

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-EZ**

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)

OMB No 1545-1150

Department of the Treasury

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 Open to Public Internal Revenue Service Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Please Address change use IRS Name Change THE PLATINUM ARCH CHARITABLE TRUST 20-6167123 print or type Initial return Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Telephone number Termin-ated 4220 BUFFET MILL ROAD 847-260-2430 Instruc-City or town, state or country, and ZIP + 4 F Group Exemption Application pending KNOXVILLE, TN 37917 Number > Cash X Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: L Schedule A (Form 990 or 990-EZ). Other (specify) H Check X if the organization is not Website: ► N/A Tax-exempt status (check only one) $- \times 501(c)(3)$ ___ 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check In the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 7.994. Investment income 5a Gross amount from sale of assets other than inventory 5a 5b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c SCANNED MAY 28 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions reported on line 1) ĥа 6b Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 60 Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 51,153. Other revenue (describe ROYALTIES R 59,147. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule) STMT 3 217,833. 10 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits VED 12 12 8,797. Professional fees and other payments to independent contractors 13 13 Occupancy, rent, utilities, and maintenance O 14 14 73 Sy Printing, publications, postage, and shipping 491. 15 15 10,803. SEE STATEMENT 16 Other expenses (describe > 16 Total expenses. Add lines 10 through 16 C C FN 17 17 237,924. <178,777.> Excess or (deficit) for the year (Subtract-line-17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 883,888. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (attach explanation) 20 21 705.111. Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (B) End of year (A) Beginning of year 216,574. Cash, savings, and investments 22 271,340. 22 23 Land and buildings 667,314. 433,771. SEE STATEMENT 2) 24 Other assets (describe 24 883,888. 25 705,111. 25 Total assets 0 . 26 0. 26 Total liabilities (describe 705,111.

883,888.

Form **990-EZ** (2009)

932171 02-08-10

Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

| | n 990-EZ (2009) THE PLATINUM ARCH CHARITA | | | 20- | 61671 | 23 Page 2 |
|------------|---|-------------------------------|------------------------|-------------------|--------------------------|---|
| Pá | art III Statement of Program Service Accomplishmen | nts (See the instructions for | Part III.) | | Ex | penses |
| Wha | at is the organization's primary exempt purpose? SEE STATEMENT | 5 | | | | r section 501(c)(3) |
| | cribe what was achieved in carrying out the organization's exempt pur | | ise manner, descri | be | |) organizations and 7(a)(1) trusts, optional |
| | services provided, the number of persons benefited, and other relevan | | | | for others) | (a) i) trusts, optional |
| 28 | PLATINUM ARCH PROVIDED FUNDS TO ITS | SCHOOL CONST | TTUENCY T | O | T T | |
| | SUPPORT THEIR EDUCATIONAL ACTIVITIE | | | | 1 1 | |
| | | | | | 1 [| |
| | (Grants \$ 217,833.) If this amount includes foreign g | rants check here | | $\overline{\Box}$ | 28a | 217,833. |
| 29 | 221 / 055 V I wand amount modeled toroign g | rante, enecutione | | <u> </u> | | <u></u> |
| 20 | | - " | | | 1 1 | |
| | | | | | | |
| | (Grants \$) If this amount includes foreign g | ronto obcoluboro | | $\overline{}$ | 29a | |
| 30 | (Crants &) in this amount includes foreign g | italits, Check here | | | 294 | |
| 30 | | | | | | |
| | | | | | 1 1 | |
| | | | | $\overline{}$ | | |
| | (Grants \$) If this amount includes foreign g | rants, check here | . <u>P</u> | ш | 30a | |
| 31 | Other program services (attach schedule) | | | | 1 | |
| | (Grants \$) If this amount includes foreign g | rants, check here | . <u> </u> | | 31a | 0.1.5.000 |
| 32 | Total program service expenses (add lines 28a through 31a) | | | | 32 | <u>217,833.</u> |
| Pa | art IV List of Officers, Directors, Trustees, and Key E | mployees. List each one ev | ven if not compensated | (See the | instructions t | for Part IV) |
| | | (b) Title and average hours | (c) Compensation | | ontributions | (e) Expense |
| | (a) Name and address | per week devoted to | (If not paid, enter | | employee efit plans & | account and |
| | (-) | position | -0) | 1 | leferred | other allowances |
| | | | | com | pensation | |
| AR | VID HOLT, 4220 BUFFAT MILL ROAD, | TRUSTEE | | | | |
| _ | OXVILLE, TN 37914 | 4.00 | 0. | | 0. | 0. |
| | ON DRUCKENMILLER | TRUSTEE | | <u> </u> | | |
| | 06 SWARTHMORE AVE, FOLSOM, PA 19033 | | 0. | | 0. | 0. |
| | ON CARNWATH, 5606 CASTLE KNIGHT, | TRUSTEE | <u>-</u> | | <u>-</u> - | |
| | IN ANTONIO, TX 78218 | 1.00 | 0. | | 0. | 0. |
| | DBERT FRY | TRUSTEE | - 0. | | <u> </u> | - 0. |
| | 1 WALNUT AVE., ALDAN , PA 19018 | 1.00 | 0. | | 0. | ۱ ^ |
| | | | <u> </u> | | 0. | 0. |
| | N SHERROD, 3102 ORCHARD DR., | TRUSTEE | | | _ | |
| <u>K</u> T | OXVILLE , TN 37917 | 1.00 | 0. | - | 0. | 0. |
| | | | | | | |
| | | | | ļ | | |
| | | ļ | | | | |
| | | | | | | |
| | | į | | | | ł |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | } |
| | | | | | | İ |
| | | | | | | |
| | | | | | | • |
| | | | | | | |
| | | | | | | i |
| | | | | | | |
| _ | | 1 | | | | |
| _ | | | | - | | |
| _ | | 1 | | | | 1 |
| _ | | | | | | |
| | | ļ | | | | 1 |
| _ | | | | <u> </u> | | |
| | |] | | | | |
| | <u></u> | | | <u> </u> | | |
| | | | | | | |
| | | | | | | <u>L</u> _ |
| 9321 | | | | | Form | 990-EZ (2009) |

