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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
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)

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

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

OMB No 1545-1150 2009

Open to Public Inspection

Α	For the	2009 calend	lar year,	or tax year beginn	ng	, and ending						·
В		applicable	Please use IRS	C Name of organiz	ation					D 6	Emplo	yer identification number
-	Address Name ch	-	label or	SEE YA LA	TER FOUND	ATION INC				:	20-	4525402
	Initial ret	urn	type	Number and street (c	rPO box, if mail is no	ot delivered to street address	ss)	F	loom/suite	E	ГеІер	hone number
	Terminal	tion	See	PO BOX 12			Ü					237-4377
⊢ !	Amende	d return	Specific Instruc-	City or town, state or	country, and ZIP + 4					F (Group	Exemption
<u></u>	Application	on pending	tions	MCMINNVII	LE	OR 971	28			ł	Numb	er >
	• Sect	tion 501(c)(3) organi:	zations and 4947(a)	(1) nonexempt cha	aritable trusts must at	tach	(Accountin	g metho	od .	X Cash Accrual
			a co	mpleted Schedule A	(Form 990 or 990	-EZ).			other (specify)	▶		
ı	Websit	te: ▶ <u>₩</u> ₩	W.SE	EYALATER.	ORG			}	I Check ▶		if the d	organization is not
<u>J</u>		empt status (ch						527				dule B (Form 990,
K	Check	.90-E7 or Forr				porting organization and in chooses to file a retu					t mor	e than \$25,000 A
$\overline{}$						ore, file Form 990 instead of			a complete		\$	133,598
	Part I					ssets or Fund Ba			the instr			
<u> </u>	1			nts, and similar amounts		133013 OF Fulla De	nances	, (000	the mon		1	48,147
	2			enue including gover		itracte				-	2	10/11/
	3	_		id assessments	illinent lees and cor	iuacis					3	
	4	Investment		ia assessificino							4	52
	5a			sale of assets other t	han inventory		5a				+	
	b			asis and sales exper	•		5b			_	i	
	c			of assets other than inv		h from line 5a)	<u> </u>				5c	
ø	6	. ,			• •	 If any amount is from ga 	amina ch	eck here	▶ □	. —	-	
Bun	a			ncluding \$		of contributions	g, o	icon norc		-		
Revenue	"	reported on				or contributions	6a		85,3	99		
u.	ь	. 11		s other than fundrais	EINO expenses		6b		33,3	_		
	c	'1	•	* * - * * * * * * * * * * * * * * * * *	π .	ract line 6b from line 6a			33,3		6c	52,014
	7a			tony, jess returns and		det iine ob irom iine ob	7a					
	b	Less cost,o	f goods :	sold	,		7b					
	c	11 N	•	from sales of invent	, ; orv (Subtract line 7t	from line 7a)	<u></u>				7c	
		HL .		ribe 🕨 🏥	, (0000.000 mio 7.	, we will also the				_, ⊢	8	
	9			lines 1, 2, 3, 4, 5c, 6	c. 7c. and 8					*	9	100,213
512000	10			mounts paid (attach							10	9,000
~ ◄		Benefits paid		• •	,					_	11	
= 5	1	•		ensation, and emplo	vee benefits						12	
Jeesped	13			d other payments to	•	ctors				<u></u> ⊢	13	375
þ	14	_		lities, and maintenan	•					_ _	14	
顶	15	Printing, put	olications	s, postage, and shipp	ing						15	2,885
Z	16			scribe > See	•	1				_ ⊢	16	67,437
Z	17	-		d lines 10 through 16	 					·. '	17	79,697
Net Assets ON NEX	18			r the year (Subtract							18	20,516
彩	19					7, column (A)) (must a	gree with				T	
- 3S		end-of-year	figure re	ported on prior year'	s return)					- }	19	78,703
et.	20	Other chang	ges in ne	t assets or fund bala	nces (attach explan	ation)					20	
z	21	Net assets of	or fund b	alances at end of ye	ar. Combine lines 1	8 through 20				▶□	21	99,219
<u></u>	art II	Balan	ce She	ets. If Total assets	on line 25, column	(B) are \$1,250,000 or n	nore, file	Form 99	0 instead of	Form	990-E	Z
	<u> </u>			(See the instruction	ns for Part II)	-		(A) Be	ginning of yea	ar		(B) End of year
22	Cash,	savings, and i	investme	ents					77,2	89	22	83,126
23	Land a	ind buildings									23	
24	Other a	assets (descri	be 🕨	See Stat	ement 2)[1,4		24	16,093
25	Total a	assets							78,7	03	25	99,219
26	Total I	iabilities (des	scribe 🕨	·)[26	0
27	Net as	sets or fund	balance	s (line 27 of column	(B) must agree with	1 line 21)			78,7	03	27	99,219
Fo	r Privac	y Act and Pa	perwork	Reduction Act No	tice, see the separ	ate instructions.						Form 990-EZ (\$)09),
D.4	•											(

