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Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2009Department 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****A For the 2009 calendar year, or tax year beginning , 2009, and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C SUNCADIA FUND FOR COMMUNITY ENHANCEMENT 4244 BULLFROG ROAD, SUITE 1 CLE ELUM, WA 98922	D Employer identification number 20-0861020
			E Telephone number 509-649-6300
			F Group Exemption Number
			G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

I Website: ▶ N/A

J Tax-exempt status (check only one) — ☒ 501(c) (4) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 86,111.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	86,111.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	86,111.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	1,750.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE STATEMENT 2)	16	46,056.
	17	Total expenses. Add lines 10 through 16	17	47,806.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	38,305.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	313,910.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	352,215.

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.	344,330.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 3)		7,885.
25 Total assets	313,910.	352,215.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	313,910.	352,215.

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

Form 990-EZ (2009)

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SCANNED SEP 30 2010

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SEP 2 2010
OGDEN, UT

GF

24

Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)

28 SEE STATEMENT 5

28a	17,720.
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29 SEE STATEMENT 6

29a	14,074.
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30 CONCERT SERIES PARTICIPATION INCLUDED APPROXIMATELY 500 PEOPLE.

30 a	3,998.
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31 Other program services (attach schedule) SEE STATEMENT 7

31 a	10,109.
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32 Total program service expenses (add lines 28a through 31a).

32	45,901.
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(a) Name and address

(a)	(b) Title and average hours per week devoted to position	(c)	(d)	(e)	(f)	(g)	(h)
1	President	100	100	100	100	100	100
2	Vice President	100	100	100	100	100	100
3	Secretary	100	100	100	100	100	100
4	Treasurer	100	100	100	100	100	100
5	Member	100	100	100	100	100	100
6	Member	100	100	100	100	100	100
7	Member	100	100	100	100	100	100
8	Member	100	100	100	100	100	100
9	Member	100	100	100	100	100	100
10	Member	100	100	100	100	100	100
11	Member	100	100	100	100	100	100
12	Member	100	100	100	100	100	100
13	Member	100	100	100	100	100	100
14	Member	100	100	100	100	100	100
15	Member	100	100	100	100	100	100
16	Member	100	100	100	100	100	100
17	Member	100	100	100	100	100	

(c) Compensation (If not paid, enter -0-.)

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account and other allowances

PAUL EISENBERG
4244 BULLFRONG ROAD SUITE 1
CLE ELUM, WA 98922

PRESIDENT
1.00

0.

0.

0.

CAPE POWERS
4244 BULLFROG ROAD SUITE 1
CLE ELUM, WA 98922

VICE PRESIDENT
1.00

0.

0.

0.

PAT SIMPSON
4244 BULLFROG ROAD SUITE 1
CLE ELUM, WA 98922

SECRETARY
1.00

0.

0.

0.

MARNE SCHWARTZ
4244 BULLFROG ROAD SUITE 1
CLE ELUM, WA 98922

TREASURER
1.00

0.

0.

0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A , section 4912 N/A , section 4955 N/A		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b X		
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 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 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 40e X		
41 List the states with which a copy of this return is filed WA		

42a The organization's books are in care of **BRIAN HORSTMAN** Telephone no **509-649-6300**
 Located at **4244 BULLFROG ROAD, SUITE 1 CLE ELUM WA** ZIP + 4 **98922**

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts		
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		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b If 'Yes,' was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

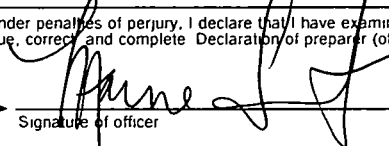
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	 Signature of officer	9/15/10 Date
	MARNE SCHWARTZ Type or print name and title TREASURER	

Paid Preparer's Use Only	Preparer's signature ▶	ANGELA RICHARDSON, CPA	Date ▶	9/14/10	Check if self-employed ▶	<input type="checkbox"/>	Preparer's Identifying Number (See instructions)	N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	LEMASTER & DANIELS, PLLC 610 N. 39TH AVENUE, PO BOX 2710 YAKIMA, WA 98902			EIN ▶	N/A		
				Phone no ▶	(509) 453-0123			

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

2009

FEDERAL STATEMENTS

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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:	CONTRIBUTION	
DONEE'S NAME:	CLE ELUM-ROSLYN CHAMBER OF COMMERCE	
DONEE'S ADDRESS:	401 WEST 1ST STREET	
	CLE ELUM, WA 98922	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,750.

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

BANK CHARGES	\$ 155.
EVENTS	45,901.
TOTAL	\$ 46,056.

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

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 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

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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 1,500 PEOPLE. INCLUDES FOREIGN GRANTS: NO		3,547.
OTHER MISCELLANEOUS ACTIVITIES. 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.