

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 2009

Open to Public inspection

A Fort	the 2009 cal	endar y	ear, or tax year beginn	ning	, and e	ending						
B Check	of applicable	Please	C Name of organization					-	C	Emplo	oyer identific	ation number
Addres	ss change	use IRS label or		BUSINESS	PLUS, INC					20	20002	
Name	change	print or	Doing Business As	<u> </u>							389833	13
Initial ri	return	type. See	Number and street (or P PO BOX 929		elivered to street address;			Room/	suite E	: Teleph	none number	
Termin	nation	Specific Instruc-	City or town, state or		+ 4			I	- 1	Gross rece	eipts \$	106,504
Amend	ded return	tions.	TWIN FALLS	<u> </u>	ID 833	<u>303-09</u>	929					
Applica	ation pending	F Name	e and address of principa	al officer						l(a) Is this	a group return for	
									,	affil:ati		Yes X No
										include	ed?	Yes No
I Tax-e	exempt status	X	501(c) (3)	(insert no)	4947(a)(1) or	<u> </u>	527			II NO,	attach a list (se	3 instructions)
			ousiness-pl		/ 1547(G)(1) GI		<u> </u>	_	 ₊	l(c) Group	exemption numb	er 🕨
K Type o	of organization				Other			L_Year of fo			M State of lega	
Part	l Su	mma	гу									
1			the organization's mis	sion or most siç	gnificant activities							
8	See	Sche	dule O									
ğ												
F												
Activities & Governance	Check thi		_		its operations or	disposed	d of more t	than 25% of i	ts net asse	1 1	O.F.	
οδ 3 σ 4		_	g members of the gov		•	luna 4h)				3	25 25	
			endent voting membe employees (Part V, III	-	ning body (Part Vi	, line 1b))			5	0	
c iš				-					•	6		
	6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12											
l l	_		siness taxable incom		• •	-				7a 7b		0
	Prior)										Curre	nt Year
8 p			d grants (Part VIII, lin		= 11 /F F>	7		-	100			
Revenue 9 10		· · · · · · · · · · · · · · · · · · ·								,678		L04,285
é 10						1	•	-		,169		2,219
11	Total reve	anue (F	Part VIII, column (A), add lines 8 through 1	Timust equal P	art VIII. columnia	line 12	2)		137	,847	•	106,504
			ar amounts paid (Par		Title-	1	<u>-</u>			,856	<u> </u>	.00,002
14			or for members (Part			Ĺ				^		
g 15	Salaries,	other c	ompensation, employ	ee benefits (Pa	rt IX, column (A),	 lines 5–1	10)					
16 16 16 1	Sa Professio	nal fund	draising fees (Part IX,	, column (A), lin	e 11e)				47	,142		15,900
.≅I '		-	expenses (Part IX, c			15,	, 908					
''			(Part IX, column (A),		· ·					,352		76,272
			Add lines 13–17 (mus			25)				,350		92,172
	Revenue	less ex	penses Subtract line	18 from line 12				Begin	ning of Curre	, 503	Fnd o	14,332 of Year
SE 20) Total ass	ets (Pa	rt X, line 16)					J. J		,800		298,431
Net Assets or Fund Balances 15 72 73 74 75 75 76 76 76			Part X, line 26)									
월 22	Net asset	s or fur	nd balances Subtract	line 21 from lin	e 20				282	,800	2	298,431
Part			re Block									
	Und	er penal	lties of perjury, I declared is strue, correct, and com	hat I have examin	ed this return, including	ng accom	panying scl	nedules and sta	atements, and	d to the be	st of my knowl	edge
o:	1 3.19	V.	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Di preparer Daller III	an omset	1)		· Or William pro		. 1	•
Sign Here			mul The	mu !			IK	ES 10 Em	<u> </u>	17/2	4/2010	
nere		-	TH PIERCE				ਰਾਸ	EASURE	R	Date		
			print name and title									
					7 · 		Da	ite	Check if			dentifying number
Paid	sign	parer's ature	1 Sut	A, AL	rence			9/23/1	colf_	,	(see instruct	tions) 82733
repar	rer's		STEV	VENS PIE	,	SOCIA		-, -J, <u>-</u> ,	- Chiployet	EIN		
Jse O		n's name If-emplo	(or yours							Phone		
		-		N FALLS,)3_					208-7	<u>34</u> -8662
May the	IRS discus	s this re	eturn with the prepare	r shown above	(see instructions)					X	Yes No
For Priv	acy Act an	d Pana	nwork Reduction Ac	t Notice see th	o congrato inetre	etiono						- QQD (2000

4d Other program services (Describe in Schedule O) including grants of \$ (Expenses \$) (Revenue \$

76,264 4e Total program service expenses ▶

Form 990 (2009)

om	n 990 (2009) BUSINESS PLUS, INC 20-3898333		Р	age 3
P	art 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4_	 _	X
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,"			4.5
_	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		7.7
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		v
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	•		v
	complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40		x
1	quasi-endowments? If "Yes," complete Schedule D, Part V	10		
•	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	x	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	- ' '		
	Schedule D, Part VI			
_	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
_	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
2A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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? If "Yes," complete Schedule F, Part I	14b		X
5	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
6	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	<u> 16</u>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			7.5
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		ŀ	

If "Yes," complete Schedule G, Part III

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

20-3898333 Form 990 (2009) BUSINESS PLUS, INC Page 4 **Checklist of Required Schedules (continued)** Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete 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, that was issued after December 31, 2002? If "Yes," answer lines X 24b through 24d and complete Schedule K If "No," go to line 25 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 25b 990-EZ? If "Yes." complete Schedule L. Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? X If "Yes," complete Schedule L. Part III. 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28a X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes, 'complete X 28b Schedule L, Part IV 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N. Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X 34 III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related X 36 organization? If "Yes," complete Schedule R, Part V, line 2 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, X 37

