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Form **990-EZ**

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. may use this form

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

Open to Public Inspection

	Α	For the 2009 ca	alendar	year, or tax year beginning		, 200	09, and en	ding		,
	В	Cneck if applicable		C					D Emple	oyer identification number
		Address change	Please use IRS	Give a Little					26-	-0733729
		Name change	label or	P O Box 232				-		hone number
		Initial return	print or type.	McMinnville, OR 97	7128					
		Termination	See Specific		, 120			-	50.	3 857 2964
		Amended return	Instruc-						F Grou	p Exemption
		Application pending	tions.	<u> </u>					Num	
		• Section 5	501(c)(3	l) organizations and 4947(a)(ach a completed Schedule A	1) nonexemp	ot charitable trus	its	G Accounting r Other (speci		X Cash Accrual
			ust atta	ch a completeu Schedule A	(FUIII 930 OI	330-EZ).				
	ı.	****		ivealittlefoundations one) - X 501(c) (3)		1 1002/-2012		H Check ► X required to a 990-EZ, or 9	ittach S	e organization is not schedule B (Form 990,
	 _	Tax-exempt status				4947(a)(1) or	527		<u>_</u>	
	K	Check ► ☐ If \$25,000 A Form	the organization of the transfer of the transf	anization is not a section 509 7 or Form 990 return is not requ	(a)(3) Supporting the	rting organization e organization cho	oses to file	a return, be sure	to file a	s complete return
	L	Add lines 5b, 6 instead of Form	b, and 7	7b, to line 9 to determine gros Z	ss receipts, it	f \$500,000 or mo	ore, file Fo	rm 990	•	\$ 39,509.
	Pa	rt I Reve	enue.	Expenses, and Change	s in Net A	ssets or Fund	Balanc	es (See the II	nstruc	
				ts, grants, and similar amour		- 		<u></u>		1 20,921.
				revenue including governmen		ontracts			<u> </u>	2
		_		s and assessments	it ices and e	0,111,4015				3
		4 Investmen							-	4 17.
				om sale of assets other than i	nvontory		5a		 	
					nventory		5b			- 1
	ь			er basis and sales expenses		- I- F-V	20			
	₩ ₩ ₩ ₩		-	ale of assets other than inventory (Su				k here ► [, '├	5 c
	Ě			tivities (complete applicable parts of			jaming, chec	k nere	J ·	
	N			not including \$	of (contributions	1 - 1			1
	E	reported (•	•	•	6a	18,5		
				nses other than fundraising e			6ь	6,8	<u> </u>	
				from special events and activities (Su		om line 6a)				6c 11,760.
		7a Gross sal	es of in	ventory, less returns and allo	wances		7a			• •
€∋		b Less: cos	t of goo	ds sold		•	7 b			
رت درسي		c Gross pro	fit or (lo	oss) from sales of inventory (Subtract line	7b from line 7a))			7 c
C		8 Other revenu	ue (descri	be ►					1 [8
ſΩ		9 Total reve	enue A	dd lines 1, 2, 3, 4, 5c, 6c, 7c,	and 8				· •	32,698.
\sim				ar amounts paid (attach schei			Saa St	atement 1	10	
₹5				or for members	Jule)			T	1	
2	E					RECEIV	/ED			
7	X P			ompensation, and employee t	1			col .	12	
-	N			and other payments to indep	1	\ \		ပ္တု	13	
	S		-	utilities, and maintenance	870	MAY 17	2010 1	် တ	14	
_	s			ions, postage, and shipping		1	ŀ	8	1!	
				ribe - <u>See Statement</u>	2	<u></u>		<u>Œ</u>)	10	
, ,				Add lines 10 through 16.		OGDEN	T. UI.		<u>► 17</u>	
3		18 Excess or	deficit	t) for the year (Subtract line 1	7 from line_9	9)	•		18	16,209.
	NS EE	19 Net asset	s or fun orted or	d balances at beginning of yen prior year's return)	ar (from line	27, column (A))) (must ag	ree with end-of-y	/ear	4,804.
	T			net assets or fund balances	(attach expla	anation)			20	
	S			d balances at end of year Co					▶ 21	21,013.
	Pa			heets. If Total assets on line			000 or mor	e, file Form 990		
				(See the instructions for i		(3) 4.120310	1	(A) Beginning of		(B) End of year
	22	Cash, savings	s, and in		·· ,		ŀ		304.	
	23						-			23
	24			1e >	•)	ŀ			24
	25	Total assets	(acaci ib	<u> </u>		 ′	-			25 21,013.
	26	Total liabilitie	e (doso	ribe >		١	}			
	27			alances (line 27 of column (B) must soror	/ a with line 21)	-	1 0		26 0. 27 21,013.
		.,c, a33et3 OI	,und pa	TIGHTOCS (HITC Z/ OI COIGHIII (D	, indat agree	, 4.1)		~ ~	102.4	21,013.