| 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 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 X | Pa | rt V Other Information (Note the statement requirements in the instructions for Part V) | | | |
|--|------|--|-------------------|----------|-------------|
| 33 Did the organization engage in any activity not previously reported to the IRSP ¹¹ Yes, * attach a detailed description of each activity Were any changes made to the organization or governing documents? If Yes, * attach a conformed copy of the changes 34 X 35 If the organization had income from biseness activities, such as those reported on line 2, Sa, and 7a (among others), but not reported on Form 990-7, attach a statement explaning why the organization due or reported on Form 990-7, attach a statement explaning why the organization of not report the income on Form 990-7. Attach a statement explaning why the organization of not report the income on Form 990-7. The organization of proxy tax requirements? 35 If Yes, *has it field a tax return on Form 990-7 for this year? 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete sphelicable parts of Sch. N 37 Enter amount of political expenditures, direct or indirect, as described in the instructions. 37 If Pres, *Complete Schedule L, Part II and enter the total amount involved 38 Section 50 (10(7) organizations. Enter amount of tax imposed on the sphelicable parts and still outstanding at the end of the period covered by this return? 38 Section 50 (10(3) and 50 (10(4) organizations. Enter amount of tax imposed on the sphelicable parts on the sphelicable parts or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in any excellent of the organization of the year propriets of the organization is propriets. The organization is propriet of the organization is p | | | | Yes | No |
| 34 Were any changes made to the organizing or governing documents? If Yes, "attach a conformed copy of the changes if If the organization had income from bissness activities, such as bruthes, such as a such as such as a such as such as a such as count, or other number of the ruther such as a such as a such as count, or other number of the ruther such as a such as a such as count, or other number of the ruther such as defined to respondent such as a such as count, ascent such as a such as count | 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | |
| 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 do not report the income on Form 990-T. 1. 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? 2. 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? 3. Did the organization for the section of the section of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 3. Did the organization for organization for this year? 3. Did the organization brow the reported organization for the proximation of political expenditures, direct or indirect, as described in the instructions. 3. Did the organization brow the form 1120-PDL for this year? 3. Did the organization the form 1120-PDL for this year? 3. Did the organization brows from, or make any folions; director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 3. Did the organization brows from, or make any folions; director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 3. Did the organization brown from, or make any folions; director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by the return organization during the year under: 3. In the complete form 800 organization and the prior organization during the year under: 3. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax miposed on organization managers or issignalized persons during the year under sections 4912, 4955, and 4958 3. Did the organization brown of the organizati | 34 | | | | X |
| reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. If 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? If Yes, has it filled a tax return on Form 990-T for this year? 35b IV/A 35c organization integro a fluedation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N 36c organization organization integron 1129-P0L for this year? 37d inter amount of political expenditures, direct or indirect, as described in the instructions. 37d inter amount of political expenditures, direct or indirect, as described in the instructions. 37d inter amount of political expenditures, direct or indirect, as described in the instructions. 37d inter amount of political expenditures, direct or indirect, as described in the instructions. 37d inter amount of political expenditures, direct or indirect, as described in the instructions. 37d interest and still outstanding at the end of the period covered by this return? 37e organization for an an expenditure, and still outstanding at the end of the period covered by this return? 37e organization and still outstanding at the end of the period covered by this return? 38e for on sill aware that it engaged in an excess benefit transaction of the organization during the year under: section 4911 in an expensive properties of an any of the organization engage in any section 4955 in an expensive properties of any of the organization of space profit or sill and expensive properties of any of the organizations of space profit or sill an expensive profit organization or sill aware that it engaged in an excess benefit transaction with a disqualified persons of unit profit year under section 4912 in a profit year under section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons of un | 35 | | | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? b If Yes, has it filled a tax return on Form 990-T for this year? b If the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N 36 | | | | | |
| and proxy tax requirements? If Yes, 'has it filed a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'a so in filed a tax return on Form 990-T for this year? Did the organization before the period covered by the return of political parts of Sch. N A S K X S Tax Enter amount of political expenditures, direct or indirect, as described in the instructions. | а | | | | 1 |
| b If Yes, has it filed a tax return on Form 990-T for this year? 50 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N 51 36 X 52 Sate amount of political expenditures, direct or indirect, as described in the instructions. 50 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 51 If Yes, complete Schedule L, Part II and enter the total amount involved 52 Section 501(c)(7) organizations. Enter: 53 | | | 35a | | Х |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 137 a 0. ▶ 137 a 0. ▶ 137 a 0. ▶ 237 a 0. ▶ 238 a 0. | ь | | 35b | N/ | |
| as a complete applicable parts of Sch. N 7a | | | | | |
| The Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-PDL for this year? | | | 36 | | x |
| b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? b If Yes, "complete Schedule L, Part II and enter the total amount involved section 501(c)(7) organizations. Enter: a Intitation Res and caphtal contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 199 b N/A 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction 4958 excess benefit transaction during the year or is a ware that it engaged in an excess benefit transaction 4958 excess benefit transaction during the year or is a favore that it engaged in an excess benefit transaction 4958 excess benefit transaction during the year or is a favore that it engaged in an excess benefit transaction 4958 excess benefit tr | 37 a | | $\overline{}$ | | |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38b N/A 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0_c; section 4912 ▶ 0_c; section 4955 ▶ 0_c b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 lif Yes, complete Schedule L, Part I 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 40b X 40b X 40c 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 40c 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 41c It the states with which a copy of this return is filed. ▶ NONE 42a The organization's books are in care of ▶ JIM JOHNSTONE 42b Located at ▶ 11111 FRANKLIN AVENUE, FRANKLIN PARK, IL 40c X 42c X 42c X 42c X 42c X 42c X 44c X 44c X 44c X 44c No.A 44d Did the organization maintain any donor advised funds? If Yes, Form 990 must be completed instead of | | | 1 | | x |
| m a prior year and still outstanding at the end of the period covered by this return? b 17'est, complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: a Indiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations. Finter forms 990 or 990-EZP If 1'est, complete Schedule L, Part I 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 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 imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 D 40b | | | | | |
| b If Yes,* complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(7) organizations. Enter: a Inhibition fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if Yes,* complete Schedule L, Part I 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 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 886-T 1 List the states with which a copy of this return is filed. ▶ NONIE Telephone no. ▶ 847 – 260 – 2444 Located at ▶ 11111 FRANKLIN AVENUE, FRANKLIN PARK, IL 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. ▶ See the instructions for exceptions and filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes,* enter the name of the foreign country. ▶ Section 4917(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 y | | | 38a | | x |
| 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 .; section 4912 ▶ 0 .; section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If Yes,* complete Schedule L, Part 1 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. Pit Yes,* complete Form 8886-T List the states with which a copy of this return is filed. ▶ NONE 11 List the states with which a copy of this return is filed. ▶ NONE 12 In eorganization's books are in care of ▶ JIM JOHNSTONE Located at ▶ 11111 FRANKLIN AVENUE, FRANKLIN PARK, IL 21 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. ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes,* enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes,* enter the name of the foreign country: ▶ Se | h | | 552 | | <u> </u> |