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

	IN V Statements Regarding Other IRS Filings and Tax Compliance				- 1	·	
10	Enter the number repeded in Pay 2 of Form 1006, Applied Summer, and Transmitted of			Г	\dashv	Yes	No
ıa	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	2				
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	2				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and rej						
·	gaming (gambling) winnings to prize winners?	JOI LADI	•	j	1c		х
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			<u> </u>	-		
Lu	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns				2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see						
	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by					
	this return?	-			3a		X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty			1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancıal					
	account)?			<u> </u>	4a		<u> </u>
b	· · · · · · · · · · · · · · · · · · ·						
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank					
	and Financial Accounts						7.
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	4 0			5a		<u>x</u> _
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			<u> </u>	5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard Prohibited Tax Shelter Transaction?	araing					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			F	5c		
va	organization solicit any contributions that were not tax deductible?	-			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		F	<u> </u>		
-	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	joods			- 1		
	and services provided to the payor?			_	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s					
	required to file Form 8282?			<u> </u>	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	ıl		_		
	benefit contract?	40		_	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control.	aCt /			7f		
g h	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	: as		-	7g		
••	required?	, 43			7h		ı
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		
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?				9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			-	9b		
10	Section 501(c)(7) organizations. Enter	1					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter	ايمها					į
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a	<u> </u>				į
b	amounts due or received from them)	11b			- 1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$.	i2a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					

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
1a	Enter the number of voting members of the governing body	_1a 25			
b	Enter the number of voting members that are independent	1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	,			
	any other officer, director, trustee, or key employee?		2	l	\mathbf{x}
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	s filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				
	of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the	Internal			
Rev	renue Code.)				
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with those of the organization?		10b		

10a	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	fom?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		

Sec	tion C. Disclosure	
17	List the states with which a copy of this Form 990 is required to be filed	

- None
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 - Own website | Another's website | Upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization > STEVENS PIERCE & ASSOCIATES, CPAS PO BOX 145

TWIN FALLS

ID 83303

208-734-8662

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Pos	ition ((Chec	C) k all i	that a	pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DAN OLMSTEAD										
CHAIRMAN	1.00	X		X		<u> </u>		0	0	<u>C</u>
RUTH PIERCE TREASURER	1.00	x		x				o	0	o
MITCH WATKINS	1.00									
SECRETARY	1.00	x		x				o	0	0
		ļ					_			
	-									
	<u> </u>									
	1						L			
	<u> </u>	-					<u> </u>			
	1									
	1									
<u> </u>]									
	<u> </u>	-	-				<u> </u>			
	•									
		T	\vdash	 						
	1	<u> </u>			<u> </u>					
	 	\vdash	-	 	\vdash					
	1									
	 	-		 		_	_			
	1									

	(A) Name and Title	(B) Average				C)	tnat a			(E) Reportable	Estı	(F)	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	o compo fro organ and	ount of ther ensation m the nization related izations	_
					<u> </u>								
									-, -				
												·-· ·	
	Total												
2	Total number of individuals (in				thos	e lis	ted a	bov	e) who received more than	\$100,000 in			
	reportable compensation from	the organization	<u> </u>	0		-						Yes	No
4	Did the organization list any fo employee on line 1a? If "Yes," For any individual listed on line the organization and related or individual	complete Schede 1a, is the sum	lule of re	J for porta	sucl able	h ind com	lıvıdu pens	al atio	n and other compensation	from	3		x
5	individual Did any person listed on line 1 services rendered to the organ									r 	5		X
1	ion B. Independent Contractor Complete this table for your five compensation from the organic	e highest compe	ensa	ted ı	ndep	end	ent c	ontr	ractors that received more	than \$100,000 of			
		(A) business address							Descrip	(B) tion of services		(C) Compensa	ation
		<u>. </u>											
	-												
2	Total number of independent of	contractors (inclu	ıdına	but	not l	limité	ed to	tho	se listed ahove) who recen	ved			
	more than \$100,000 in compe										Fo	0 m 99 (0 (2009)

Pa	rt V	III Stater	nent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
និង	1a	Federated car	mpaigns	1a						
ran	h	Membership o	. •	1b						
gE.	C	Fundraising e		1c						
ar a	4	Related organ		1d						
Pii.	<u> </u>	Government grants		1e						
ë s	•	=		'6						
E E	•	All other contribution and similar amounts	s not included above	_{1f}						
	_				<u> </u>					
급증	9		ons included in lines 1a-	•11 •	₽					
-	- 11	Total. Add line	es 1a-11			Busn. Code				
na	2-	73 - 4	-			Busn. Code	104,285	104,285		
Ś	2a b	Pledge	Income				104,203	104,203		
8	b									
Ξ	ن					 				
S E	•	d								
Program Service Revenue Contributions, gifts, grants	•	All other proces	ram senuco rovo	nue						
5		f All other program service revenue g Total. Add lines 2a–2f					104,285			
\neg			come (including	dıviden	ds intere	st and	2007=00			
	ŭ	other similar a		aiviac.	ido, intere	.st, and	2,219	2,219		
	4		nvestment of tax	-exem	nt bond n	roceeds •				
	5	Royalties	invocation or tax	CACITI	pr bond p	•				
	•	,	(ı) Real		(II) P	ersonal				
	6a	Gross Rents	,,		.,					
	b	Less rental exps								
	C	Rental inc or (loss)								
	d	Net rental inco				•				
	7a	7a Cross amount from				Other				
		sales of assets other than inventory								
	ь	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (lo	oss)			•				
as l	8a	Gross income fr	om fundraising eve	nts						
une		(not including \$								
e e		of contributions	reported on line 1c)						
2		See Part IV, line	e 18	а						
Other Reven	b	Less direct ex	xpenses	b						
J			r (loss) from fund	1	events	•				
	9a	Gross income fr	om gaming activitie	es						
		See Part IV, line	19	а						
		Less direct ex		b					<u></u>	
			r (loss) from gam		tivities	>				
	10a		of inventory, less							
		returns and al		а						
		Less cost of		b						
	С		r (loss) from sale		ventory	<u> </u>	- -,	-		
			cellaneous Revenue	9		Busn. Code				
	11a									
	b									
	C	A.11							-	
	d					L				
	e	Total Revenu					106,504	106,504	0	0
	12	iotai Kevenu	ie. See instruction	ภาร		▶	100,304	1 100,304	0	

Form 990 (2009) · 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).