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

Form	990-EZ(2009) Give a Little				-07	33729 Page 2
Par			s (See the instructi	ons.)	(Pag	Expenses
What	is the organization's primary exempt purpose? Se	e Statement 3			501(ured for section c)(3) and (4) nizations and section (a)(1) trusts, optional
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	he organization's exempt purp f persons benefited, or other	ooses. In a clear and co relevant information for	oncise manner, each	orga 4947	nizations and section '(a)(1) trusts, optional
prog	ram title				for o	thérs')
28	See Statement 4					
			- -			
	(Grants \$ 10,841.) If the	nis amount includes foreign gi	rants, check here		28 a	3,087.
29						
	(Grants \$) If th	nis amount includes foreign gi	rants, check here	▶ 🗍	29 a	
30						
		nis amount includes foreign gr	rants, check here	<u> </u>	30 a	
31	Other program services (attach schedule	-		اے		
		ns amount includes foreign gr	rants, check here		31 a	
	Total program service expenses (add II			<u> </u>	32	3,087.
Par	t IV List of Officers, Directors					
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plar deferred compensa	ns and	(e) Expense account and other allowances
See	Attached List	·	0.		0.	0.
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BAA		TEEA0812L 01	1/30/10			Form 990-EZ (2009)

	n 990-EZ (2009) Give a Little 26-07337	29	Р	age 3
Pa	t V Other Information (Note the statement requirements in the instrs for Part V.)		T.,	
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.	33		х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		Х
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? If 'Yes,' has it filed a tax return on Form 990-T for this year?	35a 35b		х
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the	330		
	year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		X
38	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?	38a		X
	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A	4		(
	Section 501(c)(7) organizations Enter:			, ,
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a N/A N/A			;
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	Ť		- \
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			ا احـــــا
ı	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 Ь		Х
(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			1
(Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the 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	40 e		<u> </u>
41	List the states with which a copy of this return is filed None			
	The organization's books are in care of Filen Summerfield Located at PO Box 232 McMinnville OR 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		964 Yes	No X
Ć	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	42c		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 .	• 		N/A N/A 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		x
BAA		rm 990	-EZ (2	