| a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4915 ▶ 0. Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes,* complete Schedule L, Part I 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 organization. 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 Located at ▶ 11111 FRANKLIN AVENUE, FRANKLIN PARK, IL Located at ▶ 11111 FRANKLIN AVENUE, FRANKLIN PARK, IL 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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes,* enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Ves No Yes No Yes No Yes No | | | 1 | 1 | 1 |
| b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZP. If 'Yes,' complete Schedule L, Part I 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. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 11 List the states with which a copy of this return is filed. ▶ NONE 12 The organization's books are in care of ▶ JIM JOHNSTONE 13 Located at ▶ 11111 FRANKLIN AVENUE, FRANKLIN PARK, IL 14 Located at ▶ 11111 FRANKLIN AVENUE, FRANKLIN PARK, IL 15 At any time during the calendar year, did the organization have an interest in or a signature or other financial account; over a financial account in a foreign country. ▶ 16 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 17 Yes, enter the name of the foreign country. ▶ 18 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 19 Li Yes, enter the name of the foreign ountry. ▶ 19 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 | | , , , , , | | | |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 : section 4912 ▶ 0 . section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If Yes,* complete Schedule L, Part I 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 organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T 1 List the states with which a copy of this return is filed. ▶ NONE 1 Located at ▶ 11111 FRANKLIN AVENUE, FRANKLIN PARK, IL b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country. ▶ 1 Yes,* enter the name of the foreign country: ▶ 2 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 1 Ves No | | | 1 | | |
| section 4911 O.; section 4912 O.; section 4955 O. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest roceived funds? If "Yes," Form 990 must be completed in stead of | | | 1 | | |
| b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 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. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. NONE 1 List the states with which a copy of this return is filed. NONE 1 List the states with which a copy of this return is filed. NONE 1 List the states with which a copy of this return is filed. NONE 1 List the states with which a copy of this return is filed. NONE 1 List the states with which a copy of this return is filed. NONE 1 List the states with which a copy of this return is filed. NONE 1 List the states with which a copy of this return is filed. NONE 1 List the states with which a copy of this return is filed. NONE 1 Elephone no. 1 Elephone | 704 | | | | |
| year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 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 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. NONE 12 The organization's books are in care of JIM JOHNSTONE 13 Located at 11111 FRANKLIN AVENUE, FRANKLIN PARK, IL 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 accounts.) 16 Yes, enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts. 27 At any time during the calendar year, did the organization maintain an office outside of the U.S.? 17 Yes, enter the name of the foreign country: 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 18 Yes No 19 Yes No 19 Yes No | | | | | |
| has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes,* complete Schedule L, Part I 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 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T List the states with which a copy of this return is filed. NONE 1 Is the organization's books are in care of JIM JOHNSTONE To organization's books are in care of JIM JOHNSTONE To organization's books are in care of JIM JOHNSTONE To organization's books are in care of JIM JOHNSTONE To organization and the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If Yes,* enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes,* enter the name of the foreign country: 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 Yes No Yes No Yes No Yes No | U | | | | |
| c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T 41 List the states with which a copy of this return is filed. ▶ NONE 42a The organization's books are in care of ▶ JIM JOHNSTONE Located at ▶ 11111 FRANKLIN AVENUE, FRANKLIN PARK, IL b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If Yes,* enter the name of the foreign country. ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes,* enter the name of the foreign country: ▶ 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 Yes No Yes No Yes No Yes No | | | 40h | | Y |
| 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 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. ▶ NONE 1 List the states with which a copy of this return is filed. ▶ NONE 1 Located at ▶ 11111 FRANKLIN AVENUE, FRANKLIN PARK, IL Located at ▶ 11111 FRANKLIN AVENUE, FRANKLIN PARK, IL At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ 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 Yes No Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | | 400 | | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed. ▶ NONE 42a The organization's books are in care of ▶ JIM JOHNSTONE Located at ▶ 11111 FRANKLIN AVENUE, FRANKLIN PARK, IL b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ 3 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 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | · | | | | |
| organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. NONE 12a The organization's books are in care of JIM JOHNSTONE Located at 11111 FRANKLIN AVENUE, FRANKLIN PARK, IL b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account?)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 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 Yes No Yes No Yes No In the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | · · · · · · · · · · · · · · · · · · · | | ŀ | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. NONE 11 List the states with which a copy of this return is filed. NONE 12 The organization's books are in care of JIM JOHNSTONE 13 Located at 11111 FRANKLIN AVENUE, FRANKLIN PARK, IL 14 Located at 11111 FRANKLIN AVENUE, FRANKLIN PARK, IL 15 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 15 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 16 At any time during the calendar year, did the organization maintain an office outside of the U.S.? 17 Yes," enter the name of the foreign country: 28 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 19 At any time during the calendar year, did the organization maintain an office outside of the U.S.? 19 Yes No 10 Yes No 10 Yes No | u | | | | |
| transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. NONE The organization's books are in care of JIM JOHNSTONE Located at 11111 FRANKLIN AVENUE, FRANKLIN PARK, IL At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 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 Yes No Yes No Yes No | | | | | |
| List the states with which a copy of this return is filed. ► NONE The organization's books are in care of ► JIM JOHNSTONE Located at ► 11111 FRANKLIN AVENUE, FRANKLIN PARK, IL At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 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 Yes No Yes No | - | | 400 | | Y |
| Telephone no. > 847-260-2444 Located at > 11111 FRANKLIN AVENUE, FRANKLIN PARK, IL At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: > See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: > 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 Yes No Yes No Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | 41 | | 406 | | |
| Located at > 11111 FRANKLIN AVENUE, FRANKLIN PARK, IL b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 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 Yes No Yes No Yes No Join the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | | n_2 | <u> </u> | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► 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 Yes No Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | 72 a | | | | |
| over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 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 Yes No Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | ь. | | <u> </u> | | |
| account)? 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. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 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 Yes No Yes No | | | | Yes | No |
| 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. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 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 Yes No Under the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | | 42h | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 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 Yes No 144 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | • | 720 | | 1 |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 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 Yes No 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | | | | [|
| If "Yes," enter the name of the foreign country: 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 Yes No Ut the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | | 420 | | x |
| 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 Yes No 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | · | | 120 | | |
| and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | 42 | | | _ | |
| Yes No 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | 40 | | NT / A | | |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | and enter the amount of tax-exempt interest received of accided during the tax year | 14/12 | | |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | | | VΔe | No |
| • | 4.4 | Did the erganization maintain any denor advised funds? If "Ves." Form 900 must be completed instead of | | 1.63 | 1.40 |
| I WILL STUTEZ | 44 | · · · · · · · · · · · · · · · · · · · | | | v |
| 45 Is any related expanisation a controlled entity of the organization within the meaning of control 510/h\/12\/2\f Voc *Form 000 must be | 4E | | "" - | | <u> </u> |
| 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 | | AE. | | y |
| Form 990-EZ (2009) | | Completed instead of LOTH 330-F5 | | 90-F7 | |

