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2009

OMB No 1545-1150

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 consequence may have to use a copy of this return to salisty state propring requirements

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

Open to Public Inspection

7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe * Miscellaneous ) 8 542.  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 135, 597.  10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for member P C L V L D 12 12 12 13 Professional fees and other payments to independent contractors 13 90, 391.  14 Occupancy, rent, utilities end majhbenace 15 814.  15 Printing, publications, postage, and shipping 16 Other expenses (describe * See Other Expenses (Statement ) 16 91, 214.  17 Total expenses. Add lines 10 tubball 16 15 15 814.  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year ingure reported on prior year's return)  19 200, 581.  20 Other changes in net assets or fund balances (attach explanation) 20 15 15 15 15 15 15 15 15 15 15 15 15 15	Α	For t	he 2009 ca	lendar	year, or tax year beg	inning	, 2009	9, and ei	nding			,
Website: N/A   Section 9910(x) 3 organizations and 4947(x) 7) promovempt charitable furnity interface.   120 East Main Street   120 (East Main Stree	B	Check	ıf applicable		C Name of organization					D Em	ployer	dentification number
Number ochrology   Number and steels (or PO Dox, if mail a not detwered to steel address)   Roombaute   E Treispotre number   Tremination		Addres	-	use IRS	Fort Ligonie	r Days, Inc.				2.	5-18	07356
Indicate details   Indicate details   Indicate   Indi	Ш		orianigo				vered to street address)	Roc	om/suite	E Tel	ephone	number
Section 501(c,3) organizations and 497(s,17) nonexempt charitable trusts   Section 501(c,3) organization charitable trusts   Section 501(c,3) or	$\vdash$			type.	120 East Mai	n Street				1	7241	238-4200
Application period   District   PA   15658-1248   F. Group Exemption   Application period   District   PA   15678-1248   F. Group Exemption   PA   15678-1248   F. Group Exe	Н	_		Specific					<del></del>		124)	230 4200
*Section 501(cx)3 organizations and 40407(x1)1 nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EQ)    Website: * N/A	-			tions	1	,		n. 15				xemption
Website: N N/A     Website: N N/A       Website: N N/A	لبل	Applica	ation pending_	L	Ligonier	<del></del>		PA 15			P	<u> </u>
Website: ► N/A   Tax-exempt status (clieck only one)			• Section :	501(c)(3 iust atta	l) organizations and ach a completed Sch	4947(a)(1) nonexemp edule A (Form 990 or	t charitable trusts 990-EZ).	;	1		a [	Cash X Accrual
Tax-exempt status (cleack only one) =									H Check ►	] if t	he or	ganization is <b>not</b>
Contributions, girts, grants, and similar amounts received   1   37, 257.	1	Webs	site: ► <u>N</u>	/A			· , ,		required to	attach	Sche	dule B (Form 990,
\$25,000. A Form 990 rEZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return in the sure to file and complete return in the sure to file and complete return in the sure of the sure of file and complete return in the sure of the sure of file and complete return in the sure of the sure of file and complete in the sure of file	J	Tax-ex	xempt status	(check or	nly one) $ \times$ 501(c)	( 3) <b>◄</b> (insert no)	4947(a)(1) or	527	990-EZ, or	990-PF	-)	
Table   Form 990-EZ			k ► ∐ıf )00. A Forr	the orga n 990-E	anization is not a sec Z or Form 990 return	tion 509(a)(3) support is not required, but if	ting organization a f the organization	and its g chooses	ross receipts are to file a return,	norm be sur	ally <b>n</b> e e to fi	ot more than le a complete return
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   1	L	Add I	ines 5b, 6b	b, and 7	b, to line 9 to determ	nine gross receipts, if	\$500,000 or more	, file For	m 990		► s	135 597
1   Contributions, girlts, grants, and similar amounts received   2   975, 324   2   955, 324   3   Membership dues and assessments   3   3   4   160   3   4   160   3   4   160   3   16						hanges in Net A	seats or Fund	Ralan	ces (See the	ınetrı		
