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990 Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2009

Open to Public

Department of the Treasury

		de service The organization may have to use a copy of this return to satisfy state re	 	
A		2009 calendar year, or tax year beginning , 2009, and		, 20
В	Check if applicable	Please C Name of organization, number and street, city, town, state, and ZIP coduse IRS		identification number
Ш	Address ch	nange label or		-1092312
Ц	Name chai	nge print or TIMOTHY HILLS HOMEOWNERS ASSOC.	E Telephone r	number
	Initial retur	n See See		2-937-2664
	Terminated	Specific PO BOX 58421	G Gross receipts	\$
	Amended i		H(a) Isthisa	a group return
	Application pending	F Name and address of principal officer RICHARD MOORE	for affilia	lates? Yes 🔀 No
		PO BOX 58421 LOUISVILLE KY 40268-043		filiates included?
1	Tax-exer	npt status X 501(c)(4) ◀ (insert no) 4947(a)(1) or 527	If "No", att	ttach a list Yes No
J /	Website	· •	H(c) Group exe	emption number
K	Form of org	anization X Corporation Trust Association Other ▶ L Year o	of formation	M State of legal domicile
-	art I	Summary		
	1 B	riefly describe the organization's mission or most significant activities		
		OMEOWNERS ASSOCIATION THAT PROVIDES MAINTENA	ANCE OF ST	TREETS
če	Ē	NTRANCES, SIGNS, SNOW REMOVAL AND GARBAGE P	ICKUP TO C	OWNERS
'n	7	F HOMES		
ĕ	2 0	theck this box If the organization discontinued its operations or disposed of more the	nan 25% of its net a	assets
Ğ	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3
oğ v	4	lumber of independent voting members of the governing body (Part VI, line 1b)		4
ij.	j	otal number of employees (Part V, line 2a)		5
Activities & Governance	ł	otal number of volunteers (estimate if necessary)		6
ĕ		otal gross unrelated business revenue from Part VIII, column (C), line 12		7a '-
		et unrelated business ta table income from Form 290-T, line β4		7b
_		RECEIVED	Prior Year	Current Year
4	8 C	On the bound of the second of	· · · · · · · · · · · · · · · · · · ·	- Guireite Tear
Ž	9 P	rogram service revenue (Sin VIII) line 29 7 2010	**************************************	
Revenue	10 Ir	estment income (Part VIII, column (A), lines 3, 4, and 702	3;	35. 104.
æ			1722	
	12 T	otal revenue - add lines & through 10 must edual Part VIII, column (A), line 12)	1755	
_		irants and similar amounts paid (Part IX, column (A), lines 1-3)		30003.
	1	enefits paid to or for members (Part IX, column (A), line 4)		
t0		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	•	
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)	H-12-1-1-1	
per		otal fundraising expenses, (Part IX, column (D), line 25)		
ŭ		other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3592	26. 39218.
		otal expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	3592	
		evenue less expenses Subtract line 18 from line 12	-1836	
		Overlade lead appointed. Calcillation of Heliff line 12	Beginning of Ye	
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)	1577	
Asse Bala	21 T	otal liabilities (Part X, line 26)		13430.
Net	22 N	et assets or fund balances. Subtract line 21 from line 20	1577	79. 13450.
	art II	Signature Block	13//	73.
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	monto and to the heat o	of the length of the
		and belief, it is true, correct and complete Declaration of preparer (other than officer) is based on all information of		•
		and deficit and complete Declaration of preparer (uniter that officer) is based on an information of	which preparer has any	, knowledge
Sig	n	X (Kalu OM mar a)	. 04	1/23/2010
He	-	Signature of officer	Dat	
	. •			~23-10
		Type or print name and title	<u> </u>	-23-10
		Preparer's \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Check if	Preparer's identifying number
Pai		signature Homela Ekupa CP.A. 04/23/2010	self- 🦳	(see instructions) P00291585
	parer's	Firms name (or yours M HATFIELD OLIVA TAX SERVIC	employed ▶ EIN ▶	► 61-1362779
Use	Only	if self-employed). address and ZIP + 4 7530 DIXIE LOUISVILLE KY 40258-		► 502-937-8006
_		,	I I I I I I I I I I I I I	,,,,,

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

X Yes

Form **990** (2009)

1	Briefly describe the organizati		Accomplianment	<u> </u>				
•	HOMEOWNERS ASS		AT PROVIDES	MAINTEN	ACE OF	STREETS,	ENTRAN	ICES
	SIGNS, SNOW RE							
			1-1					
2	Did the organization undertak		ogram services during th	ne year which we	ere not listed on		□ v	₩
	the prior Form 990 or 990-EZ		l- 0				Yes	X No
3	If "Yes," describe these new s Did the organization cease co			av it conducts as	ny program sony	2000	Yes	X No
3	If "Yes," describe these chang		significant changes in the	ow it conducts at	ny program serv	ices ·		21 10
4	Describe the exempt purpose	~	each of the organization	's three largest p	orogram services	by expenses		
	Section 501(c)(3) and 501(c)(-				
	allocations to others, the total					_		
				·				
4a	(Code) (Expense	es \$ 3 9	9218. including grai	nts of \$) (Revenue \$		
	HOMOWNERS ASSO	CTAPTON PI	IAT DDOUTDEC	אא דאוייניא	INNCE OF	STREETS		
	ENTRANCES, SIG		REMOVAL AND					
	OF HOMES	No, Show r	REMOVAL AND	GARDAGE	PICKUP .	OWNERS		
	OF HOMES						•	
								