| , | • | | | | | |
|-------------------------------|--|--|---|---|--------------------------------|--------------|
| Part V | EZ (2009) THE PLATINUM ARCH CHARI Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt chantal and 51. | 1 4947(a)(1) nonexempt | | | ection 50 | |
| 46 Did 1 | the organization engage in direct or indirect political campaign activitie | es on hehalf of or in opposition to | | | Ye | s No |
| | e? If "Yes," complete Schedule C, Part I | cs on schail of or in opposition to t | Sandidates for public | Γ | 46 | X |
| | the organization engage in lobbying activities? If "Yes," complete S | schedule C. Part II | | <u> </u> | 47 | X |
| | e organization a school as described in section 170(b)(1)(A)(ii)? If "Y | | | <u> </u> | 48 | X |
| | the organization make any transfers to an exempt non-charitable relati | | | <u> </u> | 49a | X |
| | es," was the related organization a section 527 organization? | 55 5. gameanon | | - | 49b | |
| 50 Com | plete this table for the organization's five highest compensated emplo \$100,000 of compensation from the organization. If there is none, er | | s, trustees and key er | _ | | d more |
| | (a) Name and address of each employee paid more than \$100,000 NONE | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Ex accour other allo | nt and |
| 51 Com | Il number of other employees paid over \$100,000 In the compensated indep anization. If there is none, enter "None." | endent contractors who each recei | ved more than \$100, | 000 of compensa | tion from | the |
| | NONE | | | | | <u> </u> |
| | (a) Name and address of each independent contractor paid mo | ore than \$100,000 | (b) Type of ser | vice (c |) Compens | ation |
| | | | | | | |
| | | | | | | |
| d Tota | I number of other independent contractors each receiving over \$100, | 000 | > | | | |
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on Signature of officer Arvicl R Hold | | nts, and to the best of my knowledge | knowledge and beli | ef, it is true, | 10_ |
| Paid Preparer' Use Only | Preparer's signature ► | | eck if self- ployed Prep | arer's identifying nu POOS9 ► 36 - 2 | mber (See in | str) (0 |

