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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.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number Trash Mountain Project, Inc. 4775012 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a Type I **b** Type II d Type III-Other 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 If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? . . . (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iu) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 in col (i) listed in your the organization in organization in col organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US?

Total

Sched	ule A (Form 990 or 990-EZ) 2009	26-4775012 Page 2									
Par				Sections 17	0(b)(1)(A)(iv)		1)(A)(vi)				
Care	(Complete only if you check	ked the box	on line 5, 7,	or 8 of Part I.	.)						
Section A. Public Support		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
Ca	Calendar year (or fiscal year beginning in)		(6) 2008	(6) 2007	(u) 2008	(e) 2009	(i) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")										
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						:				
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
4	Total. Add lines 1 through 3										
5 6	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) Public support. Subtract line 5 from line 4		i , , ,								
Sec	tion B. Total Support										
Ca	lendar year (or fiscal year beginning 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 from 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 .	L		l .	<u> </u>	 	L				
12	Gross receipts from related activities, etc	•	•			12					
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	<u></u>		-		on 501(c)(3)				
Sec	tion C. Computation of Public Su	pport Perce	entage								
14	Public support percentage for 2009 (line	6, column (f) d	livided by line 1	1, column (f))		14					
15	Public support percentage from 2008 Sc					15	<u>%</u>				
16a	331/3 % support test - 2009. If the organ					% or more, ch	_				
	•	and stop here. The organization qualifies as a publicly supported organization									
b	331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this										
	box and stop here. The organization qua	•		-			▶ ᠘				
17a	a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ □										
b 18	10%-facts-and-circumstances test—2000 more, and if the organization meets the "organization meets the "facts-and-circumst Private foundation. If the organization did	facts-and-circui ances" test. The	mstances" test, e organization qu	check this box alifies as a publi	and stop here. cly supported o	Explain in Part rganization .	IV how the				

Sched	ule A (Form 990 or 990-EZ) 2009				26.47	750	12	Page 3		
Par		nizations De	escribed in S	ection 509(a)(2)	1.0.		<u> </u>		
Sect	ion A. Public Support	d the box of	1 1110 3 01 1 4	11.1.)						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include						,401.65	59,401.65		
2	any "unusual grants.")						0	0		
3	Gross receipts from activities that are not an unrelated trade or business under section 513					0		0		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	<u> </u>					0	0		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						00 0,401.65	0		
6	Total. Add lines 1 through 5					3:	9,401.05	59,401.65		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						0	0		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0	0_		
С	Add lines 7a and 7b .						0	0		
8	Public support (Subtract line 7c from line 6.)	·						59,401 65		
Section B. Total Support Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(0)	2000	(f) Total		
		(a) 2003	(b) 2000	(6) 2001	(u) 2000	(e) 2009 59,401.65		59,401.65		
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0	00		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0	0		
C 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						0	0		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
13	Total support. (Add lines 9, 10c, 11, and 12.)					59,401.65		59,401.65		
14	First five years. If the Form 990 is for organization, check this box and stop tion C. Computation of Public Su	here	<u> </u>	nd, third, fourt						
15				ne 13. column	(ft))	15				
16	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))						16 %			
17	Investment income percentage for 200			d by line 13, c	olumn (f)) .	17		%		
18	Investment income percentage from 20 331/3 % support tests – 2009. If the org	008 Schedule	A, Part III, line	17		more than 33½ %, and line				
b	17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization > 33½% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization .									
20	Private foundation. If the organization									

TRASH MOUNTAIN PROJECT INC 1037 SOUTH FLORIDA AVE SUITE 6 LAKELAND FL 33803



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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

8/19/10

Signature of officer or trustee

resident - Executive Director

Title