE STATEMENT 5					-
			<del></del>		
(Grants \$ ) If the	s amount includes foreign gr	ants check here		28 a	17,720.
OO COO CONTROLONO C					
20 DEL DIATEMENT O					
(Cranta É			<b>-</b>	29 a	14,074.
	is amount includes foreign gr		EODIE	25 a	14,0/4.
30 CONCERT SERIES PARTICIPAT	TOW INCTODED WEEKO	MIMAIELI 300 F.	<u></u>		
(O				20 -	3,998.
	is amount includes foreign gr	ants, check here		30 a	3,330.
Other program services (attach schedule (Grants \$ ) If the	7 SEE STATEMENT 7 is amount includes foreign gr	ranta abaak bara	▶ □	31 a	10,109.
32 Total program service expenses (add lin		ants, theth here		32	45,901.
Part IV List of Officers, Directors,		ployees List sech or			
Part IV   List of Officers, Directors,	(b) Title and average hours		(d) Contributions		(e) Expense account
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensa	ns and	and other allowances
PAUL EISENBERG	PRESIDENT	0.		0.	0.
4244 BULLFRONG ROAD SUITE 1	1.00				
CLE ELUM, WA 98922					
CAPE POWERS	VICE PRESIDENT	0.		0.	0.
4244 BULLFROG ROAD SUITE 1	1.00				
CLE ELUM, WA 98922	_,,,				
PAT SIMPSON	SECRETARY	0.		0.	0.
4244 BULLFROG ROAD SUITE 1	1.00			٠.	1
CLE ELUM, WA 98922	1.00				
MARNE SCHWARTZ	TREASURER	0.		0.	0.
				υ.	0.
4244 BULLFROG ROAD SUITE 1	1.00				
CLE ELUM, WA 98922					
	·				
				-	
			1		
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			1		
			1		
			1	<del></del>	
BAA	TEEA0812L 0	11/30/10			Form <b>990-EZ</b> (2009)

Par	<u>t v</u>	Other Information (	Note the statement r	requirements in ti	ne instrs for	Part V.)	<del></del>			
							r		Yes	<u>No</u>
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity					escription of	33		X	
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes						34		X	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T									
а	Did to	he organization have unrela rting, and proxy tax requirer	ited business gross incom ments?	ne of \$1,000 or more	or was it subje	ect to section	6033(e) notice,	35 a		<u> </u>
b	If 'Ye	es,' has it filed a tax return o	on Form 990-T for this ye	ar?				35 b		
36	Did to year	he organization undergo a li ? If 'Yes,' complete applicab	iquidation, dissolution, te ble parts of Schedule N	rmination, or significa	ant disposition	of net assets	during the	36		X
		r amount of political expend the organization file <b>Form 11</b>		as described in the ii	nstructions 🟲	37 a	0.	37 b		X
38 a	Did to any s	he organization borrow from such loans made in a prior y	n, or make any loans to, a year and still outstanding	any officer, director, t at the end of the per	rustee, or key nod covered by	employee <b>or</b> this return?	were	38 a		Χ
	amou	es,' complete Schedule L, Pa unt involved				38 b	N/A			
		ion 501(c)(7) organizations				20 -	N7 / 7			
		ation fees and capital contrib is receipts, included on line				39a 39b	N/A N/A		ŀ	
		ion 501(c)(3) organizations	•		tion during the		14/11			
			·	_	_		N/A		ŀ	
					_		nofit			
	trans prior	ion 501(c)(3) and 501(c)(4) of saction during the year or is by year, and that the transaction, complete Schedule L, Part	it aware that it engaged on has not been reported	in an excess benefit.	transaction wit	h a disqualifie	ed person in a l	40 b		<u>X</u>
c 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										
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization   ■ 0.						0.			
e 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						40 e	į	X		
41 List the states with which a copy of this return is filed • WA										
42 a	books	rganization's are in care of ► <u>BRIAN</u> H ed at ► <u>4244 BULLFROG</u>	ORSTMAN ROAD, SUITE 1	CLE ELUM WA		Telephone	no ► <u>509-64</u> + 4 ► <u>98922</u>	19-6	<u>300</u>	 
b	fınan	ny time during the calendar noial account in a foreign coi	untry (such as a bank acc	n have an interest in count, securities acco	or a signature ount, or other f	or other authorinancial accor	ority over a	42 b	Yes	No X
If 'Yes,' enter the name of the foreign country										
		ne instructions for exceptions and fil			=			42 c		Х
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country						420				
			· , <u>— </u>							
43	Secti	ion 4947(a)(1) nonexempt c	haritable trusts filing Fori	m 990-EZ in lieu of <b>F</b>	<b>orm 1041</b> – Cl	heck here			<b>-</b>	N/A
		enter the amount of tax-exe				-	► 43			N/A
							i		Yes	No
44	Did to	he organization maintain an orm 990-EZ	ny donor advised funds? I	f 'Yes,' Form 990 mu	st be complete	ed instead		44		<u>X</u>
45	Is an Form	y related organization a cor 1 990 must be completed ins	ntrolled entity of the orgai stead of Form 990-EZ	nization within the m	eaning of secti	on 512(b)(13)	<sup>7</sup> If 'Yes,'	45		<u>X</u>