X Yes No Form 990-EZ (2009)

(847)267-9600

▶1717 DEERFIELD ROAD, SUITE 300S

DEERFIELD, IL 60015

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

if self-employed).

Phone **▶**

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

2009

Open to Public Inspection

OMB No 1545-0047

Name of the organization

THE PLATINUM ARCH CHARITABLE TRUST

Employer identification number

20-6167123 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b ____ Type II c X Type III - Functionally integrated Type III - Other e X 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)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No X the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section | in col. (i) li | organization sted in your document? | organizat | u notify the tion in col. r support? | (vi) Is organizatio (i) organiz U.S. | on in col. ed in the | (vii) Amount of support |
|------------------------------------|------------|--|----------------|---|-----------|--|---|---------------------------|-------------------------|
| | | (see instructions)) | Yes | No | Yes | No | Yes | No | |
| OAKMONT | | | | | | | | | |
| EDUCATION, I | 62-1635907 | 2 | X | | X | | X | | 11,120. |
| CRESTVIEW | | | | | | | | | |
| EDUCATION, I | 22-3330333 | 2 | X | | X | | X | | 24,510. |
| OAK RIDGE |] | | | | | | | | |
| EDUCATION TR | 52-1898880 | 2 | X | | X | , | X | | 10,117. |
| AGASSIZ | | | İ | | | | | | |
| EDUCATION, I | 20-1120851 | 2 | | X | Х | | X | | 7,553. |
| ALDERBROOK | | | | | | | | | |
| SCHOOL, INC | 20-1174641 | 2 | | X | X | | X | | 7,951. |
| _ | | | | | | | | | |
| Total | | | | | | | • | | 217,833. |

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

SEE PART IV FOR LINE 11 CONTINUATION

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

| | edule A (Form 990 or 990-EZ) 2009 | | | | | | Page 2 |
|------------|--|---|----------------------|--|---------------------|--|-------------------|
| Pa | rt II Support Schedule for | - | | | (b)(1)(A)(iv) an | d 170(b)(1)(A)(\ | /i) |
| | (Complete only if you checke | d the box on line 5 | , 7, or 8 of Part I) | <u> </u> | | | |
| | ction A. Public Support | | | | Υ | | |
| | 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.") | <u> </u> | | | <u> </u> | - | <u> </u> |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | | <u>-</u> | | | | |
| 4 | Total. Add lines 1 through 3 | | | - | | | |
| 5 | The portion of total contributions | | | | | • | |
| | by each person (other than a governmental unit or publicly | i | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | 1 | |
| | amount shown on line 11, | | | | | | |
| | column (f) | į | | | | | |
| 6 | ., | | | | | | |
| | Public support. Subtract line 5 from line 4 | | | <u>. </u> | | ı | <u></u> |
| | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | Amounts from line 4 | | | (G) | | (0) | (,) |
| | Gross income from interest, | | | | | | |
| _ | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | ļ | | | | | |
| | business is regularly carried on | | | | | | |
| 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 | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | r the organization's | s first, second, thi | rd, fourth, or fifth t | ax year as a sectio | on 501(c)(3) | |
| | organization, check this box and stor | | | | | - | <u> </u> |
| | ction C. Computation of Publ | | | | | T T T T T T T T T T T T T T T T T T T | |
| 14 | Public support percentage for 2009 (| • | - | column (f)) | | 14 | |
| 15 | Public support percentage from 2008 | | • | | | 15 | <u>%</u> |
| 16a | 33 1/3% support test - 2009. If the o | _ | | | 14 is 33 1/3% or n | nore, check this bo | x and |
| | stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | |
| Đ | | | | | line 15 is 33 1/3% | or more, cneck th | IS DOX |
| 47. | and stop here. The organization qual | | | | 12 16 16- | | P |
| 1/a | 10% -facts-and-circumstances tes and if the organization meets the "face | - | | | | | |
| | | | | | | irt iv now the organ | IIZALION |
| _ | meets the "facts-and-circumstances" | - | • | | - | 17a and line 15 in i | ▶ □ 10% or |
| D | 10% -facts-and-circumstances tes more, and if the organization meets the | _ | | | | | |
| | organization meets the "facts-and-circ | | • | | • | | , ▶□ |
| 12 | Private foundation. If the organization | | = | | | | |
| <u>.,,</u> | | | _5, 5, 1110 10, 10 | | | edule A (Form 990 | |
| | | | | | | | |

| <u>c-</u> | ert III Support Schedule for C | | | | | | | |
|-----------|--|----------------------|---|-----------------------|--------------------|---------------|--|-------------|
| | ction A. Public Support | = + r = | | | | T - | | |
| | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | + | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | İ | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | | | | | - | | |
| 2 | Gross receipts from admissions, | | | | | | | • |
| | merchandise sold or services per- formed, or facilities furnished in | | | | | | | |
| | any activity that is related to the | | | | | ŀ | | |
| | organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that | | | | | | | |
| | are not an unrelated trade or bus- | | | | † | i | | |
| | iness under section 513 | | | | | ļ | | |
| 4 | Tax revenues levied for the organ- | | | | | | | |
| | ızatıon'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 | | | | | | | |
| | Amounts included on lines 1, 2, and | - | | | | | | _ |
| | 3 received from disqualified persons | | | | | | | |
| ı | Amounts included on lines 2 and 3 received | | | | | 1 | | |
| | 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 | | | | | + | | |
| | | | | | <u> </u> | + | | |
| | Public support (Subtract line 7c from line 6) ction B. Total Support | | · | <u> </u> | L | _L | | |
| | | (-) 000E | (h) 0006 | (-) 0007 | (4) 0000 | -T | (-) 0000 | (O Total |
| | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | | (e) 2009 | (f) Total |
| _ | Amounts from line 6 Gross income from interest, | | | | | + | | |
| 10 | dividends, payments received on | | | | | - | | |
| | securities loans, rents, royalties | ! | | | | | | |
| | and income from similar sources | | | | | + | | |
| ŀ | Unrelated business taxable income | | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | | |
| | acquired after June 30, 1975 | | | | | | | |
| | Add lines 10a and 10b | | <u> </u> | i | ļ | - | | |
| 11 | Net income from unrelated business activities not included in line 10b, | | | | | | | |
| | whether or not the business is | | | | , | | | |
| | regularly carried on _ | | | | | 1 | | |
| 12 | Other income. Do not include gain | | | | ļ | | | |
| | or loss from the sale of capital assets (Explain in Part IV) | | | | | | | |
| 13 | Total support (Add lines 9, 10c, 11, and 12) | | | | | | | |
| 14 | First five years. If the Form 990 is for | r the organization's | s first, second, thir | d, fourth, or fifth t | ax year as a secti | on 50 | 1(c)(3) organiz | ation, |
| | check this box and stop here | | | | | | • | ▶□ |
| Se | ction C. Computation of Publ | ic Support Pe | rcentage | | *** | | | |
| 15 | Public support percentage for 2009 (| line 8, column (f) d | ivided by line 13, o | olumn (f)) | | 15 | | 9 |
| 16 | Public support percentage from 2008 | = = | • | \" | | 16 | | 9 |
| | ction D. Computation of Inve | | | | | | _ | |
| 17 | Investment income percentage for 20 | | | ne 13. column (fl) | | 17 | | 9 |
| 18 | Investment income percentage from: | • | • | , 55,611111 (1)) | | 18 | | 9 |
| | a 33 1/3% support tests - 2009. If the | · · | | on line 14, and line | a 15 ie mara than | | R% and line 1 | |
| 19 | • • • • | _ | | | | | ozo, anα iiiiθ i | r is flot ⊾ |
| | more than 33 1/3%, check this box a | nastop nere. The | organization quali | nes as a publicly s | supported organiz | ation | | . ▶∟ |
| _ | | | | 1 4 A 1 | | | 00 4 /004 | |
| ı | 33 1/3% support tests - 2008. If the | _ | | | | | | and 🛌 |
| 1 20 | o 33 1/3% support tests - 2008. If the line 18 is not more than 33 1/3%, che | eck this box and st | op here. The orga | nization qualifies a | as a publicly supp | orted | organization | and ▶□ |