2   Program service revenue including government fees and contracts 3   Membership dues and assessments 4   160.  3   Membership dues and assessments 4   160.  5a   Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6   Special events and activities (complete applicable parts of Schedule (3) If any amount is from gaming, check here a Gross revenue (not including \$\frac{9}{2}\$   0. of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from sales of inventory (Subtract line 5b from line 6a) 7   2   Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8   Other revenue (describe ► Miscellaneous 0   10   Grants and similar amounts naid cattach-senethers 1   10   Grants and similar amounts naid cattach-senethers 1   12   Salaries, other compensition—and emptoyee benefits 1   13   Professional fees and other payments to independent to practices 1   14   135. 1   15   Printing, publications, postage, and shipping 1   16   Other expenses (describe ► See Other Tisopenses (Statement) 2   Net assets of fund balances at length intensity of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 2   Net assets of fund balances at lend of year Combine line 18 through 20   21   153, 624.  Part II   Balance Sheets, If Total assets on line 25, column (B) are \$1,250,000 or more, the Form 990 instead of Form 990.EZ.  (See the instructions for Part II)   (A) Beginning of year (B) End o	<u> </u>						sacta of Fullu	Dalail	CES (SEE LITE	11301 1	10101	
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21   Net assets or fund balances at end of year   Combine lines 18 through 20   21   153, 624     Part II   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.    (A) Beginning of year   (B) End of year	, A	_			· -	•		must aar	ee with end-of-v	ear		10,3071
21   Net assets or fund balances at end of year   Combine lines 18 through 20   21   153, 624     Part II   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.    (A) Beginning of year   (B) End of year	ES					ing or year (norm line	27, column (71) (1	must agi	· ·	Cai	19	200,581.
Part II   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990 EZ.    Cash, savings, and investments   (A) Beginning of year   (B) End of year	၂	20	Other cha	nges in	net assets or fund ba	alances (attach explar	nation)				20	
Part II       Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990 EZ.         (See the instructions for Part II )         (A) Beginning of year       (B) End of year         22 Cash, savings, and investments       212,324. 22       163,946.         23 Land and buildings       0. 23       0.         24 Other assets (describe ► See L-24 Stmt )       7,652. 24       5,903.         25 Total assets       219,976. 25       169,849.         26 Total liabilities (describe ► See L-26 Stmt )       19,395. 26       16,225.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       200,581. 27       153,624.	۱,	21								•		153,624.
(See the instructions for Part II )       (A) Beginning of year       (B) End of year         22 Cash, savings, and investments       212, 324. 22       163, 946.         23 Land and buildings       0. 23       0.         24 Other assets (describe ► See L-24 Stmt )       7, 652. 24       5, 903.         25 Total assets       219, 976. 25       169, 849.         26 Total liabilities (describe ► See L-26 Stmt )       19, 395. 26       16, 225.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       200, 581. 27       153, 624.	Pa	rt II	Bala	nce SI	neets. If Total asset	s on line 25, column (	(B) are \$1,250,000	or mor	e, file Form 990	ınstead	d of Fe	
22 Cash, savings, and investments       212,324. 22       163,946.         23 Land and buildings       0. 23       0.         24 Other assets (describe ► See L-24 Stmt )       7,652. 24       5,903.         25 Total assets       219,976. 25       169,849.         26 Total liabilities (describe ► See L-26 Stmt )       19,395. 26       16,225.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       200,581. 27       153,624.												
23 Land and buildings       0. 23       0.         24 Other assets (describe ► See L-24 Stmt )       7,652. 24       5,903.         25 Total assets       219,976. 25       169,849.         26 Total liabilities (describe ► See L-26 Stmt )       19,395. 26       16,225.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       200,581. 27       153,624.	22	Cas	sh, savinas	, and in	•	,						<del></del>
24 Other assets (describe ► See L-24 Stmt )       7,652.24       5,903.         25 Total assets       219,976.25       169,849.         26 Total liabilities (describe ► See L-26 Stmt )       19,395.26       16,225.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       200,581.27       153,624.			-									
25 Total assets       219,976. 25       169,849.         26 Total liabilities (describe ► See L-26 Stmt )       19,395. 26       16,225.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       200,581. 27       153,624.				_	e► See L-24	Stmt	)		7.			
26 Total liabilities (describe ► See L-26 Stmt )       19,395. 26       16,225.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       200,581. 27       153,624.							<b>—</b> ′					
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) 200, 581. <b>27</b> 153, 624.				s (descr	ribe ► See L-26	S Stmt	)					
							with line 21)					
								ons.	. 2007		1	Form <b>990-EZ</b> (2009)