Part VI	Section 501(c)(3) organization: 501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) noi	nexempt	nexempt charitable	<b>charitable trusts only.</b> e trusts must answer q	All se uestic	ection		
<b>46</b> Did th	he organization engage in direct or indire	ct political campaign ac		behalf of or	in opposition to candidates	46	Yes	No	
for pu	for public office? If 'Yes,' complete Schedule C, Part I							-	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E							ļ —	<del></del>	
	•			-	edule E	48		<del></del>	
	he organization make any transfers to an		related or	ganization?		49a 49b		<b></b>	
	es,' was the related organization a section	-							
	plete this table for the organization's five oyees) who each received more than \$10	0,000 of compensation	from the c	rganization	If there is none, enter 'Nor	ie '			
(a)	Name and address of each employee paid more than \$100 000	(b) Title and average hours per week devoted to position	(c) Con	npensation	(d) Contributions to employee benefit plans and deferred compensation	accou	(e) Expense account and other allowances		
			_						
4 T-1-1	number of other employees paid over \$	100,000							
51 Comp	plete this table for the organization's five pensation from the organization. If there i	highest compensated in s none, enter 'None '	ndepender	it contractor	s who each received more t	han \$16	00,000	of	
	(a) Name and address of each independent conti	ractor paid more than \$100 000			(b) Type of service	(c) Com	pensatio	ภา	
			<b>_</b>						
							· · · ·		
d Total	number of other independent contractors	s each receiving over \$	100 000		<u> </u>			<del></del>	
<b>u</b> rotar	$\Lambda$								
	Under penalties of perjury, I declare that I have exenting correct and complete Declaration of prepartir (	nined this return, including acco (other than officer) is based on a	mpanying sch all information	edules and state of which prepai	rer has any knowledge	dge and b	elief, it i	5	
Sign Here	Signature of officer Date					<del>.</del>		<del></del>	
	MARNE SCHWARTZ TREASURER								
	Type or print name and title	<del> </del>		D-4-	Prena	rer's Ident	ifvina Ni	ımber	
Paid Pre-	Preparer's signature ANGELA RICHARDS	ON, CPA		Date _9/14/1(	Self (See )	nstruction	s)		
parer's	Firm's name (or LEMASTER & DANI yours if self								
Use	employed, 610 N. 39TH AVENUE, PO BOX 2710				EIN N/				
Only	ZIP + 4				Phone no ► (509)	453-			
May the IR	S discuss this return with the preparer sl	nown above? See instru	uctions	<u>.</u>		X Ye		(2009)	

2009

#### **FEDERAL STATEMENTS**

PAGE 1

SUNCADIA FUND FOR COMMUNITY ENHANCEMENT

20-0861020

9/14/10

12 40PM

STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS: CONTRIBUTION

NONE

CLE ELUM-ROSLYN CHAMBER OF COMMERCE

401 WEST 1ST STREET CLE ELUM, WA 98922

RELATIONSHIP OF DONEE:

CASH AMOUNT GIVEN:

Ś

1,750.

STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

BANK CHARGES EVENTS

\$ 155. 45,901. TOTAL \$ 46,056.

STATEMENT 3 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

ACCOUNTS RECEIVABLE

 BEGINNING
 ENDING

 \$
 0.
 \$ 7,885.

 TOTAL
 \$ 0.
 \$ 7,885.

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PURPOSE OF THE ORGANIZATION IS TO ENHANCE THE EXPERIENCE FOR THE TOTAL COMMUNITY WHICH INCLUDES SUNCADIA, TUMBLE CREEK, CLE ELUM, ROSLYN, AND OTHERS. THE PROJECTS FOSTER A SPIRIT OF COMMUNITY AND GIVE COMMUNITY MEMBER AN OPPORTUNITY TO BE INVOLVED AS VOLUNTEERS.

STATEMENT 5
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SUMMER NIGHTS IN THE VILLAGE. OPEN FOR THE ENJOYMENT OF ALL AND USED TO ENHANCE A SPIRIT OF COMMUNITY, SUPPORT LOCAL INITIATIVES AND BRING TOURISM TO THE AREA. APPROXIMATELY 2,000 PEOPLE ENJOYED THIS ACTIVITY.

#### 2009

#### **FEDERAL STATEMENTS**

PAGE 2

#### SUNCADIA FUND FOR COMMUNITY ENHANCEMENT

20-0861020

9/14/10

12 40PM

# STATEMENT 6 FORM 990-EZ, PART III, LINE 29 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

WINTERFEST 2009. A WINTER FESTIVAL OPEN TO THE COMMUNITY TO ENHANCE A SPIRIT OF COMMUNITY, SUPPORT LOCAL INITIATIVES AND BRING TOURISM TO THE AREA. APPROXIMATELY 2,500 PEOPLE PARTICIPATED IN THIS ACTIVITY.

# STATEMENT 7 FORM 990-EZ, PART III, LINE 31 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
FOURTH OF JULY CELEBRATION-PARTICIPATION WAS APPROXIMATELY		2 547
1,500 PEOPLE.  INCLUDES FOREIGN GRANTS: NO		3,547.
OTHER MISCELLANEOUS ACTIVITES. INCLUDES FOREIGN GRANTS: NO		2,273.
COOL AUGUST NIGHTS-PARTICIPATION APPROXIMATED 300 PEOPLE. INCLUDES FOREIGN GRANTS: NO		2,146.
EASTER EGG HUNT-PARTICIPATION APPROXIMATED 1,000 PEOPLE. INCLUDES FOREIGN GRANTS: NO		2,143.
TOTAL	\$ 0.	\$ 10,109.