Schedule A (Form 990 or 990-EZ) 2009 THE PLATINUM ARCH CHARITABLE TRUST 20-6167123 Page 4

| Part IV Supplen | nental Informati | on (Schedule A, Part I, | Line 11h · | Information | on regardir | ng suppor | ted organi | zations (| continuation) |
|------------------------------------|------------------|--|--|--|--|--|------------|--------------------------------|-----------------------------------|
| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 | (iv) Is the tion in co in your g | organiza- l. (i) listed loverning ment? | (v) Did you | ı notify the ion in col. | | the on in col. ed in the | (vii) Amount of support |
| | | above or IRC section (see instructions)) | Yes | No | Yes | No | Yes | No | |
| ANCHOR | | | | | | | | | |
| EDUCATION, I | 20-1120887 | 2 | | X | X | | X | | 8,028. |
| BEACON | | | | | | | | | |
| | 20-1174565 | 2 | | X | X | | X | | 1,449. |
| BRIDGEWOOD | 20 1120440 | • | | | ., | | | | A 745 |
| EDUCATION, I BUCKEYE | 20-1120448 | | | Х | X | | X | | 4,745. |
| | 20-1121206 | 2 | İ | x | x | | x | | 6,128. |
| BURN BRAE | 20 1121200 | | | | | | | | 0,120. |
| EDUCATION, I | 20-1121287 | 2 | | x | x | | X | | 4,760. |
| CEDAR CREEK | | | | | | | | | |
| | 20-1121243 | 2 | | X | X | | X | | 10,046. |
| CHARTER OAK | | | | | | | | | |
| EDUCATION, I | 20-1121339 | 2 | | X | X | | _x | | 4,702. |
| CLEARVIEW | 00 1101077 | • | | ., | 17 |] | | | 1 140 |
| EDUCATION, I | 20-1121877 | _4 | | Х | X | <u> </u> | X | | 1,140. |
| ACADEMY OF C | 77-0627889 | 2 | | x | x | | x | | 11,035. |
| EAGLE CREST | 0027009 | | | | | | | | 11/0330 |
| ACADEMY, INC | 20-1101477 | 2 | | х | х | | х | | 36,634. |
| FAIRMONT | | | | | | | | | |
| | 04-3762411 | 2 | | X | X | | Х | | 8,305. |
| FRONTIER | | | | | | | | | |
| | 20-1174927 | 2 | | Х | X | | Х | | 3,349. |
| LAKESIDE | 20-1118247 | 2 | | x | | ł | x | | 6 772 |
| ALPHA, INC PRAIRIE LAKE | | 4 | | | X | <u> </u> | | | 6,723. |
| SCHOOL FORM | | 7 | x | | x | | x | Ì | 14,806. |
| REDWOOD | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| EDUCATION, I | 20-1111987 | 2 | | X | х | | Х | | 4,132. |
| ROCKY | | | | | | | | | |
| MOUNTAIN EDU | 20-1122055 | _2 | | X | X | | X | | 3,254. |
| SOUND VIEW | 110000 | | | | | İ | | | 0 400 |
| EDUCATION, I | 20-1122093 | 2 | | X | X | - | X | <u> </u> | 2,422. |
| EDUCATION CE | 20-1174340 | 2 | | X | x | Į | X | | 14,450. |
| VESTWOOD | 20 11/1510 | | | - 11 | 1 | | | | 14,430. |
| | 84-1627832 | 11 | | х | x | } | х | | 4,204. |
| WESTWIND | | | | | | | | | |
| EDUCATION, I | 20-1174470 | 2 | | X | X | | X | | 6,270. |
| | | | | | | | | | |
| | | | - | | | | | | |
| | | | } | | | | | | |
| | | | | | | | | | |
| | | | | 1 | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Occupies out Total | | | | | | | | | 156 500 |
| Continuation Total | <u> </u> | <u> </u> | L | L | | L | Schodul | 0 A (Fa- | 156,582. m 990 or 990-EZ) 2009 |
| | | | | | | | | | |