--- QQN_E7 (0000)

Pa	rt V Other Information (Note the statement requirements in the instructions for F	Part V.)			
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				
	description of each activity		33		X
34	`Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of				
	the changes		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	•			i
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section				
	6033(e) notice, reporting, and proxy tax requirements?		35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
	during the year? If "Yes," complete applicable parts of Schedule N		36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	. [
b	Did the organization file Form 1120-POL for this year?		37b		х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or wer	2			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a		х
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38t	1	000	-	
39	Section 501(c)(7) organizations Enter	· · · · · · · · · · · · · · · · · · ·			
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities 39th				
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	<u>′ </u>			
	section 4911 ▶				
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess bene	fit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified		ļ		
	person in a prior year, and that the transaction has not been reported on any of the organization's prior				1
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on				
	organization managers or disqualified persons during the year under sections 4912,				'
	4955, and 4958				
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c				
	reimbursed by the organization				
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction? If "Yes," complete Form 8886-T		40e		X
41	List the states with which a copy of this return is filed OR				
42a	The organization's books are in care of CARMEN BANKE	Telephone no ▶ 503	-47	2 - 0	282
	614 NE 24TH ST.				
	Located at ► MCMINNVILLE, OR	ZIP + 4 ▶ 971	.28		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority				
	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	No
	account)?		42b		X
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
	and Financial Accounts.				
С	At any time during the calendar year, did the organization maintain an office outside of the U.S?		42c		X
	If "Yes," enter the name of the foreign country				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here				•
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				
	Form 990-EZ		44		X
45	is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If				
	"Yes," Form 990 must be completed instead of Form 990-EZ		45	<u> </u>	_x_
		F	orm 9 9	0-EZ	(2009)

Pa	rt VI	Section 501(c)(3) organizations and section 4947(a)(1) nonexempt	charitable trus	ts only. All sec	tion		
		501(c)(3) organizations and section 4947(a)(1) nonexe	empt charitable	e trusts must a	nswer question	s 46	-49b	
		and complete the tables for lines 50 and 51.						
46	Did the o	rganization engage in direct or indirect political campaign activities on be	ehalf of or in oppos	ition to			Yes	No
	`candidate	es for public office? If "Yes," complete Schedule C, Part I				46		X
47	Did the o	rganization engage in lobbying activities? If "Yes," complete Schedule C	, Part II		;	47		X
48	Is the org	ganization operating a school as described in section 170(b)(1)(A)(ii)? If	"Yes," complete Sc	hedule E		48		Х
49a	Did the o	rganization make any transfers to an exempt non-charitable related orga	anization?			49a		Х
b		was the related organization a section 527 organization?				49b		<u></u>
50		e this table for the organization's five highest compensated employees (or						
	employee	es) who each received more than \$100,000 of compensation from the or	~					
		(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expen count ar allowa	nd
None	•							
f	Total nur	nber of other employees paid over \$100,000	▶		_			
		lame and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompen	sation	
No.	ne							
	-							
d	Total nur	mber of other independent contractors each receiving over \$100,000	>					
		Under penalties of penjury, I declare that I have examined this return, including ac						
Sig	_	and belief, it is true, correct, and complete Declaration of preparer (other than of	ticer) is based on all ir	ntormation of which pro	eparer has any knowle	σge		
		<u>COLYMON KISANJE</u>	·	5//	2//0			
Her	e	Signature of officer Larmen Banke - Treasurer		Date				
		Type or print name and title						
			Date	Check if	Preparer's Iden	tufying Ni	umber (S	ee instr 1
Paid	.	Preparer's		setf-				,
	parer's	signature Douglas P Selby, CPA	05/1	// 10 employed	 ,) E 1 C
	-	Firm's name (or yours Schrock & Selby CPA's	, LLP			: / - 1	.432	2516
USE	Only	if self-employed). 1815 S.W. Baker St. McMinnyillo OB 9712	0	 	Phone) E 1	OFF
Mass	the IPS 4	address, and ZIP+4 McMinnville, OR 9712	<u> </u>	·				L955
iviay	ule INS 0	iscuss this return with the preparer shown above? See instructions			F		<u>'es</u> 90-E2	<u>No</u> (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.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