Form 99	0-EZ (2009) Give a Little			26-073	33729	F	⊃age 4
Part V	Section 501(c)(3) organization	s and section 494	7(a)(1) nonexempt	charitable trusts o	nly. All	section	<u>ר</u>
	501(c)(3) organizations and se	ction 4947(a)(1) no	onexempt charitabl	e trusts must answ	er ques	tions	
	46-49b and complete the table	s for lines 50 and :). 	See :	Statem	<u>ent 5</u>	
46 Did	d the organization engage in direct or indire	ect political campaign a	ctivities on behalf of or	in opposition to candida	ates	Yes	
	d the organization engage in direct or indire public office? If 'Yes,' complete Schedule			• •			X
	d the organization engage in lobbying activi				47		X
	the organization a school as described in s			edule E	48		X
	d the organization make any transfers to ar		related organization?			9aj	X
b If '	Yes,' was the related organization a section	n 527 organization?			_49	∌Ь	
	mplete this table for the organization's five aployees) who each received more than \$10					ey	
	(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	ac	Expense count and allowance	:s
None							
		1		1			
					•		
			· <u> </u>				
	<u> </u>						
f Tot	tal number of other employees paid over \$1	00,000					
E1 Ca	malete this table for the ergonization's five	highest sempensated ii	adanandant contractors	who anch recoved may	ro than C	100 000	of
cor	mplete this table for the organization's five npensation from the organization. If there i	s none, enter 'None '	idependent contractors	who each received mor	те шап ф	100,000	Oi
	(a) Name and address of each independent cont.	ractor had more than \$100,000	· · · · · · · · · · · · · · · · · · ·	(b) Type of service	(c) Co	mpensatio	
None	(a) Name and address of each independent conti	actor paid more than \$100,000	,	(b) Type of Service	(0) 00	Jinperisatio	"
1.011.0							
			- 1				
		-					
			 1				
d Tot	al number of other independent contractors	each receiving over \$	100,000				
		<u> </u>		····	_		
	Under penalties of perjury, I declare that I have examinue, correct, and complete Declaration of preparer (nined this return, including acco	impanying schedules and state all information of which prepare	ments, and to the best of my kner has any knowledge	owledge and	d belief, it i	s
	l a l	•			.		
Sign Here	Ell- Dumm Le	UI		/ Tay 12,	2010	<u> </u>	
Here	Signature of officer			Date /			
	Ellen Summertie	Id fresi	dent				
	Type or print name and title		· · · · · · · · · · · · · · · · · · ·				
Paid	Preparer's	S 1	Date /s/10		eparer's ider iee instructio		mber
Pre-	signature Steven D Fitzpa		5/10/10	employed ► P	000115	24	
parer's	Firm's name (or Fitzpatrick and yours if self-						
Use	employed), 290 SW H111 ROad			EIN ►	93-113		
Only	ZIP+4 MCM1NNV111e, OR	97128-7314		Phone no ► (50		<u>-0576</u>	
	IRS discuss this return with the preparer sh	own above? See instru	ctions				No
BAA					Form 9	90-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.

OMB No 1545 0047 **2009**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization
Give a Little

Employer identification number 26-0733729

Par		Reason for Pu	DIC CHARLY Statu	is (All organizations	must	comple	ete this	s part.	<u>) See i</u>	nstruct	tions		_
The o	rgaл	nization is not a pri	vate foundation becau	ise it is: (For lines 1 thro	ugh 11,	check o	nly one	box)					
1	\square	A church, convention	on of churches or ass	ociation of churches des	cribed in	section	n 170(b)	(1)(A)(i)).				
2	П.	A school described	in section 170(b)(1)(A)(ii). (Attach Schedule I	E)								
3	П.	A hospital or coope	erative hospital service	e organization described	ın secti	on 170(b)(1)(A)	(iii).					
4		•	•	ed in conjunction with a h					0(Б)(1)(A)(iii) E	nter the ho	spital's	
		name, city, and sta	-	• • • • • • • • • • • • • • • • • • • •	•							•	
5	\Box		erated for the benefit	of a college or university	owned	or oper	ated by	a gover	nmental	l unit des	scribed in	section	
6 7	\square	An organization tha		governmental unit descri substantial part of its su art II)					t or fron	n the ger	neral publi	c descril	bed
8		A community trust	described in section	170(b)(1)(A)(vi). (Comple	te Part I	1)							
9	_ f	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.)											
10													
11	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												
	ā	a Type I	b ☐ Type II	c Type III	l – Fund	tionally	ıntegrat	ed		d 🗍	Type III-	- Other	
е	e 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)												
f													
α													
9													
9		_					-				.?	Yes	No
9		(i) a person who	directly or indirectly of	controls, either alone or t			-					Yes	No
9	((i) a person who below, the go	directly or indirectly overning body of the si	controls, either alone or tupported organization?			-				11 g (i)		No
9	((i) a person who below, the go	directly or indirectly overning body of the suber of a person desc	controls, either alone or tupported organization?	together		-				11 g (i) 11 g (ii)		No
	((i) a person who below, the go a family mem (iii) a 35% control	directly or indirectly of verning body of the suber of a person described entity of a person	controls, either alone or tupported organization? ribed in (i) above? described in (i) or (ii) at	together		-				11 g (i)		No
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	((F	(i) a person who below, the govinity a family mem (iii) a 35% control Provide the following Name of Supported	directly or indirectly of verning body of the suber of a person described entity of a person in information about t	controls, either alone or tupported organization? ribed in (i) above? described in (i) or (ii) at the supported organization (described on lines 19 above or IRC section	oove? ons (iv) organizat (i) listed gove docur	s the ion in cold in your rining ment?	(v) Did y the organ your su	ou notify lization in (i) of ipport?	(vi) (vi) organizal	is the ion in column the S ?	11 g (i) 11 g (ii) 11 g (iii)		
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	((F	(i) a person who below, the govinity a family mem (iii) a 35% control Provide the following Name of Supported	directly or indirectly of verning body of the suber of a person described entity of a person in information about t	controls, either alone or tupported organization? ribed in (i) above? described in (i) or (ii) at the supported organization (described on lines 19 above or IRC section	oove? ons (iv) organizat (i) listed gove docur	s the ion in cold in your rining ment?	(v) Did y the organ your su	ou notify lization in (i) of ipport?	(vi) (vi) organizal	is the ion in column the S ?	11 g (i) 11 g (ii) 11 g (iii)		