| FORM 990-EZ | OTHER EXPENSES | | STATEMENT 1 |
|---|----------------|--------------|--------------|
| DESCRIPTION | | | AMOUNT |
| TELEPHONE | | | 2,588. |
| SUPPLIES | | | 109. |
| TRAVEL/MEETINGS REGISTRATION AND FILING FEES | | | 264. 132. |
| BAD DEBT EXPENSE | | | 5,417. |
| MISCELLANEOUS DONATION EXPENSES | | | 2,000. |
| DEPRECIATION | | | 293. |
| TOTAL TO FORM 990-EZ, LINE 16 | | | 10,803. |
| FORM 990-EZ | OTHER ASSETS | | STATEMENT 2 |
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| NOTES AND LOANS RECEIVABLE | | 591,889. | 392,965. |
| INVENTORIES | | 34,326. | 0. |
| INVESTMENT IN NOA, INC. (COST) | | 40,000. | 40,000. |
| FURNITURE AND EQUIPMENT | | 1,099. | 806. |
| TOTAL TO FORM 990-EZ, LINE 24 | | 667,314. | 433,771. |

| FORM 990-EZ PAYMENTS TO | AFFILIATES | STATEMENT 3 |
|--|--|-------------|
| AFFILIATE'S NAME | AFFILIATES ADDRESS | |
| EAGLE CREST ACADEMY, INC. | 1710 AVENUE A GOTHENBURG, NE 69138 | |
| PURPOSE OF PAYMENT | | AMOUNT |
| TO SUPPORT EDUCATIONAL PROGRAMS AT THE | SCHOOL | 36,635. |
| AFFILIATE'S NAME | AFFILIATES ADDRESS | |
| AGASSIZ EDUCATION, INC. | 741 7TH STREET NECHE, ND 58265 | |
| PURPOSE OF PAYMENT | | AMOUNT |
| TO SUPPORT EDUCATIONAL PROGRAMS AT THE | SCHOOL | 7,553. |
| AFFILIATE'S NAME | AFFILIATES ADDRESS | |
| ALDERBROOK SCHOOL, INC. | 1025 N. SHERMAN DRIVE ROYAL OAK, MI 48067 | |
| PURPOSE OF PAYMENT | | AMOUNT |
| TO SUPPORT EDUCATIONAL PROGRAMS AT THE | SCHOOL | 7,951. |
| AFFILIATE'S NAME | AFFILIATES ADDRESS | |
| ANCHOR EDUCATION, INC. | 2075 HILLSIDE DRIVE SAN LEANDRO, CA 94577 | |
| PURPOSE OF PAYMENT | | AMOUNT |
| TO SUPPORT EDUCATIONAL PROGRAMS AT THE | SCHOOL | 8,028. |
| AFFILIATE'S NAME | AFFILIATES ADDRESS | |
| BEACON SCHOLASTIC, INC. | 4 DURANT STREET NEWTON, MA 02458 | |
| PURPOSE OF PAYMENT | | TRUOMA |
| TO SUPPORT EDUCATIONAL PROGRAMS AT THE | SCHOOL | 1,449. |

| THE FEATINGS ANCH CHARLIADDE ING. | THE | PLATINUM | ARCH | CHARITABLE | TRUST |
|-----------------------------------|-----|----------|------|------------|-------|
|-----------------------------------|-----|----------|------|------------|-------|

20-6167123

AFFILIATE'S NAME AFFILIATES ADDRESS BRIDGEWOOD EDUCATION, INC. 316 EAST ORCHARD COUNCIL BLUFFS, IA 51503 PURPOSE OF PAYMENT AMOUNT TO SUPPORT EDUCATIONAL PROGRAMS AT THE SCHOOL 4,745. AFFILIATE'S NAME AFFILIATES ADDRESS BUCKEYE EDUCATION, INC. 21310 OUEEN ANNES WAY FAIRVIEW PARK, OH 44126 PURPOSE OF PAYMENT AMOUNT TO SUPPORT EDUCATIONAL PROGRAMS AT THE SCHOOL 6,128. AFFILIATE'S NAME AFFILIATES ADDRESS BURN BRAE EDUCATION, INC. 201 N. WOODLAWN AVE. ALDEN, PA 19018 PURPOSE OF PAYMENT AMOUNT TO SUPPORT EDUCATIONAL PROGRAMS AT THE SCHOOL 4,760.

AFFILIATE'S NAME CEDAR CREEK SCHOOL, INC.

AFFILIATES ADDRESS 6323 MALLARD POINT SAN ANTONIO, TX 78239

TO SUPPORT EDUCATIONAL PROGRAMS AT THE SCHOOL

10,046.

CHARTER OAK EDUCATION, INC.

PURPOSE OF PAYMENT

AFFILIATE'S NAME

PURPOSE OF PAYMENT

27 SCARBOROUGH ROAD MANCHESTER, CT 06040

AFFILIATES ADDRESS

TO SUPPORT EDUCATIONAL PROGRAMS AT THE SCHOOL

4,702.

AMOUNT

AMOUNT

| THE | ΡΙ.ΔͲΤΝΤΙΜ | ARCH | CHARITABLE | TRIIST |
|----------|------------|---------------------------|-------------|--------|
| T 7 1 17 | LINUTINOM | $\mathbf{v}_{\mathbf{i}}$ | CITALLIADID | TVODT |

20-6167123

AFFILIATE'S NAME

AFFILIATES ADDRESS

CLEARVIEW EDUCATION, INC.

8256 LAFAYETTE ROAD INDIANAPOLIS, IN 46278

PURPOSE OF PAYMENT

TRUOMA

TO SUPPORT EDUCATIONAL PROGRAMS AT THE SCHOOL

1,140.