				(2), (3), (3),	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
¢	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	15,900			15,900
f	Investment management fees				
g	Other	71,423	71,415		8
12	Advertising and promotion				
13	Office expenses	3,549	3,549		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,300	1,300		
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed		1		
	5% of total expenses shown on line 25 below)				
а					
b					
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	92,172	76,264		15,908
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		İ		
	fundraising solicitation				<u> </u>
$\Delta \Delta \Gamma$					- 000

		(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest bearing	49,643	1	580
2	Savings and temporary cash investments	231,914	2	296,608
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L	****	5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 10a 2,08	4		
	b Less accumulated depreciation 10b 84	1 1,243	10c	1,243
11	Investments—publicly traded securities		11	
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	·
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	282,800	16	298,431
17			17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
21				
İ	employees, highest compensated employees, and disqualified			
1	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24			24	
25			25	, , , , , , , , , , , , , , , , , , , ,
26	Total liabilities. Add lines 17 through 25		26	
	Organizations that follow SFAS 117, check here ▶ 🗶 and			
	complete lines 27 through 29, and lines 33 and 34.			
27	•	282,800	27	298,431
28			28	<u> </u>
29	• •		29	
	Organizations that do not follow SFAS 117, check here ▶			
	and complete lines 30 through 34.			
30			30	
31			31	
32			32	
27 28 29 30 31 32 33		282,800	33	298,43
34		282,800		298,431

Form **990** (2009)

om	990 (2009) BUSINESS PLUS, INC	<u>20-3898333</u>		_Pa	ge 12
Pa	rt XI Financial Statements and Reporting				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash	Accrual Other			
	If the organization changed its method of accounting from a prior year	or checked "Other," explain in			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by	an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independe	nt accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that	assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and select	ion of an independent accountant?	2c_		
	If the organization changed either its oversight process or selection pr	ocess during the tax year, explain in			
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the final	ancial statements for the year were			
	issued on a consolidated basis, separate basis, or both				
	Separate basis Consolidated basis Both consolidated	d and separate basis			
За	As a result of a federal award, was the organization required to underg	go an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the	ne organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any	steps taken to undergo such audits	3b		<u> </u>
			Forn	n 990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BUSINESS PLUS, INC

20-3898333

P	art l	Reas	on for Public Charity	Status (All organizations	s must	complet	te this	part.)	See ir	nstruct	tions.			
he	orga	nization is not	t a private foundation because	se it is (For lines 1 through 11,	check on	ly one box	:)							
1	П	A church, co	envention of churches, or ass	sociation of churches described	ın sectio	n 170(b)(ʻ)(A)(i).							
2	П		scribed in section 170(b)(1)(
3	H			ice organization described in se	ction 170	/h)/1)/A)/	iiiv							
4	H			ed in conjunction with a hospital				V4VAV	iii) Enta	r tha he	ocostalia nama			
7	Ш	city, and stat		d in conjunction with a nospital	described	ı III Seçul	מוסיוו)(iii). Eiite	er the no	ospitars name	•		
_	\Box			-f										
5			tion operated for the benefit ((b)(1)(A)(iv). (Complete Part	of a college or university owned : II)	or opera	ted by a g	overnme	ental un	it descri	bed in				
6	\Box	A federal, sta	ate, or local government or g	governmental unit described in s	section 17	70(b)(1)(A)(v).							
7	\Box			substantial part of its support fr				from the	е депега	al public	:			
			section 170(b)(1)(A)(vi). (C		3				, go	pase				
8				170(b)(1)(A)(vi). (Complete Part	н									
9	X	-		1) more than 33 1/3 % of its sur	•	contribut	ione me	mharch	un fees	and or	nee			
_				npt functions—subject to certain					•	-				
				nd unrelated business taxable ii										
			=	80, 1975 See section 509(a)(2)	•			() IIOIII L	Jusines	562				
10	П			• • • • • • • • • • • • • • • • • • • •	•		•							
	H			exclusively to test for public saf	-				4 41-	_				
11	ш			exclusively for the benefit of, to										
				ted organizations described in s						section	1			
				the type of supporting organizat			nes i ie	, ~						
		a Type	<i>,,</i>	c Type III-Function	-		đ		e III-Ot					
е		By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified												
	persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)													
			` ' '											
f				ermination from the IRS that it is	s a Type I	, Type II,	or Type	III supp	orting				_	
		-	check this box											
g		Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution fron	n any of th	ie							
		following per	rsons?											
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with pers	ons descr	ibed in (11)				Yes	No	
		and (III)	below, the governing body o	f the supported organization?							11g(ı)			
		(ii) A family	member of a person describ	bed in (i) above?							11g(II)			
		(iii) A 35% c	controlled entity of a person of	described in (i) or (ii) above?							11g(III)			
h		Provide the	following information about t	the supported organization(s)							<u> </u>			
(i)	Name	of supported	(iı) EIN	(iii) Type of organization	(IV) Is the	organization	(v) Did y	ou notify	(vi)	s the	(vii) Amo	ount of		
	org	anızatıon		(described on lines 1-9		isted in your		ization in	organizat		supp	ort		
				above or IRC section (see instructions))	governing	document?	Sup	of your port?	1	zed in the S ?				
				(See instructions))	Yes	No	Yes	No	Yes	No				
			.,		1									
						Ì								
		_												
					<u> </u>				ļ					
					1					-				
														