Sch	edule A (Form 990 or 990-EZ) 20	09_Give a L	ittle			26-073372	9 Page 2
Pa	rt II Support Schedule for	•			(b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)
	(Complete only if you check	ed the box on line	5, 7, or 8 of Par	tl)			
	tion A. Public Support			·			
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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				·		
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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)	-		12	
13	First five years. If the Form 990 organization, check this box and	is for the organization stop here	ition's first, secon	d, third, fourth, c	or fifth tax year as	a section 501(c)	(3)
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14 15	Public support percentage for 20 Public support percentage from 2	• •	•	e 11, column (f)		14	<u>%</u> %
16 a	33-1/3 support test — 2009. If the and stop here. The organization				the line 14 is 33-	1/3 % or more, c	heck this box
Ь	33-1/3 support test — 2008. If the and stop here. The organization	e organization did	not check a box of	on line 13, or 16a	, and line 15 is 33	3-1/3% or more, o	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	nd-circumstances	' test, check this	box and stop her	e. Explain in Part	IV how
ь	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	nd-cırcumstances	test, check this	box and stop her	e. Explaın ın Part	IV how the
18	Private foundation. If the organiz						F
BAA					Sch	nedule A (Form 99	90 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Give a Little

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

1 Gifts, grants, contributions and membershy leas received (Do in reclude unusual grants) 2 not include unusual grants) 3 not reclude unusual grants) 4 not include unusual grants) 5 not reclude unusual grants) 6 of tacilities transhed an activity that is related to the grants and activity that is related to the grants and activity that is related to the grants are until a unusual grants and activity that is related to the grants are until a unusual grants and a unusual grants are until a unusual grants and a unusual grants are until a unusual grants are until a unusual grants and a unusual grants are until gran	(Complete only if you ched	cked the box on li	ine 9 of Part I)	·			
1 Gifts, grants, contributions and membershy fees received (Do membershy fees) fees fees fees fees fees fees fee	Section A. Public Support						
1 Gifts, grants, contributions and membershy fees received (Do membershy fees) fees fees fees fees fees fees fee		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
2 Gross recepts from admissions merchandles sold or services performed, or that is related to the original solid or services performed, or that is related to the original solid or services performed, or that is related to the original solid purpose. 3 Gross recepts from advites that are not an unabled table or business and an extension of the purpose. 4 Tax revenues leviced for the original solid purpose. 5 The value of services or governmental unit to the original solid purpose. 6 Totals Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons. 5 Amounts included on lines 2, and 3 received from other than disqualified persons. 6 Amounts included on lines 2, and 3 received from other than disqualified persons. 7a Amounts included on lines 2, and 3 received from other than disqualified persons. 8 Public support (Subtract line 7, trom line 6). 8 Public support (Subtract line 7, trom line 6). 9 Amounts from line 6. 10 O. 0. 0. 11,353, 1,000. 12,700. 10 O. 0. 0. 12,281, 20,921, 33,700. 11 Agross income from increat, dunidends, payments received on securities loans, rerists, since from similar sources. 9 Unrelated business taxable income from increat, dunidends, payments received on securities loans, rerists, solid laxes of trom businesses acquired after June 30, 1975. 1 Add lines 10 and 10b. 1 Other income Do not included giant in 10b. graphical session (cell for the original solid laxes). The form businesses acquired after June 30, 1975. 2 Add lines 10 and 10b. 1 Other income Do not included giant in 10b. graphical session (cell for the original solid laxes) from businesses. Solid laxes of trom businesses acquired after June 30, 1975. 2 Add lines 10 and 10b. 1 Test five years, if the Form 990 is for the originalization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) regardization, check this box and slop bed to proper percentage of 2009 (line 8, column (f) duvided by line 13, column (f)	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')				12,281.	20,921.	33,202.
3 Gress recepts from activates that are not an unrelated trade or busness under section \$13	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				12,191	30,732.	0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf of the organization's benefit and either paid to or expended on its behalf services or facilities furnished by a governmental unit to me organization without charge 6 Total. Add lines 1 through 5	3 Gross receipts from activities that are not an unrelated trade or business						0.