	990-EZ(2009) Fort					-180	)7356 Page <b>2</b>
Par	t III Statement of	Program Se	rvice Accomplishments	See the instruction	ons.)	_	Expenses
			stival celebrating			(Reg 5017	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
Desc	ribe what was achieved in ribe the services provided	cise manner,	orgai	nizations and section			
desc	ribe the services provided ram title	, the number of	persons benefited, or other re	elevant information for e	ach	494 /	(a)(1) trusts, optional thers)
		val commen	norating the annual	anniversary o	f an attack	.0. 0	
20			ch and Indian forc				
				<del>-</del>			
			_ Attendance was a		00,000.		
	(Grants \$		nis amount includes foreign gr		<b>P</b>	28 a	146,093.
29	Donations to ot						
	Ligonier Associ	iety,					
	Ligonier Valley	ndowment.					
	(Grants \$	0.) If th	nis amount includes foreign gra	ants, check here		29 a	30,000.
30	· · · · · · · · · · · · · · · · · · ·			· · · ·			· · · · · · · · · · · · · · · · · · ·
	(Grants \$		nis amount includes foreign gra	ants check here	<del>-</del>	30 a	
21	Other program services (			ants, check here		30 a	
٥.	(Grants \$	•	nis amount includes foreign gra	ants check here	►□	31 a	
32	Total program service ex			arits, cricer riere		32	176,093.
Par			, Trustees, and Key Em	nlovoos List aaab aa	a ayan if not some		
rai	CIV   LISCOI OTTICE	is, Directors		(c) Compensation (If	(d) Contributions	_	
	(a) Name and add	ress	(b) Title and average hours per week devoted	not paid, enter -0)	employee benefit plar		(e) Expense account and other allowances
	<b>(-)</b>		to position	,	deferred compensa		
Dal	e Show						!
300	Summit Avenue		President				
	onier	PA 15658	2.00	0.		0.	
	. John Flower		2.00	· · · · · · · · · · · · · · · · · · ·		•	
D 0	Box 775		Vice President				
						_	
	onier	PA 15658	1.00	0.		0.	
	Dustin Barr						
	McColly Street		Treasurer				
Lig	onier	PA 15658	1.00	0.		0.	
Pam	ela Stablein						
103	Westview Drive		Secretary				
	onier		1.00	0.		0.	
	R. Kinsey						
	unicipal Park D		Director				
	onier,		1.00	0.		0.	
			1.00	<u> </u>		٠.	
	liam Hughes		1				
	Orme Road		Director				
_	onier	PA 15658	1.00	0.		0.	
	a Yandrick	<del>-</del>					
P.0	. Box 167		Director				
Lau	ghlintown	PA 15655	1.00	0.		0.	
Rac	hel Roehrig						
120	E. Main Street	- <b></b>	Director				
		PA 15658	8.00	0.		0.	
		11110000	0.00			<del>  </del>	
	·						
	·	- <b></b>					
	. <b></b>	<del>-</del>	l				
<b>-</b>							
		<b></b>					
							<del></del>
		- <del></del>					