OMB No 1545-0047

2009Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

SEE YA LATER FOUNDATION INC

Employer identification number 20-4525402

ne (organ	nization is not a	a private toundation becaus	e it is (For lines 1 through 11, che	ck only or	e box)							
1		A church, con	vention of churches, or ass	ociation of churches described in	section 1	70(b)(1)(<i>A</i>	A)(1).						
2		A school desc	cribed in section 170(b)(1)	A)(ii). (Attach Schedule E)									
3		A hospital or a	a cooperative hospital servi	ce organization described in secti	on 170(b)	(1)(A)(iii)							
4		A medical res	earch organization operate	d in conjunction with a hospital de	scribed in	section 1	70(b)(1)	(A)(iiı). E	Enter th	e hospit	tal's name.		
		city, and state		,			` '' '	. , ,					
5		-		of a college or university owned or	operated	hy a gove	romenta	Lunit de	scribed	ın			
•	— ı		o)(1)(A)(iv) (Complete Par	- · · · · · · · · · · · · · · · · · · ·	орогассо	by a gove		i dini de.	30,1000				
6	\Box	•		·	tion 170/	.V4VAV.							
	•			overnmental unit described in sec									
7	X			substantial part of its support from	i a governi	mentai un	it or from	i the gen	ierai pui	DIIC			
_	_		section 170(b)(1)(A)(vi). (0	·									
8		-		170(b)(1)(A)(vi). (Complete Part II	•								
9	_	An organization	on that normally receives: (1) more than 33 1/3 % of its suppo	ort from co	ntributions	s, memb	ership fe	es, and	gross			
		receipts from	activities related to its exer	npt functions—subject to certain e	xceptions,	and (2) n	o more t	han 33 1	/3 % of	ıts			
		support from	gross investment income a	nd unrelated business taxable inco	me (less :	section 51	1 tax) fro	om busir	iesses				
		acquired by the	ne organization after June 3	0, 1975 See section 509(a)(2). (Complete	Part III)							
10		An organization	on organized and operated	exclusively to test for public safety	See sec	tion 509(a)(4).						
11		An organization	on organized and operated	exclusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	t the				
		purposes of o	ne or more publicly suppor	ted organizations described in sec	tion 509(a)(1) or sec	ction 509	(a)(2) S	ee sec	tion			
		509(a)(3). Ch	eck the box that describes	the type of supporting organization	and com	plete lines	11e thro	ough 11h	1				
		a Type	b Type II	c Type III-Functions	ally integra	ted	d	Type	e III–Oth	ner			
е		•		ganization is not controlled directly	-		or more						
				and other than one or more public						tion			
		-	ection 509(a)(2)		,	J							
f				ermination from the IRS that it is a	Tyne I Ty	nell or T	vne III s	unnortini	n				
•		If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box											
_				ition accepted any gift or contributi	on from a	av of the							<u>'</u>
g		-	-	mon accepted any gift of contributi	OII IIOIII ai	iy or the							
		following pers			.1								
				ontrols, either alone or together wi	tn persons	s describe	a in (ii)					Yes	No
				of the supported organization?							11g(ı)	-+	
			member of a person descri	• •							11g(ıı)	\vdash	
		(iii) A 35% c	ontrolled entity of a person	described in (i) or (ii) above?							11g(iii)	<u> </u>	
h		Provide the f	ollowing information about	the supported organization(s).									
(i)		e of supported	(ii) EIN	(iii) Type of organization		rganization		ou notify		s the	(vii) Am	ount of	
	org	anization		(described on lines 1–9 above or IRC section	1 ''	sted in your	the organ	ization in of your	organizati (i) omani:	ion in col zed in the	supp	ort	
				(see instructions))	governing	document?		ort?	US				
					Yes	No	Yes	No	Yes	No			
										1			
							ļ						
				 	 	<u> </u>			<u> </u>				
									<u> </u>				
Tota	ıl										L	_	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support						
Cal	endar 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")		7,459	27,653	27,351	48,147	110,610
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		7,459	27,653	27,351	48,147	110,610
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						110,610
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		7,459	27,653	27,351	48,147	110,610
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			267	344	52	663
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						111,273
12	Gross receipts from related activities, etc. (•				12	162,175
13	First five years. If the Form 990 is for the o	•	second, third, fourth	, or fifth tax year as	s a section 501(c)(3)	. (==
<u></u>	organization, check this box and stop here						▶ X
	tion C. Computation of Public Su			····			
14	Public support percentage for 2009 (line 6,	, ,	•))		14	<u> </u>
15	Public support percentage from 2008 Sche				1/2 0/		%_
16a	33 1/3 % support test—2009. If the organiand stop here. The organization qualifies a			, and line 14 is 33	1/3 % or more, che	CK this dox	
ь	33 1/3 % support test—2008. If the organi		-	r 16a, and line 15 ii	c 22 1/2 % or more	chack this	
b	box and stop here. The organization qualif				5 33 1/3 /6 OI IIIOIE	, check this	.
17a	· · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •		or 16b, and line 14	ıs 10% or	
	more, and if the organization meets the "fac	-					
	organization meets the "facts-and-circumst			-	•	Thow the	.
b	10%-facts-and-circumstances test—200		•		•	ne 15 is 10% or	
~	more, and if the organization meets the "fac	_					
	organization meets the "facts-and-circumst					-	▶ ′
18	Private foundation. If the organization did					structions	•
				,,			