ota						1								

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

Schedule A (Form 990 or 990-EZ) 2009

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

20-3898333

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				132,678		132,678
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					106,504	106,504
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				132,678	106,504	239,182
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from					1	
	line 6)	L					239,182
	tion B. Total Support	1				, , , , , , , , , , , , , , , , , , ,	
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	<u></u> -			132,678	106,504	239,182
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)				132,678	106,504	239,182
14	First five years. If the Form 990 is for the	organization's first	t. second. third. for	urth, or fifth tax vea			
	organization, check this box and stop her	J	,,,	,		-,(-,	▶ [
Sec	tion C. Computation of Public S	upport Percen	tage				
15	Public support percentage for 2009 (line 8	3, column (f) dıvıde	d by line 13, colum	ın (f))		15	100.00%
16	Public support percentage from 2008 Sch	edule A, Part III, lii	ne 15			16	100.00%
Sec	tion D. Computation of Investme	ent Income Per	rcentage				
17	Investment income percentage for 2009 (I	line 10c, column (f	divided by line 13	, column (f))		17	%
18	Investment income percentage from 2008	Schedule A, Part	III, line 17			18	%
19a	33 1/3 % support tests—2009. If the orga	anization did not ch	eck the box on line	e 14, and line 15 is	more than 33 1/3 9	%, and line	
b	17 is not more than 33 1/3 %, check this to 33 1/3 % support tests—2008. If the organization		_		- · · · ·		▶ X
•	line 18 is not more than 33 1/3 %, check t			· ·		•	▶ □
20	Private foundation. If the organization did	•	_			_	
	The state of the s	U.IOUN U DON (Joe mondello	···	<u>F</u>

Page 4

Schedule A (Form 990 or 990-EZ) 2009 BUSINESS PLUS, INC 20-3898333

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

ıam	e of the organization		⊨mploy€	er identification number						
В	USINESS PLUS, INC		20-3	20-3898333						
_	art I Organizations Maintaining Donor Advised Furthe organization answered "Yes" to Form 990,									
		(a) Donor advised funds	(b)	Funds and other accounts						
1	Total number at end of year									
2	Aggregate contributions to (during year)			<u> </u>						
3	Aggregate grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised								
	funds are the organization's property, subject to the organization's excl	usive legal control?		Yes No						
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be								
	used only for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other								
	purpose conferring impermissible private benefit?			Yes No						
Pa	art II Conservation Easements. Complete if the orga	anization answered "Yes" to For	m 990, l	Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization (check	all that apply)								
	Preservation of land for public use (e g , recreation or pleasure)	Preservation of an historically im	portant lar	nd area						
	Protection of natural habitat	Preservation of certified historic	structure							
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a qualified conservation the last day of the tax year	rvation contribution in the form of a conse	ervation							
				Held at the End of the Tax Year						
а	Total number of conservation easements		2a							
b	Total acreage restricted by conservation easements		2b							
С	Number of conservation easements on a certified historic structure incl	uded in (a)	2c							
d	Number of conservation easements included in (c) acquired after 8/17/9	06	2d							
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	tion during							
	the taxable year ▶									
4	Number of states where property subject to conservation easement is I	ocated ▶								
5	Does the organization have a written policy regarding the periodic moni									
	violations, and enforcement of the conservation easements it holds?			Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the y	ear							
	>									
7	Amount of expenses incurred in monitoring, inspecting, and enforcing o	conservation easements during the year								
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section								
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	and the second control of the second control		Yes No						
9	In Part XIV, describe how the organization reports conservation easem	ents in its revenue and expense stateme	nt, and							
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that d	escribes							
	the organization's accounting for conservation easements									
Pŧ	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to	Historical Treasures, or Other Form 990, Part IV, line 8.	Similar	Assets.						
1a	If the organization elected, as permitted under SFAS 116, not to report	in its revenue statement and balance she	et works	of						
	art, historical treasures, or other similar assets held for public exhibition	i, education, or research in furtherance of	f public se	rvice,						
	provide, in Part XIV, the text of the footnote to its financial statements ti									
b	If the organization elected, as permitted under SFAS 116, to report in it		works of a	rt,						
	historical treasures, or other similar assets held for public exhibition, ed									
	provide the following amounts relating to these items									
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$						
	(ii) Assets included in Form 990, Part X		•	s						
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pro	ovide the							
	following amounts required to be reported under SFAS 116 relating to t		=							
а			•	\$						
	Assets included in Form 990, Part X		•	\$						
			-							

