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Form 990

Return of Organization Exempt From Income Tax

code (except black lung

20**09**

Open to Public Inspection

Form **990** (2009)

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

For the 2009 calendar year, or tax year beginning 1/1/2009 and ending Please Check if applicable C Name of organization Friends of Shiloh Foundation, Inc. D Employer identification number use IRS Address change Doing Business As label or 26-3894441 print or Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number type. Initial return 116 N. 2nd St (701)258-0630 Specific Terminated City or town, state or country, and ZIP + 4 Instruc Amended return Bismarck ND 58501 G Gross receipts \$ tions 367,796 Application pending Name and address of principal officer. H(a) Is this a group return for affiliates? Sheldon A Smith 116 N 2nd St., Bismarck, ND 58501 H(b) Are all affiliates included? Tax-exempt status. 501(c) (3) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ▶ H(c) Group exemption number X Corporation K Form of organization Trust Association Other > L Year of formation 2008 M State of legal domicile ND Part I Summary Briefly describe the organization's mission or most significant activities The purpose of a Corporation is to provide endowment funds for the children attending Shiloh Christian school 2 0 2018ctivities & Governance Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). Number of independent voting members of the governing body (Part VI, line 1b) 3 Total number of employees (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. 7a Net unrelated business taxable income from Form 990-T, line 34. **Current Year** Contributions and grants (Part VIII, line 1h). . . 364,794 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d).

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 40c, and 11e) 3,002 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line, 12) 367,796 Grants and similar amounts paid (Part IX Column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 14 0 Salaries, other compensation, employee benefits (Part-IX, column (Axlines 5-10) 15 0 Professional fundraising fees (Part IX, column (AGIDETIN) UT. 0 Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f). Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 0 19 Revenue less expenses. Subtract line 18 from line 12. O 367.796 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16). 0 368,519 21 Total liabilities (Part X, line 26). 0 22 Net assets or fund balances Subtract line 21 from line 20 368,519 Part II Signature Block Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge ornect, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true Sign Signature of officer SMITH - BUARD Here Type or print name and fitte Preparer's Date Check if Preparer's identifying number signature (see instructions) Paid selfemployed 5/17/2010 Preparer's Firm's name (or your SHELDON A SMITH FINANCIAL SERVICES, INC EIN Use Only if self-employed). address, and ZIP + 4 BOX 460, BISMARCK, ND 58502 **►** (701)258-0630 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

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

		26-3894441	Page Z
Pa	Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	. Yes	□No
	If "Yes," describe these new services on Schedule O.	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	Yes	No
	If "Yes," describe these changes on Schedule O	□	
	Describe the exempt purpose achievements for each of the organization's three largest program services l	ny avnancac	
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amo		and
		uni oi granis	ariu
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$0 including grants of \$0) (Revenue \$		

4b	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	'	0)
			.
			.
			.
4c	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$;	0)
			.
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
40	Total program service expenses		

Form **990** (2009)

Fart IV

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	-	Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
10	Complete Schedule D, Part IV	9	:	_X_
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	40	-	V
124	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax Yes No	12		X
ı 4M	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	 	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	1	X

		6-3894441	Р	age 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organization	s		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			į
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ľ
	employees? If "Yes," complete Schedule J	. 23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	l	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	·		-
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	-20	 	 ^
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	- -		<u> </u>
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L</i> , <i>Part IV</i>	. 28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			 ^
D	Schedule L, Part IV	206		x
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	28b		-^-
C	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	•	200		
20	Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	1 20		J
24		30	-	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	1		U
22		31	<u> </u>	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			,
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	. 33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	. 34	<u>L</u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete]
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	ed 36		

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part*

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O .

37

38

r ai	Statements Regarding Other INS Finings and Tax Compliance		г ., -	
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
	U.S Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . Lib 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
2-	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule</i> O	3b		^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<u> </u>	$\vdash \dashv$	
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
	organization solicit any contributions that were not tax deductible?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	90		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>	<u> </u>	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/11	-	
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	1	Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
12a	against amounts due or received from them)	12-		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	120 Table 110 difficulties and exempt interest received of accided during the year			

∘.Part VĮI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

_	Concadio O Goo manacione			
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?.	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	0.5	_^_	
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Soot	tion B. Policies (This Section B requests information about policies not required by the Internal	Ja		_^_
	enue Code.)			
Ven	enue Coue.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	40-	162	No X
	· · · · · · · · · · · · · · · · · · ·	10a		<u> </u>
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	401		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		.,	
	form?	11	Х	
11A				
12a		12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14	ļ	Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		_	
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Χ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		-
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► ND			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization for the section 6104 requires an organization for the section 6104 requires and 61	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	est		
-	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e		
	organization.	-		
				

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee. (A) (B) (C) (D) (E) (F) Position (check all that apply) Name and Title Average Reportable Estimated Reportable hours per compensation compensation Former amount of Individual trustee Institutional Key employee Highest compensated employee week from from related other director compensation organizations organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization trustee and related organizations