facilities furnished by a governmental unit to the organization without charge governmental unit to the organization without charge \$\ 0. 0. 0. 0. 12,281. 20,921. 33,75 7a Amounts included on lines 1, 2, 3 received from disqualified persons that greater of the persons that greater of the persons that of the early	4 Tax revenues levied for the organization's benefit and either paid to or expended on						0.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	facilities furnished by a governmental unit to the						0.
2, 3 received from disqualified persons b 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 c Add lines 7a and 7b 0, 0, 0, 0, 11, 353, 1, 000, 12, 38 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or liscal yr beginning in) > (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 51) taxes; brom businesses acquired after June 30, 1975 c c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (set lin 16, le form 990 or for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15		0.	0.	0.	12,281.	20,921.	33,202.
b 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 c Add lines 7a and 7b 0. 0. 0. 0. 11,353. 1,000. 12,38 Public support (Subtract line 7c from line 6) 20,68 Public support (Subtract line 7c from line 6) 20,68 Public support (Subtract line 7c from line 6) 20,68 Public support (Subtract line 7c from line 6) 20,68 Public support (Subtract line 7c from line 6) 20,68 Public support (Subtract line 7c from line 6) 20,68 Public support (Subtract line 7c from line 6) 20,68 Public support (Subtract line 7c from line 6) 20,68 Public support (Subtract line 7c from line 6) 20,68 Public support (Subtract line 6) 20,68 Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)	2, 3 received from disqualified	0.	0.	0.	11,353.	1,000.	12,353.
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8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 0.0.0.0.85.17.31 Nel income from unrelated business activities not included pain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add lins 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))							12,353.
Section B. Total Support Calendar year (or fiscal yr beginning in) Calendar year (or fiscal yr beginning in in it is a compared to the property of the p			<u> </u>	<u> </u>		1,000.	12,333.
Section B. Total Support Calendar year (or fiscal yr beginning in) > (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 2008 9 Amounts from line 6 0 0 0 0 0 12, 281 20, 921 33, 20 0 0 0 0 0 0 12, 281 20, 921 33, 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· · · · · · · · · · · · · · · · · · ·						20,849.
Calendar year (or fiscal yr beginning in) 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Part IV) 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add lins 9, 10t, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))					L	<u></u> :	<u> </u>
9 Amounts from line 6 0. 0. 0. 12,281. 20,921. 33,72 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 51) taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Part IV) 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins. 9, 10c, 11, and 12) 33, 3 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 85. 17. 19 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 0. 0. 0. 0. 85. 17. 19 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add lins 9, 10c, 11, and 12) 33, 33 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	• • • • • • •						33,202.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 0. 0. 0. 85. 17. 1 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add lins 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form						102.
Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 18 Institute of the form of the business activities and the support percentage of the support percenta	income (less section 511 taxes) from businesses						0.
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organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15							33,304.
15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)	organization, check this box and	stop here		d, third, fourth,	or fifth tax year as	a section 501(c)	(3) ► X
							
		•	•	e 13, column (f))			%
						16	%
Section D. Computation of Investment Income Percentage							
17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))		•		-	mn (f))		%_
18 Investment income percentage from 2008 Schedule A, Part III, line 17						· —	%_
more than 35 77576, check this box and stop here. The digalification qualifies as a publicly supported digalification	more than 33-1/3%, check this bo	ox and stop here.	The organization	qualifies as a pu	ablicly supported o	rganization	▶ ∐
b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	is a publicly suppo	orted organization	s, and line 18 ☐
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20 Private foundation. If the organiz	ation did not ched	ck a box on line 1	4, 19a, or 19b, c	heck this box and	see instructions	<u> </u>