sche	dule D (Form 990) 2009 BUSINESS	PLUS, INC		20-38	<u> 19833</u>	3		Page 2
Pέ	art III Organizations Maintaining	Collections of Art	, Historical Trea	sures, or Other	Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accessio collection items (check all that apply)	n, and other records, ch	eck any of the follow	ing that are a signific	ant use o	f its		
а	Public exhibition	d 🔲 Loar	or exchange program	ms				
b	Scholarly research	e 🗌 Othe	er					
С	Preservation for future generations							
4	Provide a description of the organization's coll Part XIV	lections and explain how	v they further the orga	anization's exempt pi	urpose in			
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of an	t, historical treasures, of the organization's c	or other similar			Yes	□ No
Pa	rt IV Escrow and Custodial Arra				"Yes" t	o Form 9	90, Part	
	IV, line 9, or reported an am		_				,	
1a	Is the organization an agent, trustee, custodia			ther assets not				
	included on Form 990, Part X?	·					Yes	No
b	If "Yes," explain the arrangement in Part XIV a	and complete the follow	ng table					
	•	•					Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year				<u> </u>	1e		
f	Ending balance				⊢	1f		
	Did the organization include an amount on Foi	rm 990 Part X line 212					Yes	No
	If "Yes," explain the arrangement in Part XIV						163	
	rt V Endowment Funds. Comple	ete if organization	answered "Yes"	to Form 990. Pa	art IV. li	ne 10.		
		(a) Current year	(b) Prior year	(c) Two years back		e years back	(e) Four ye	ears back
1a	Beginning of year balance							
	Contributions				†			
	Net investment earnings, gains,			†*************************************	1			
•	and losses							
ч	Grants or scholarships				 			
	Other expenditures for facilities				 			···········
C	and programs	l						
	Administrative expenses				 		····	
	End of year balance	·		<u> </u>	 			
	•				<u> </u>		<u> </u>	
2	Provide the estimated percentage of the year							
	Board designated or quasi-endowment ► Permanent endowment ► %	%						
	· ·							
			4b-4					
Ja	Are there endowment funds not in the possess	sion of the organization	that are neid and adr	ninistered for the			L	/ N-
	organization by							res No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	+
D	If "Yes" to 3a(ii), are the related organizations	•					3b	
4 Da	Describe in Part XIV the intended uses of the			O Dort V line 1				
<u></u>	nt VI Investments—Land, Building Description of investment	(a) Cost or other basis	. 1	1		 1	(d) Dook	-1
	Description of investment	(investment)	(b) Cost or ot basis (other	''	cumulated reciation		(d) Book va	alue
4 -	l and	(investment)	Da313 (Ottle	у дерг		$-\!\!\!\!+\!\!\!\!-$		
	Land					$-\!\!\!\!+\!\!\!\!\!-$		
	Buildings		 -			$-\!\!\!\!+\!\!\!\!\!-$		
	Leasehold improvements					\longrightarrow		
	Equipment	<u> </u>				-+-		
•	Other		1	l .	_			
	. Add lines 1a through 1e (Column (d) must eq		- Lanca (B) 1 4611	`		•		

Schedule D (Form 990) 2009 BUSINESS PLUS, INC		20-3898333	Page 3
Part VII Investments—Other Securities. See Form 990), Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	alue
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 99	0, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market v	alue
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(b)	Book value
			-
			
		····	-
*			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X Other Liabilities. See Form 990, Part X, line 25	5.		
1 (a) Description of liability	(b) Amount		
Federal income taxes	,,	1	
		1	
		1	
		1	
	· -	1	
		1	
		7	
		_}	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			

Sche	edule D (Form 990) 2009 BUSINESS PLUS, INC		20-389833	33	Page 4
Pá	art XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audi</u>	ted Financial Stater	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
₽ŧ	art XII Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		•		
а	•	2a		1	
b	Donated services and use of facilities	2b		.	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		•	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4	
b	Other (Describe in Part XIV)	4b		4	
С				4c	
5			A 22.2	5	
	art XIII Reconciliation of Expenses per Audited Financial Stateme	nts \	With Expenses per		n
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		I		
a	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b		-	
C		2c		-	
d	,	2d		-	
_	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	1 1	:	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	· · · · · · · · · · · · · · · · · · ·	4a		-	
	Other (Describe in Part XIV)	4b		ا ۵۰ ا	
	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIV Supplemental Information			5	
_	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line	oc 1a	and 4. Part IV. lines 1b.		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line				
	part to provide any additional information	C3	and 40 Also complete		
,,,,,	salt to provide any additional smorthation				
	 				
			. 		.
			· — —		

Schedule D (F		orm 990) 2009			9	9 BUSINESS PLUS, INC ental Information (continued)												20	-3	898	333	33					age 5						
Pa	rt X	IV	Su	ıpp	lem	ent	al li	nfor	mat	ion	(COI	ntinu	ed)																				
				_																													
		_	_	_	_	_				_	_			_	_	_	_	_	_	_	_				_	_	_	_	_				_
		_	_	_	_	_				_	_				_		_	_	_	_	_				_	_	_	_	_				
		_	_	_	_		_ ^.			_					_	_	_	_	_	_	_				_	_	_		_				_
			_	_	_	_				_	_			_	_	_	_	_	_	_	_				_	_	_	_	_				_
	- –	_	_	_	_	_				_	_				_	_	_	_		_	_			-	_	_	_	_	_				_
	- –	_	_	_	_	_				_	_			· –	_	_	_	_	_	_	_			. –	_	_	_	_	_			-	_
		-		_	_	_				_	_			_	_	_	_	_	_	_	_			· –	_	_	_	_	_			- –	_
		_	-	_	_	_				_	_			_	_	_	_	_	_	_	_			· –	_	_	_	_	_			-	_
		_	_	_	_	_	- -			_	_			_	_	_	_	_	_	_	_			· –	_	_	_	_	_			-	_
		-	_	_	_	_			- –	_	_			_	_	_	_	_	_	_				-	-	-	_	-	-			-	_
		_	_	_	_	_					_			_	_	-	_	_	_	_	_			-	_	_	_	_	_			-	_
		_	_	_	_				-	_	_			_	_	_	_	_	_	_	_			_	_	_	_	_	_			-	_
		_		_	_	_			-	_	_			_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_		_	_
	_	_	_	_	_	_			-	_	_		_	_	_	_	_	_	_	_	_			_	_	_	_	_	_			_	
		_	_	_	_	_	_						_		_	_				_	_				_			_	_				
									_					. —							_												
		_	_	_	_	_				_	_			_	_	_	_	_	_	_	_			_	_	_	_	_	_				_
		_	_	_	_	_				_	_			_	_	_	_	_	_	_	_			_	_	_	_	_	_				
		_	_	_	_	_				_	_				_	_	_	_	_		_			_	_	_	_	_	_				
		_	_	_	_	_				_				_	_		-	_		_	_			· –	_	_	_	_	_			- –	_
		_	_	_	_	_				_	_	– –	- –	_	_	_	_	_	_	_	_			· –	_	_	_	_	_			-	_
		_	_	_	_	_				_	_			_	_	-	_	_	-	_	_			· –	_	_	_	_	_			-	_
		_	_	_	_	_				_				_	_	_	-	_	_	-	_			· –	-	-	_	-	_			-	_
		_	_	_	_	_				_	_			_	_	_	-	_	_	_	_			-	-	_	_	-				-	_
		_	_		-	_			-	_	_			_	_	_	_	_	_	_	_			-	_	_	_	_	_			-	_
		_	_	_	_	_			_	_	_			_	_	-	_	_	_	_	_			-	_	_	_	_	_			- –	
_		_	_	_	_	_	_	_		_		_	_	_	_	_							_	_				_		_	_	_	
		_	_	_	_	_			_	_	_			_	_	_	_	_	_	_	_			_	_	_	_	_	_			_	_
	. –	_	_	_	_	_			. –	_	_			. <u>-</u>	_	_	_	_	_	_	_				_	_	_	_	_	_			_
_		_		_	_	-					-	_			_	_	_	-	-					_	_	. –	-	-	-			_	_