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of		163	110
	each activity	33		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	-	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
;	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? .	35 a		х
ı	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
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		Х
37 a	a Enter amount of political expenditures, direct or indirect, as described in the instructions   37a   0.			
	b Did the organization file Form 1120-POL for this year?	37 b		X
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?	38 a		X
ı	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved . 38b			
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  [39b]			
40 8	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ►			
I	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	40 b		<u> </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	40 e		
41	List the states with which a copy of this return is filed Pennsylvania		<u> </u>	
42 :	a The organization's books are in care of ► Ligonier Valley Chamber of Commerce Telephone no. ► (724) Located at ► 120 E. Main Street Ligonier PA ZIP + 4 ► 15658	238 <u>-</u> 124	- <u>42</u> 0	0
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
•	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
	If 'Yes,' enter the name of the foreign country. ►			-
		İ		
(	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.  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	42 c		X
<b>4</b> 3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here		- □	
73	and enter the amount of tax-exempt interest received or accrued during the tax year	•		
			v I	
11	Did the ergopization mountain any depart advised 6 and 2 15 West Form 2000 and the expedited and advised		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		х

Form 990-EZ (2009) Fort Ligonier Days, Inc.

Part VI

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

						1
<b>46</b> Did	the organization engage in direct or indirect public office? If 'Yes,' complete Schedule C	ct political campaign acti	vities on behalf of o	or in opposition to candidates	Yes 46	No X
	I the organization engage in lobbying activit		chedule C Part II		47	$\frac{1}{x}$
	the organization a school as described in se			bedule E	48	X
	the organization make any transfers to an		•		49 a	X
	Yes,' was the related organization a section	•	ciated organization		49 b	+~
		J			•	
<b>50</b> Co	mplete this table for the organization's five liployees) who each received more than \$10	highest compensated em 0,000 of compensation f	ployees (other thar rom the organizatio	n officers, directors, trustees a n If there is none, enter 'None	ind key e.'	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowance	
None_						
<del>-</del>		•				
				1,110		
f To	tal number of other employees paid over \$1	00.000 <b>&gt;</b>		1 1		
				_		
<b>51</b> Co	mplete this table for the organization's five I mpensation from the organization. If there is	nighest compensated inc s none, enter 'None '	lependent contracto	ors who each received more th	an \$100,000 of	f
_	(a) Name and address of each independent cont	ractor paid more than \$100,000		(b) Type of service	(c) Compensation	on .
None						
-						
	<del></del>	<del>-</del>				
<b>d</b> To	al number of other independent contractors	each receiving over \$10	0,000	<b>•</b>		
	Under penalties of perjury, I declare that I have exam	nined this return, including accor	npanying schedules and s	statements, and to the best of my know	ledge and belief, it i	
	true, correct, and complete Declaration of preparer (	other than officer) is based on a	Il information of which pr	eparer has any knowledge		
Cian	Harting	1411		17/16/10		
Sign Here	Signatule of officer			Date		
icie	I Dugtin Barr			Www.a.a.		
	J. Dustin Barr Type or print name and title			Treasurer		
			Date	Otan de Pren	arer's Identifying Ni	umber
Paid	Preparer's signature	War and		Check if See (See	arer's Identifying Nu instructions)	
Pre- ়	William D. War	1 mg/ C1 17	07/09/	'10 sell- employed ► X		
parer's	yours it sell.					
Use Only	employed), address, and	t Street_	DN 1565	EIN • (724)	020 070	
	ZIP+4 Ligonier			8-1231 Phone no ► (724)		
May the	IRS discuss this return with the preparer sho	own above? See instruct	ions		Yes	No (2000)
MM					Form 990-EZ	(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.

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

Name of the organization Employer identification number										
	onier Days							<u> </u>	30735	
Part I Re	ason for Pul	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	See II	nstruct	ions
The organizati	on is not a priv	ate foundation becaus	se it is (For lines 1 through	gh 11, cl	heck onl	y one bo	ox )			
1 A ch	urch, conventio	on of churches or asso	ciation of churches desci	ribed in s	section	170(b)(1	)(A)(i).			
2 A sc	hool described	in section 170(b)(1)(A	(Attach Schedule E	)						
<b></b>			organization described i		n 170(b)	(1ХАХіі	i).			
4 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 <b>section</b> 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).										
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1)(A)(vi). (Complete Part II)										
	•		<b>70(b)(1)(A)(vi).</b> (Complete							
from	i activities relati stment income	ed to its exempt funct	more than 33-1/3 % of lons — subject to certain ss taxable income (less somplete Part III.)	exception	ons. and	(2) no r	nore tha	an 33-1/3	3 % of its	s support from aross
10 🔲 An o	organization org	janized and operated o	exclusively to test for pub	lic safet	y See s	ection 5	509(a)(4	).		
— more	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>section 509(a)(3)</b> . Check the box that describes the type of supporting organization and complete lines 11e through 11h									
a	Type I	<b>b</b>	<del>-</del>		-	integrate	ed		d $\square$	Type III - Other
than	heckina this bo	x. I certify that the ord	ganization is not controlle one or more publicly sup	d directl pported	y or indi organiza	rectly by itions de	one or escribed	more d	isqualifie on 509(a	ed persons other a)(1) or section
f If the		eceived a written dete	ermination from the IRS tl	hat is a	Туре І, Т	Гуре II о	r Type I	II suppo	rtıng org	anization,
<b>g</b> Sinc	e August 17, 20	006, has the organizat	ion accepted any gift or	contribu	ition tror	n any of	the foll	owing pe	ersons?	
-										Yes No
(i)	a person who below, the gov	directly or indirectly overning body of the su	ontrols, either alone or to pported organization?	ogether v	with pers	sons des	scribed	ın (ıı) an	d (III)	11 g (i)
(ii)	a family mem	ber of a person desci	ribed in (i) above? .							11 g (ii)
(iii)	a 35% control	lled entity of a person	described in (i) or (ii) ab-	ove?						11 g (iii)
h Prov	ide the followin	g information about th	ne supported organization	ns						
(i) Name Ore	e of Supported ganization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in col d in your erning ment?	(v) Did y the organ col i your su		organizati	s the ion in col zed in the 3.7	(vii) Amount of Support
				Yes	No	Yes	No	Yes	No	
-		·.		_	<del> </del>					-
<del></del>										
					<u> </u>					
										<del> </del>
Total										