AFFILIATE'S NAME

AFFILIATES ADDRESS

CRESTVIEW EDUCATION, INC.

95 DERMODY STREET CRANFORD, NJ 07016

PURPOSE OF PAYMENT

TRUOMA

TO SUPPORT EDUCATIONAL PROGRAMS AT THE SCHOOL

24,510.

AFFILIATE'S NAME

AFFILIATES ADDRESS

EAGLE ACADEMY OF COLUMBUS, INC.

326 JAMES ROAD GAHANNA, OH 43230

PURPOSE OF PAYMENT

AMOUNT

TO SUPPORT EDUCATIONAL PROGRAMS AT THE SCHOOL

11,035.

AFFILIATE'S NAME

AFFILIATES ADDRESS

FAIRMONT EDUCATION, INC.

2310 EAST MADISON AVE. DES MOINES, IA 50317

PURPOSE OF PAYMENT

TRUOMA

TO SUPPORT EDUCATIONAL PROGRAMS AT THE SCHOOL

8,305.

AFFILIATE'S NAME

AFFILIATES ADDRESS

FRONTIER EDUCATION, INC.

12250 S.E. RIVER ROAD MILWAUKIE, OR 97222

PURPOSE OF PAYMENT

AMOUNT

TO SUPPORT EDUCATIONAL PROGRAMS AT THE SCHOOL

3,348.

| THE PLATINUM ARCH CHARITABLE TRUST | |
|------------------------------------|-------|
| AFFILIATE'S NAME | AFFIL |
| LAKESIDE ALPHA, INC. | 98 HA |

PURPOSE OF PAYMENT

AFFILIATE'S NAME

PURPOSE OF PAYMENT

AFFILIATE'S NAME

PURPOSE OF PAYMENT

AFFILIATE'S NAME

PRAIRIE LAKE SCHOOL

PURPOSE OF PAYMENT

OAKMONT EDUCATION, INC.

OAK RIDGE EDUCATION TRUST

20-6167123 LIATES ADDRESS ALSTEAD STREET ESTER, NY 14610 AMOUNT 6,723. TO SUPPORT EDUCATIONAL PROGRAMS AT THE SCHOOL AFFILIATES ADDRESS 6712 DOGWOOD ROAD BALTIMORE, MD 21207 AMOUNT TO SUPPORT EDUCATIONAL PROGRAMS AT THE SCHOOL 10,117. AFFILIATES ADDRESS 8042 GLEASON DRIVE KNOXVILLE, TN 37918 AMOUNT TO SUPPORT EDUCATIONAL PROGRAMS AT THE SCHOOL 11,120. AFFILIATES ADDRESS 10217 FRANKLIN AVENUE FRANKLIN PARK, IL 60131 AMOUNT 14,806.

TO SUPPORT EDUCATIONAL PROGRAMS AT THE SCHOOL AFFILIATE'S NAME AFFILIATES ADDRESS REDWOOD EDUCATION, INC. 6129 WEST 76TH STREET LOS ANGELES, CA 90045 PURPOSE OF PAYMENT AMOUNT TO SUPPORT EDUCATIONAL PROGRAMS AT THE SCHOOL 4,132.

| THE PLATINUM ARCH CHARITABLE TRUST | | 20-6167123 | |
|--|--|------------|--|
| AFFILIATE'S NAME | AFFILIATES ADDRESS | | |
| ROCKY MOUNTAIN EDUCATION, INC. | 27 WINDWARD LOOP KALISPELL, MT 59901 | | |
| PURPOSE OF PAYMENT | | AMOUNT | |
| TO SUPPORT EDUCATIONAL PROGRAMS AT THE S | CHOOL | 3,254. | |
| AFFILIATE'S NAME | AFFILIATES ADDRESS | | |
| SOUND VIEW EDUCATION, INC. | 1041 SW 119TH STREET SEATTLE, WA 98146 | | |
| PURPOSE OF PAYMENT | | AMOUNT | |
| TO SUPPORT EDUCATIONAL PROGRAMS AT THE S | CHOOL | 2,422. | |
| AFFILIATE'S NAME | AFFILIATES ADDRESS | | |
| SUNRISE EDUCATION CENTER, INC. | 236 EAST JAMAICA AVENUE VALLEY STREAM, NY 11580 | | |
| PURPOSE OF PAYMENT | | AMOUNT | |
| TO SUPPORT EDUCATIONAL PROGRAMS AT THE S | CHOOL | 14,450. | |
| AFFILIATE'S NAME | AFFILIATES ADDRESS | | |
| VESTWOOD EDUCATION, INC. | 320 CENTER STREET EAST VESTA, MN 56292 | | |
| PURPOSE OF PAYMENT | | AMOUNT | |
| TO SUPPORT EDUCATIONAL PROGRAMS AT THE S | CHOOL | 4,204 | |

AFFILIATE'S NAME AFFILIATES ADDRESS 7000 LAKESHORE DRIVE WESTWIND EDUCATION, INC.

PURPOSE OF PAYMENT AMOUNT 6,270. TO SUPPORT EDUCATIONAL PROGRAMS AT THE SCHOOL

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 217,833.

RICHFIELD, MN 55423

| FO | RM 990-EZ | INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS | S | TATE | MENT | 4 |
|----|-------------|---|-----|------|------|----|
| A) | DIRECTLY OR | ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL PRACT? | [] | YES | [X] | NO |
| B) | | ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? | [] | YES | [X] | NO |

990-EZ 'PG 2

STATEMENT 5

TO ACT AS A SUPPORTING ORGANIZATION TO PUBLIC CHARITIES ENGAGED IN EDUCATIONAL ACTIVITIES FOR THE BENEFIT OF THE BRETHREN CHURCH.