SCHEDULE G (Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete of the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Open To Public Inspection

BUSINESS PLUS, INC					20-38983	
Part I Fundraising Activities. Complete Form 990-EZ filers are not require	if the organizat	tion a this p	nsw art.	ered "Yes" to Forr	n 990, Part IV, li	ne 17.
1 Indicate whether the organization raised funds through	any of the following	g activ	ities	Check all that apply		
a Mail solicitations	e Solicitation	n of no	n-gov	ernment grants		
b Internet and email solicitations	f Solicitation	n of go	vernm	nent grants		
c Phone solicitations	g Special ful	ndraisi	ng ev	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement v or key employees listed in Form 990, Part VII) or entity						Yes X No
b If "Yes," list the ten highest paid individuals or entities (to be compensated at least \$5,000 by the organization		ant to	agree	ments under which the	fundraiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	custo	d fund- r have ody or rol of outons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		-				
		1				
		}				
		 	-	-		
		+				
	<u> </u>	l.,,,,.				
Total						

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

Page 2

9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? 9a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		art I	Fundraising E more than \$15												porte	;u
Constraint Con					(a) Event #1			(b) Even	t #2		(c) Other ever	nts		•		gh
2 Cash prizes 8 Entertammany Combine line 1, solumin (d) 11 Next income summary Add lines 4 through 9 in column (d) 11 Next recome summary Add lines 4 through 9 in column (d) 11 Next recome summary Combine line 5, column (d) and line 10 Part III Gaming, Complete if the organization asserted "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Put labelinistant bingoliprogressive bingo (c) Other gaming (d) Total gaming LAdd col (a) minough col (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rentifacility costs 5 Other direct expenses 4 Rentifacility costs 5 Other direct expenses 5 Other direct expenses 4 Rentifacility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expenses summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column (a) 8 Net gaming income summary Combine line 1, column (a) 1 If "Yes," Explain 10 Does the organization operate gaming activities with nonmembers? 1 If "Yes," Explain 11 Does the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers?	a)				(event type)			(event typ	pe)	_	(total number	r)	,			
2 Cash prizes 8 Entertammany Combine line 1, solumin (d) 11 Next income summary Add lines 4 through 9 in column (d) 11 Next recome summary Add lines 4 through 9 in column (d) 11 Next recome summary Combine line 5, column (d) and line 10 Part III Gaming, Complete if the organization asserted "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Put labelinistant bingoliprogressive bingo (c) Other gaming (d) Total gaming LAdd col (a) minough col (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rentifacility costs 5 Other direct expenses 4 Rentifacility costs 5 Other direct expenses 5 Other direct expenses 4 Rentifacility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expenses summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column (a) 8 Net gaming income summary Combine line 1, column (a) 1 If "Yes," Explain 10 Does the organization operate gaming activities with nonmembers? 1 If "Yes," Explain 11 Does the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers? 1 Is the organization of perate gaming activities with nonmembers?	/enu		_			-										
Contributions 3 Gross revenue (ine 1 minus line 2) 4 Cash przes 5 Noncash przes 6 Rent/facility costs 7 Food and beverages 10 Direct expenses summary Add lines 4 through 9 in column (d) 11 Net noome summary Combine line 3, column (d), and line 10 Part III Garning, Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabulantiant brigotypicqrissave bingo (c) Other gaming (d) col (d) hinough cid (d) hinough ci	₽ĕ.	١.	•				\vdash			╁						
minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Emertainment 9 Other direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 Part Iti Garning, Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull-labstriatant bingolprogressive bingo (d) Total paring (Aer cold a) houghhold (e) in though old (e) in though		_														
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 10 Direct expenses summary Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 19 Part BI Garning, Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bimgo (b) Part BI Garning, Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Put labelination (c) Other gaining (c) od (a) through od (c) od (c) o		3	-													
5 Noncash prizes 6 Renufacility costs 7 Food and beverages 8 Entertainment 9 Other direct expense summary Add lines 4 through 9 in column (d) 1 Net income summary Combine line 3, column (d), and line 10 Part III Gross revenue (d) Total gaming. Complete if the organization aperates gaming activities in each of these states? (d) Total gaming (Add col (e)) through col (e)) (d) Total gaming (Add col (e)) through col (e)) (d) Total gaming (Add col (e)) through col (e)) (e) Other gaming (f) Total gaming (Add col (e)) through col (e)) (f) Total gaming (Add col (e)) through col (e)) (g) Total gaming (Add col (e)) through col (e) (g) Total gaming (Add col (e)) through col (e) (g) Total gaming (Add col (e)) through col (e) (g) Total gaming (Add col (e)) through col (e) (g) Total gaming (Add col (e)) through col (e) (g) Total gaming (Add col (e)) through col (e) (g) Total gaming (Add col (e)) through co			minus line 2)				├									
6 Rentifacility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull labst/instant (e) Other earning (Add coil (a) through coil (c)) through coil (d) through c		4	Cash prizes							_						
9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Part 8I Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull labelinstant bingo/progressive bingo (c) Other gaming (dd col (a) through col (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities 1 If "No," Explain 10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Liste organization operate gaming activities with nonmembers? 12 Is the organization operate gaming activities with nonmembers? 11 Liste organization operate gaming activities with nonmembers? 12 Is the organization operate gaming activities with nonmembers? 13 Is the organization operate gaming activities with nonmembers? 14 Is the organization operate gaming activities with nonmembers? 15 Is the organization operate gaming activities with nonmembers? 16 Is the organization operate gaming activities with nonmembers? 17 Is the organization operate gaming activities with nonmembers? 18 Is the organization operate gaming activities with nonmembers? 19 Is the organization operate gaming activities with nonmembers? 19 Is the organization operate gaming activities with nonmembers? 10 Is the organization operate gaming activities with nonmembers? 10 Is the organization operate gaming activities with nonmembers? 11 Is the organization operate gaming activities with nonmembers?		5	Noncash prizes				ļ									
9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Part 8I Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull labelinstant bingo/progressive bingo (c) Other gaming (dd col (a) through col (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities 1 If "No," Explain 10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Liste organization operate gaming activities with nonmembers? 12 Is the organization operate gaming activities with nonmembers? 11 Liste organization operate gaming activities with nonmembers? 12 Is the organization operate gaming activities with nonmembers? 13 Is the organization operate gaming activities with nonmembers? 14 Is the organization operate gaming activities with nonmembers? 15 Is the organization operate gaming activities with nonmembers? 16 Is the organization operate gaming activities with nonmembers? 17 Is the organization operate gaming activities with nonmembers? 18 Is the organization operate gaming activities with nonmembers? 19 Is the organization operate gaming activities with nonmembers? 19 Is the organization operate gaming activities with nonmembers? 10 Is the organization operate gaming activities with nonmembers? 10 Is the organization operate gaming activities with nonmembers? 11 Is the organization operate gaming activities with nonmembers?	nses	6	Rent/facility costs							ļ	 					