	edule A (Form 990 or 990-EZ) 200		<u>gonier Days</u>			25-18073		Page 2
Pa	t II Support Schedule for	•			(b)(1)(A)(iv) a	nd 170(b)(1)(	A)(vi)	
	(Complete only if you check	ed the box on line	5, 7, or 8 of Part	1)				
	tion A. Public Support		<del></del>		<del></del>	1	<del></del>	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) T	otal
1	Gifts, grants, contributions and membership fees received (Do not include unusual grants ')				_			
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-through 3							_
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							
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·						
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) T	otal
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income from unrelated business activities, whether or not the 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 activ	ities, etc (see ins	tructions)			1:	2	
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, or	fifth tax year as	a section 501(c)	(3)	▶ □
Sec	tion C. Computation of Pu	blic Support F	Percentage					
14	Public support percentage for 20	09 (line 6, column	(f) divided by line	e 11, column (f)		14	1	%
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			15	5	%
16 a	<b>33-1/3 support test – 2009.</b> If the and <b>stop here.</b> The organization	e organization did qualifies as a pub	not check the box licly supported or	on line 13, and t	the line 14 is 33-1	/3 % or more, c	heck this box	' <b>►</b> □
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported org	on line 13, or 16a, ganization	and line 15 is 33	-1/3% or more, o	check this bo	× ► □
17 a	10%-facts-and-circumstances te or more, and if the organization rete organization meets the 'facts	neets the 'facts-a	nd-circumstances	' test, check this b	ox and stop here	. Explain in Part	: IV how	► □
	10%-facts-and-circumstances te or more, and if the organization rorganization meets the 'facts-and	neets the 'facts-a I-circumstances'	nd-circumstances test The organiz	' test, check this b ation qualifies as a	ox and stop here a publicly support	. Explain in Part ed organization	IV how the	<u>•</u> []
18	Private foundation. If the organiz	ation did not che	ck a box on line, 1	3, 16a, 16b, 17a,				<u> </u>
BAA					s	chedule A (Form	1 990 or 990-l	EZ) 2009

Page 3

Part III 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						
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt	20,000.	14,300.	20,140.	188,591.	25,655.	268,686.
3	purpose Gross receipts from activities that are not an unrelated trade or business under section 513	104,390.	96,627.	98,073.	104,192.	97,638.	500,920.
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	124,390.	110,927.	118,213.	292,783.	123,293.	769,606.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	134,061.	2,600.	136,661.
,	Add lines 7a and 7b	0.	0.	0.	134,061.	2,600.	136,661.
	Public support (Subtract line	<u> </u>	<u>_</u>	- 0.	134,001.	2,000.	130,001.
0	7c from line 6.)						632,945.
Sec	tion B. Total Support		······································		<u></u>		032,343.
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
	Amounts from line 6	124,390.	110,927.	118,213.	292,783.	123,293.	769,606.
_	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	2,662.	4,985.	5,181.	2,016.	160.	15,004.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		1,703.	3,101.	2,010.	100.	13,004.
	Add lines 10a and 10b						
11		2,662.	4,985.	5,181.	2,016.	160.	15,004.
	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	2,662.	4,985.	5,181.	2,016.	160.	15,004.
12	Net income from unrelated business activities not included inline 10b, whether or not the business is	2,662.	4,985.	5,181.	2,016. 825.	160. 542.	1,817.
13	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 is	25.		425.	825.	542.	1,817. 786,427.
13 14	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 in organization, check this box and	25. s for the organizati	on's first, second,	425.	825.	542.	1,817.
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## Form 990-EZ Part II

# **Other Assets and Liabilities**

Name as Shown on Return	Employer Identification No
Fort Ligonier Days, Inc.	25-1807356

Line 24 - Other Assets:	Beginning of Year	End of Year
Accrued interest receivable	44.	23
Computers, furniture, net of accumulated depreciation (schedule attached)	7,608.	5,880
Totals to Form 990-EZ, Part II, line 24	7,652.	5,903
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accrued expenses	150.	100
Deferred revenue	19,245.	16,125
Totals to Form 990-EZ, Part II, line 26	19,395.	16,225

TEEW1801 SCR 02/11/10

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

Other expenses (describe)	
Management fees	23,000.
Bank fees	119.
Telephone	1,343.
Depreciation	1,728.
Licenses and fees	100.
Dues	100.
Office supplies	184.
Public safety - other	85.
Traffic control - other	1,722.
Parade expenses - other	13,080.
Entertainment - other	741.
Craft and food booths' expenses	3,288.
Parking - other	195.
Equipment rentals	5,716.
Festival window, costume awards	312.
Advertising	3,414.
Miscellaneous	3,587.
Donations	30,000.
Book	2,500.
Total	91,214.