∍Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	rees,	and	Hiç	hes	t Co	mpensated Em	ployees (co	ontinu	ed)	
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average hours per							Reportable compensation	Reportabl compensat	ation am		t of
		week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relate organizatio (W-2/1099-M	ns	othe compens from t organiza and rela organiza	sation he ation ated
													_
						<u> </u>							
											\perp		
					 					<u>-</u>			
<u>1b</u>	Total		 -					<u>. •</u>] 0	 	0		0
2	Total number of individuals (including but no reportable compensation from the organizat		se lis	ted a	obove 0	e) wi	ho re	ceiv	ed more than \$1	00,000 in			
	Toportable compensation from the organization	1011 -			<u> </u>			-				Yes	No
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci					yee	, or h	ighe	st compensated		3		X
4	For any individual listed on line 1a, is the su the organization and related organizations of												
5	individual Did any person listed on line 1a receive or a	•				•			rganization for		4		X
_	services rendered to the organization? If "Y	es," complete S	chec	lule .	J for	sucl	h per	son	· · · · · · · · · · · · · · · · · · ·		5		X
	Complete the table for your five high set on						41-	-4		- ¢400 000			
	Complete this table for your five highest cor compensation from the organization.	npensated inde	pend ——	ent d	contr	acio	ors tn	at re		in \$100,000	<u> </u>		_
	(A) Name and business a	address							(B) Description of ser	vices	Com	(C) pensation	
								+					0 0
								 					0
													0
													0
2	Total number of independent contractors (in more than \$100,000 in compensation from			ed to	thos	se lis	sted a		e) who received				

Part	: VIII.	Statement of Revenue				
	-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1a	Federated campaigns				
Contributions, gifts, grants and other similar amounts		Membership dues 1b 0	1 1			
		· · · · · · · · · · · · · · · · · · ·	1 1			
	_	<u> </u>	{			
	d	Related organizations	 			
	е	Government grants (contributions) 1e 0]			
r s	f	All other contributions, gifts, grants, and				
the br		similar amounts not included above 1f 0				
i d	a	Noncash contributions included in lines 1a-1f. \$ 0	1			
an So	_	Total. Add lines 1a–1f	364,794			
		Business Code	307,737			
Jue	_					
Program Service Revenue	2a		0			
	ь		0			
/ice	С		0			
Šen	d		l ol			
Ē	е		0			
g	f	All other program service revenue .	0			
5	a	Total. Add lines 2a–2f	0			
			<u> </u>			
	3	Investment income (including dividends, interest, and				ŀ
		other similar amounts)	3,002			
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
		(ı) Real (ıı) Personal				
	6a	Gross Rents	1			
	b	Less: rental expenses	1			
		Rental income or (loss) 0 0	1			ļ i
	C					'
	_d	Net rental income or (loss)	0			<u> </u>
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 0 0				
	b	Less cost or other basis				!
		and sales expenses 0 0				
	l c	Gain or (loss)				
	d	Net gain or (loss)	1 o			·
	8a	Gross income from fundraising	1			·
e	04	-				
딥		events (not including \$0			†	
ě		of contributions reported on line 1c)	1			
œ		See Part IV, line 18 a	4			i
ē		Less. direct expenses b				
Other Revenue	С	Net income or (loss) from fundraising events ▶	0			
_	9a	Gross income from gaming activities				
	}	See Part IV, line 19 a				
	b	Less: direct expenses b				
		Net income or (loss) from gaming activities	0			
		Gross sales of inventory, less	 			1
	Iva	• •				
		returns and allowances . a	4			
	1	Less cost of goods sold b	<u> </u>			
	С	Net income or (loss) from sales of inventory	0			
		Miscellaneous Revenue Business Code				ļ
	11a		0			
	b		0			
	c		0			
	d	All other revenue	, o			
	-	Total. Add lines 11a–11d	0		 	
	e		<u> </u>		 	
	12	Total revenue. See instructions	367,796	C) 0	1 0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column	(A) bacale not led	faired to complete	COIGITI (D), (C), a	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	ol			
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	ol			
3	Grants and other assistance to governments,	<u>-</u>		_	, . <u>.</u>
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	<u>_</u>	*		
•	trustees, and key employees	o			1:
6	Compensation not included above, to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k)				
0	and section 403(b) employer contributions)	0		İ	
۵	Other employee benefits	0			
9 10	Payroll taxes	0			
					-
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
C	Accounting	0			
ď	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	. 0			
f	Investment management fees	0		·	
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings .	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а		0			
b		0	<u> </u>		
С		0			
d		0			
е		0			-
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	0		0	0
26	Joint costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation .				
	SONORAROH .	l	l		

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	368,519
ıts	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net .	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
	7	Notes and loans receivable, net	0	7	0
Se	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
	10a		0		
	''"	other basis. Complete Part VI of Schedule D	Ť		
	Ь	· · · · · · · · · · · · · · · · · · ·	0 0	10c	0
	11	Investments—publicly traded securities	0		0
	12	Investments—publicly traded securities Investments—other securities See Part IV, line 11	0		0
	13	Investments—program-related See Part IV, line 11	0		0
	14	, -	0		0
	15	Intangible assets	0		0
	16	,	0		368,519
	17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	<u> </u>	17	300,319
	1			18	
	18	Grants payable		19	
	19	Deferred revenue			
"	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ij	22	Payables to current and former officers, directors, trustees, key			
<u>.e</u>		employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties .	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
"		Organizations that follow SFAS 117, check here ▶ and			
ĕ		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
.≒		Organizations that do not follow SFAS 117, check here ▶			
-		and complete lines 30 through 34.			
Net Assets or Fund Balances					
Se	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
let	32	Retained earnings, endowment, accumulated income, or other funds		32	
~	33	Total net assets or fund balances	0	33	0
	34	Total liabilities and net assets/fund balances	1 0	34	0

				902
Far	XI Financial Statements and Reporting			
4	Accounting method used to prepare the Form 990: Cash X Accrual Other		Yes	No
1	-			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a		_ X_
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both	1		
	Separate basis Consolidated basis Both consolidated and separate basis			
۹.	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
3а				
_	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		L
		_	000	.

Form **990** (2009)