9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Part 8I Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull labelinstant bingo/progressive bingo (c) Other gaming (dd col (a) through col (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities 1 If "No," Explain 10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Liste organization operate gaming activities with nonmembers? 12 Is the organization operate gaming activities with nonmembers? 11 Liste organization operate gaming activities with nonmembers? 12 Is the organization operate gaming activities with nonmembers? 13 Is the organization operate gaming activities with nonmembers? 14 Is the organization operate gaming activities with nonmembers? 15 Is the organization operate gaming activities with nonmembers? 16 Is the organization operate gaming activities with nonmembers? 17 Is the organization operate gaming activities with nonmembers? 18 Is the organization operate gaming activities with nonmembers? 19 Is the organization operate gaming activities with nonmembers? 19 Is the organization operate gaming activities with nonmembers? 10 Is the organization operate gaming activities with nonmembers? 10 Is the organization operate gaming activities with nonmembers? 11 Is the organization operate gaming activities with nonmembers?	t Expe	7	Food and beverages													
10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (Add col (a) through col (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/faclity costs 5 Other direct expenses 4 Rent/faclity costs 5 Other direct expenses summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities in each of these states? b If "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization operate gaming activities with nonmembers? 12 Is the organization operate gaming activities with nonmembers? 13 Is the organization operate gaming activities with nonmembers? 14 Is the organization operate gaming activities with nonmembers? 15 Is the organization operate gaming activities with nonmembers? 16 Is the organization operate gaming activities with nonmembers? 17 Is the organization operate gaming activities with nonmembers? 18 Is the organization operate gaming activities with nonmembers? 19 Is the organization operate gaming activities with nonmembers? 20 Is the organization operate gaming activities with nonmembers? 21 Is the organization operate gaming activities with nonmembers? 22 Is the organization operate gaming activities with nonmembers?	Direc	8	Entertainment				_									
Part III Set income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (Add col (a) through col (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities in each of these states? b If "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 11 List the organization operate gaming activities with nonmembers? 11 List the organization operate gaming activities with nonmembers? 12 List the organization operate gaming activities with nonmembers? 13 Is the organization operate gaming activities with nonmembers? 15 List organization operate gaming activities with nonmembers? 16 List organization operate gaming activities with nonmembers? 17 List organization operate gaming activities with nonmembers? 18 List organization operate gaming activities with nonmembers? 19 List organization operate gaming activities with nonmembers? 19 List organization operate gaming activities with nonmembers? 19 List organization operate gaming activities with nonmembers? 10 List organization operate gaming activities with nonmembers? 10 List organization operate gaming activities with nonmembers? 11 List organization operate gaming activities with nonmembers?		9	Other direct expenses							<u> </u>						
Part III Set income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (Add col (a) through col (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities in each of these states? b If "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 11 List the organization operate gaming activities with nonmembers? 11 List the organization operate gaming activities with nonmembers? 12 List the organization operate gaming activities with nonmembers? 13 Is the organization operate gaming activities with nonmembers? 15 List organization operate gaming activities with nonmembers? 16 List organization operate gaming activities with nonmembers? 17 List organization operate gaming activities with nonmembers? 18 List organization operate gaming activities with nonmembers? 19 List organization operate gaming activities with nonmembers? 19 List organization operate gaming activities with nonmembers? 19 List organization operate gaming activities with nonmembers? 10 List organization operate gaming activities with nonmembers? 10 List organization operate gaming activities with nonmembers? 11 List organization operate gaming activities with nonmembers?		10	Direct evnense summan	, Add	lines 4 through (a in column	(d)					•	,			
than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (Add col (a) through col (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 7 Direct expenses summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities in each of these states? If "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," Explain 1 Does the organization operate gaming activities with nonmembers? 1 It Does the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			•		_					_		•	\			
(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (Add col (a) through col (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities is the organization licensed to operate gaming activities in each of these states? 10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 State organization operate gaming activities with nonmembers? 11 Does the organization operate gaming activities with nonmembers? 11 State organization operate gaming activities with nonmembers? 12 Is the organization operate gaming activities with nonmembers? 13 State organization operate gaming activities with nonmembers? 14 State organization operate gaming activities with nonmembers? 15 State organization operate gaming activities with nonmembers? 16 State organization operate gaming activities with nonmembers? 17 State organization operate gaming activities with nonmembers? 18 State organization operate gaming activities organization operate gaming activities organization operate gaming activities organization operate gaming activities organization operate gaming activities organization operate gaming activities organization operate gaming activities organization operate ga	P	art l					iswe	red "Yes" to	Form 990	, Pa	rt IV, line 19	or rep	orted	more	•	
1 Gross revenue 1 Gross revenue 2 Cash pnzes 3 Noncash pnzes 4 Rent/facility costs 5 Other direct expenses 7 yes % 7 yes % 7 yes % 7 Other direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operate gaming activities in each of these states? 9	_		tnan \$15,000 c	on Fo	orm 990-EZ,	line ba.	Γ	(h) Pull tahs/	ınstant		·		(d) T	ntal nam	ına (Ac	
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities a lis the organization licensed to operate gaming activities in each of these states? b If "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	eune				(a) Bingo I ' I (c) Other gaming					ng		-				
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	Rev	_														
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	_	1	Gross revenue							<u> </u>						
4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities a ls the organization licensed to operate gaming activities in each of these states? b If "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	es	2	Cash prizes			_	<u> </u>									
4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities a ls the organization licensed to operate gaming activities in each of these states? b If "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	Sens		Nanasah amas													
5 Other direct expenses Yes % Yes % Yes % Yes % No No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities a 1s the organization licensed to operate gaming activities in each of these states? b If "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		3	Noncash prizes				 -			-						
Yes % Yes % No No No No No No No No No No No No No	Direct	4	Rent/facility costs				<u> </u>									
6 Volunteer labor No No No No No No No Trick expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		5_	Other direct expenses													
8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		6	Volunteer labor		{	%		⊣ ``	%		1	%				
9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		7	Direct expense summary	/ Add	lines 2 through 5	5 ın column	(d)					•	<u> </u>			
9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? 9a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		8	Net gaming income sum	mary	Combine line 1,	column d, a	and lir	ne 7				▶				
a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	٩	Fo	ter the state(s) in which th	e oras	nization operate	s damino o	ctiviti	26						-+	Yes	No
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity														9a	Ì	
b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	b	If "	No," Explain													
b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity																
11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	10a			's gan	ning licenses rev	oked, susp	ende	d or terminated	during the tax	yea	7			10a		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	b	If "	Yes," Explain													
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity																:
) 1 f			-	-	-									11	[,
ioimed to administer chantable damino?	12		he organization a grantor, med to administer charital			of a trust o	r a me	ember of a part	nership or oth	er en	tity			12		; I