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.)

Sec	tion A. Public Support	JONES HIS BOX	<u> </u>		-		
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	-					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
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 Add lines 7a and 7b						
с 8	Public support (Subtract line 7c from						-
Ü	line 6)				,		
Sec	tion B. Total Support		<u> </u>	. <u>L</u>	<u> </u>	1	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
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						
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,				1		
	and 12)		<u> </u>	<u> </u>			
14	First five years. If the Form 990 is for the organization, check this box and stop here	_	second, third, four	th, or fifth tax year	as a section 501(c)(3)	. .
Sec	tion C. Computation of Public Su	pport Percent	age		_		
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f))		15	%
16	Public support percentage from 2008 Sche	dule A, Part III, line	15			16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (lin	ne 10c, column (f)	divided by line 13,	column (f))		17	%
18	Investment income percentage from 2008	Schedule A, Part II	I, line 17			18	3 %
19a	33 1/3 % support tests—2009. If the organ	nization did not che	eck the box on line	14, and line 15 is r	more than 33 1/3 %	, and line	
	17 is not more than 33 1/3 %, check this bo	x and stop here.	The organization q	ualifies as a publicl	ly supported organi	zation	>
b	33 1/3 % support tests—2008. If the organ						
	line 18 is not more than 33 1/3 %, check the	· · · · · · · · · · · · · · · · · · ·	_			-	<u> </u>
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 1	9b, check this box	and see instruction	S	•

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.

• •						
Form 990		Special Ev	ents Schedul	е		2009
	For calendar year 2009, or tax	year beginning		, and ending		·
lame					Employer	Identification Number
SEE YA LATER	FOUNDATION INC				20-45	525402
	(A)	(B)	(C)	Othe	rs	Total
Gross receipts	85,399	0		0	0	85,399
Less contributions	0	0		0	0	0
Gross revenue	85,399	0		0	0	85,399
Less direct expenses	33,385	0		0		33,385
Net income (loss)	52,014	0		0	0	52,014
Description (A) (B) (C) Others	GOLF TOURNEMEN	NT'				