Schedule A	(Form 990 or 9	990-EZ) 20	09 Gi	ve a L	ittl	e				26-073	3729	Page 4
Part IV	Supplemen	tal Inform	nation.	Comple	te thi	s part	to provide	the e	explanations rec	quired by f	Part II, line	10;
	Part II, line	17a or 1	7b; and	Part III	, line	12. P	rovide any	other	explanations rec additional info	rmation. S	See instructi	ons
	-									- 		
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TEEA0404L 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2009

Open to Public Inspection

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions. Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 26-0733729 Give a Little Fundraising Activities. Complete if the organization answered 'Yes' to Form 990. Part IV line 17 Form 990EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (vi) Amount paid to (or retained by) (iii) Did fundraiser (or retained by) (i) Name of individual (ii) Activity (iv) Gross receipts have custody or control fundraiser listed in or entity (fundraiser) from activity col (i) of contributions? organization Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Page 2

ŀа	rt II	Fundraising Events. Complete if reported more than \$15,000 on F	f the organization a Form 990-EZ. line 6	answered 'Yes' to Fo Sa. List events with	orm 990, Part IV, I aross receipts are	ine 18 ater th	, or เลก :	\$5.0	00.
			(a) Event #1	(b) Event #2	(c) Other Events		Total	Ever	nts
Ë			(event type)	(event type)	(total number)	 			
REVENUE	1	Gross receipts	18,571.			ļ <u>.</u>		18,	571.
	2	Less Charitable contributions				-			
	3	Gross income (line 1 minus line 2)	18,571.			-		18,	571.
	4	Cash prizes				<u> </u>			
D	5	Noncash prizes				 			
D I R E C T	6	Rent/facility costs				ļ			
	7	Food and beverages				ļ			
X P E	8	Entertainment				 			
EXPENSES	9	Other direct expenses	6,811.			<u> </u>		6,8	811.
3	l	Direct expense summary Add lines 4- t			•				811.
D	11	Net income summary Combine lines 3,		-l 1- 5 000 D-	+ IV - IV 10	1			<u>760.</u>
Га	(111	Gaming. Complete if the organize \$15,000 on Form 990-EZ, line 6a	ation answered i re 1.	is to Form 990, Pa	rt IV, line 19, or re	ported	ı mo	re tr	ıan
			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d)	Total	gamı	
REVENUE	ļ		(-)5	bingo/progressive bingo	(-)g	(Add	col. (a	a) thr	ough
N U				-		<u> </u>	_		
	1	Gross revenue							
D X	2	Cash prizes							<u>_</u>
DIRECT	3	Non-cash prizes							
Š	4	Rent/facility costs							
	5	Other direct expenses					_		
	ء ا	Volunteer labor	Yes%	Yes%	Yes%				
	•	Volumeer labor	I NO	[[[[140	<u> </u>			
	7	Direct expense summary Add lines 2 thr	rough 5 in column (d)		. •				
	8	Net gaming income summary Combine	lines 1, column (d) and	line 7					
						Г.	\dashv	YES	NO
9		er the state(s) in which the organization op ne organization licensed to operate gaming				-	9a		[']
		lo,' explain	, .			-			
]
10 a	 Wer	e any of the organization's gaming license	es revoked, suspended	or terminated during the	tax vear?		10a		
		'es,' explain'	, ,	J	·		\neg		
							-		
11	Doe	s the organization operate gaming activities	es with nonmembers?		· · ·		11		
12	Is th	ne organization a grantor, beneficiary or tri ninister charitable gaming?		mber of a partnership o	r other entity formed to		12		
	auiii	mister charitable gailing.					12		

Schedule G (Form 990 or 990-EZ) 2009 GIVE a Little	-0 <i>133129</i>		Page :
•		YE	S NO
13 Indicate the percentage of gaming activity operated in.			
a The organization's facility	8		
b An outside facility			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	records.		
Name •			
Address			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	· <u>1</u>	5a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the air of gaming revenue retained by the third party \$	mount		
c If 'Yes,' enter name and address of the third party'			
Name •			-
Address •			
16 Gaming manager information			
Name: ►			
Gaming manager compensation ► \$			
Description of services provided· ►	,		
☐ Director/officer ☐ Employee ☐ Independent contractor			,
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain state gaming license?	n the	7 a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	ent in the		
organization's own exempt activities during the tax year. ►\$			
BAA TEEA3703L 02/05/10 Schedule G	i (Form 990 or	r 990-E	Z) 2009