Sche	edule G (Form 990 or 990-EZ) 2009 BUSINESS PLUS, INC	20-389833	3	Pa			
				Yes	No		
13	Indicate the percentage of gaming activity operated in						
а	The organization's facility	13a %					
b	An outside facility	13b %					
14	Provide the name and address of the person who prepares the organization's gaming/special events books						
	and records						
	Name ▶						
	Name P						
	Address ►						
15a	Does the organization have a contract with a third party from whom the organization receives gaming						
	revenue?		15a				
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the					
	amount of gaming revenue retained by the third party ▶ \$						
С	If "Yes," enter name and address of the third party						
	Name ▶						
	Address ▶						
	Address >						
16	Gaming manager information						
	Name ►						
	C						
	Gaming manager compensation ► \$						
	Description of services provided ▶						
	Director/officer Employee Independent contractor						
17	Mandatory distributions						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to						
	retain the state gaming license?		17a				
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent						
	in the organization's own exempt activities during the tax year ▶ \$						

SCHEDULE O (Form 990)

Supplemental Information to Form 990

2009 Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Employer identification number 20-3898333

Name of the organization

BUSINESS PLUS, INC

Form 990 - Organization's Mission or Most Significant Activities
BUSINESS PLUS, INC ASSISTS LOCAL ECONOMIC DEVELOPMENT ORGANIZATIONS TO
RECRUIT NEW BUSINESSES, NEW EMPLOYEES AND EXPAND EXISTING BUSINESSES BY
GRANTING FUNDS FOR NEW JOBS CREATED AND FUND THE REGIONAL MARKETING
ORGANIZATION IN SUPPORT OF THOSE ACTIVITIES.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public