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions

► Attach to your tax return

2009
Attachment Sequence No 67

Name(s) shown on return

SEE YA LATER FOUNDATION INC

Identifying number 20-4525402

	ess or activity to which this form relates OLF TOURNEMENT										-
Pa	rt I Election To Expens	•	•								-
	Note: If you have a				e you	comp	olete Pai	<u>t I.</u>		250.000	-
1	Maximum amount. See the instruction	=		ses					1	250,000	_
2	Total cost of section 179 property pl	•	•					}	2	000 000	-
3	Threshold cost of section 179 prope	•	=	structions)				ļ	3	800,000	_
4	Reduction in limitation Subtract line							F	4		_
5	Dollar limitation for tax year Subtract line		less, enter -0- If mar						5		_
6	(a) Description	or property		(b) Cost (busi	ness use	only)	(c) E	lected cost			
											
7	Listed property. Enter the amount fr				į	7					_
8	Total elected cost of section 179 pro	•	in column (c), lines	s 6 and 7				}	8		_
9	Tentative deduction Enter the smaller of line 5 or line 8							}	9		_
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562								10		_
11	Business income limitation Enter th		,	•	line 5 (so	ee inst	ructions)	-	11		_
12	Section 179 expense deduction Ad	·			. (12		_
13	Carryover of disallowed deduction to				•	13					_
	: Do not use Part II or Part III below f			- · · · · · ·						<u> </u>	_
	art II Special Depreciation						de listed	propert	y.) (See instr.)	_
14	Special depreciation allowance for o		er than listed prop	erty) placed i	n service)					
	during the tax year (see instructions	•						-	14		_
15	Property subject to section 168(f)(1) election								15		-
<u> 16</u>	Other depreciation (including ACRS	•			 				16	321	L
Pa	art III MACRS Depreciati	on (Do not inclu			instru	ctions	5.)				_
				ion A						· · · · · · · · · · · · · · · · · · ·	_
17	MACRS deductions for assets place	•	• •				_		17		<u> </u>
18	If you are electing to group any assets plant									· · · · · · · · · · · · · · · · · · ·	
	Section B—	Assets Placed in Se	_			Gene	rai Depred	lation Sys	tem	T	_
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investmonty-see instruc	ent use	Recovery period	(e) C	onvention	(f) Meth	od	(g) Depreciation deduction	_
19a	3-year property										_
<u>b</u>	5-year property										_
<u></u> c	7-year property										_
d	10-year property										_
е	15-year property										_
f	20-year property										_
g	25-year property			2	5 yrs			S/L		<u> </u>	_
h				27	5 yrs		MM	S/L			_
	property			27	5 yrs		MM	S/L			_
i	Nonresidential real			3	9 yrs		MM	S/L			_
	property					<u> </u>	MM	S/L			
	Section C—A	ssets Placed in Sen	vice During 2009	Tax Year Usi	ng the A	Alterna	tive Depr	eciation S	ysten	n	_
20a	Class life					ļ		S/L			_
b	12-year			1	2 yrs			S/L			_
С	40-year				0 yrs	<u> </u>	ММ	S/L		<u> </u>	_
<u>P</u> a	art IV Summary (See ins	tructions.)								·	_
21	Listed property Enter amount from	line 28						:	21		_
22	Total. Add amounts from line 12, lin	nes 14 through 17, lin	es 19 and 20 in co	olumn (g), and	line 21	Enter	here				
	and on the appropriate lines of your	return Partnerships	and S corporation	s—see instru	ctions				22	32	1
23	For assets shown above and place	d in service during the	e current year, ent	er the							
	portion of the basis attributable to s	ection 263A costs				23_	L	_		l	_

20-4525402

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

. Description	 Amount
Expenses	\$
ADVERTISING	18,811
Office	2,708
Insurance	2,336
KIDS CAMP EXPENSE	28,605
SEEDS OF HOPE EXPENSE	13,506
LICENSE & PERMITS	123
SERVICE FEES	1,029
WEBSITE EXPENSE	 319
Total	\$ 67,437

Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	 End of Year
Inventories for Sale or Use	\$	\$ 15,000
	1,602	1,602
Less Accumulated Depreciation	188	 509
	1,414	 16,093

_	•		
20-4	525	40	2

Federal Statements

Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO PROVIDE FOR CHILDREN LACKING IN FINANCIAL RESOURCES OPPORTUNITIES FOR DAY-CAMPS, ANNUAL COLLEGE SCHOLARSHIPS AND RESOURCES FOR FAMILIES WHILE DEALING WITH MEDICAL CRISIS.