2009	Federal Statements		Page 1
Client 8235	Give a Little		26-0733729
5/10/10			04.09PM
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid			
Class of Activity: Donee's Name:	Aid to Low Income Family 25 Individuals Received Rent Assistance Yamhill County,		
Relationship of Donee: Cash Amount Given:	None	\$	6,146.
Class of Activity: Donee's Name:	Aid to Low Income Family 1 Individual Received Aid for Car Repai Yamhill County,		
Relationship of Donee: Cash Amount Given:	None	\$	289.
Class of Activity: Donee's Name:	Aid to Low Income Family 5 Families Received Grant for Utilities Yamhill County,		
Relationship of Donee: Cash Amount Given:	None	\$	697.
Class of Activity: Donee's Name:	Aid to Low Income Individ Public Transportaton Passes to Individu Yamhill County,		,
Relationship of Donee: Cash Amount Given:	None	\$	150.
Class of Activity: Donee's Name:	Aid to Low Income Individ Miscellaneous Yamhill County,		
Cash Amount Given:	Talantiii Councy,	\$	319.
Class of Activity: Donee's Name:	Aid to Low Income Family 2 Individuals Received Dental/Medical Yamhill County,		
Cash Amount Given:		\$	700.
Class of Activity: Donee's Name:	Aid to Low Income Family Assistance to Local Nonprofits Yamhill County,		
Cash Amount Given:		\$	2,540.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses		-	
Annual Credit Card Fee Filing Fees - IRS Graphic Design Insurance Office Expenses Post Office Box	\$ 		125. 60. 1,281. 175. 383. 40.
Website .	Total \$		1,055. 3,119.

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No

No

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

Provide modest grants to individuals and families experiencing crisis in their lives that would prevent them from having a home, transportation, or other basic needs.

Statement 4
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

Distributed one-time modest grants to more then 35 individuals and families experiencing crisis or emergency and unable to pay for rent, medical services, prescriptions, and transportation. Under the governing instrument of Give a Little the purpose of the Foundation is to assist individuals and families in crisis with small grants that will allow them to get through the immediate crisis and improve their lives. Grants to each recipient range from \$50 to \$700.

Statement 5
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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Schedule A, Part III, Line 7a Received From Disqualified Persons

_Persons		2005	2006	2007	2008	2009
Ellen Summerfield		0.	0.	0.	0.	1,000.
Phillip Pirages		0.	0.	0.	11,353.	0.
	Cotal 🕏	0.	\$ 0.	\$ 0.	\$ 11,353.	\$ 1,000.

Give A Little

990-EZ, Part IV, List of Officers

As of 12/31/09

Name and Address	<u>Title</u>	Hours per Week	Compensation
Ellen Summerfiled 2205 Nut Tree Lane McMinnville, Oregon 97128	President	25	0
Phillip Pirages 2205 Nut Tree Land McMinnville, Oregon 97128	Treasurer	5	0
Tricia Crawford 222 SE Ford St McMinnville, Oregon 97128	Secretary	5	0
Patti Webb P O Box 1228 McMinnville, Oregon 97128	Community Liaison	3	0
Elisabeth Leichter 14420 NW Pheasant Hill Road McMinnville, Oregon 97128	At Large	2	0
Larry Herdener 15540 NW Orchard View Road McMinnville, Oregon 97128	At Large	2	0
Rosaleen Stone 315 N Evans #6 McMinnville, Oregon 97128	At Large	2	0
Ceclia McClellan 25537 NW Dodson Road Yamhill, Oregon 97148	At Large	2	0
Teresa Blanding 6100 NE Mineral Springs Road McMinnville, Oregon 97128	At Large	10	0
Scott Chambers 600 NW 9 th St McMinnville, Oregon 97128	At Large	5	0
Laura Lopez P.O Box 1565 McMınnville, Oregon 97128	At Large	5	0
Jill Timmens 18903 SW Terry Ave Lake Oswego, Oregon 97035	At Large	5	0