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			- <u>-</u>	,				
				•				
4.	· · · · · · · · · · · · · · · · · · ·			-110) (D		
4b	(Code) (Expense	3 S \$	including gra	nts of \$) (Revenue \$		
					 -			
			<u></u>					
		·-·-				•		
	 							
							<u>.</u>	
4c	(Code) (Expense	es \$	ıncludıng gra	nts of \$) (Revenue \$		
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	-		1		· · · · · · · · · · · · · · · · · · ·			
4d	Other program services (Des				_			
4 -	(Expenses \$		grants of \$)	(Revenue \$)	4.
4e	Total program service expe	enses >	39218.		· - · · · · · · · · · · · · · · · · · · ·		Form 0	90 (2009)
								__

Part IV Checklist of Required Schedules

	4		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			7.5
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
5	Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	4	-	
J	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	H		
•	complete Schedule D, Part III	8		X
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,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 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			
12	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII	12		X
12Δ	Was the organization included in a consolidated, independent audited financial statement for the tax year? Yes No	12		<u></u>
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 3. Table 1. Tab	1 1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes;" complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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		X
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? If "Yes," complete Schedule F, Part II	15		X
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? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			_
4.5	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?			••
20	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	000	X
		Fo	rm 990	(2009)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	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 27 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 organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes,"			
	complete Schedule J	23		X
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 question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		X
ь	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			
	990EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	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,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			7,
	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, directly or indirectly			
	(see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds,			
	conditions, and exceptions)			7.7
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family			•
20	member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		- X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	00		- - -
31	conservation contributions? If "Yes," complete Schedule M	30		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
JŁ	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 11
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		
•	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		
-	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	33		- 11
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?	38		$\frac{x}{x}$
	2.5 m. 2.		,,,, QQA	(2009)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance						
			,	 :		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of						
	U.S. Information Returns. Enter -0- if not applicable	1a		0	1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	<u> </u>	0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable	€			,	
	gaming (gambling) winnings to prize winners?	1			1c		X
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			- 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?			2b	· · · · · · · · · · · · · · · · · · ·	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		tions)				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by					•
	this return?				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a						·X
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?		4a		
þ	If "Yes," enter the name of the foreign country.	21-					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign E	sank]
	and Financial Accounts				5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	tion?			5b		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		dina		35		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	negai	uing		5c		
	Prohibited Tax Shelter Transaction?	Δ			30		-
ьа	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?	C			6a		X
_	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			1	_	-
D	gifts were not tax deductible?	110 01			6b		
7	Organizations that may receive deductible contributions under section 170(c).				,		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for o	oods					
a	and services provided to the payor?	,			7a		1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it, was	ıs,					
Ī	required to file Form 8282?				7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	al		-		
	benefit contract?				7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?			7f		1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?				7g		-
h		as re	quired	>	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						
	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring	organi	zation,				1
	have excess business holdings at any time during the year?				8		ļ
9	Sponsoring organizations maintaining donor advised funds.						1
а	Did the organization make any taxable distributions under section 4966?				9a		ļ <u>.</u>
þ	·				9b	<u> </u>	1
10	Section 501(c)(7) organizations. Enter						1
a					\dashv		
b	aross receipts, included of the first book that will, and the provided are stated as a second are second as a seco				\dashv	-	1
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders					1	
	Cross modifications of characteristics			·	→ ′		ļ
D	Gross income from other sources (Do not net amounts due or paid to other sources					1	
12-	against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	m 104	1?	-	12a	1	1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						1
_							

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 6a, 6b, or 10b below, describe the cheditistances, processes, or changes in schedule of See in	Structions		
Sect	ion A. Governing Body and Management	P	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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	_	X
7a	Does the organization have members, stockholders, or other persons who may elect one of more members			
	of the governing body?	7a		X
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
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
þ	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			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	· · · · · · · · · · · · · · · · · · ·		
	, d		Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations		•	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	11		X
	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a		Х
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			1
	rise to conflicts?	12b		
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		
	Does the organization have a written whistleblower policy?	13		X
	Does the organization have a written document retention and destruction policy?	14		X
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			٠,,
	The organization's CEO, Executive Director, or top management official?	15a		X
þ	Other officers or key employees of the organization?	15b		X
4.5	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			7.
	with a taxable entity during the year?	16a		X
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	1		İ
	the organization's exempt status with respect to such arrangements?	16b		L
Sect	List the states with which a copy of this Form 990 is required to be filed \(\frac{\partial}{\partial}\) \rightarrow \(\frac{\partial}{\partial}\) \(\frac{\partial}{\partial}\)			
17	List the states with which a copy of this Form 990 is required to be filed 🐇 🕨			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
40	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest			
20	policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the			
20	DODEDE ANDEDGO DO DON EGA FORTEGISTATE WY ACCCO CACA	502-93	7 - つ	664
	organization ROBERT ANDERSO PO BOX 584 LOUISVILLE KY 40268-0421	JUL JJ	, 2	

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 no	(B)			(C				(D)	(E)	(F)
Name and Title	1	Positi	on (ch	neck	all tl	hat apı	(ylq	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the ¹ organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
RICHARD MOORE										•
PRESIDENT	15			X			<u> </u>	0	0	0
JERMOE HAUCK VICE PRES	15			X				0	0	0
ROBERT ANDERSO										
TREASURER	15			X				0	0	0
GEORGE SANDERS										
AT LARGE	15			X				0	0	0
DOUG CHAGNOR						,				
SECRETARY	15			X				0	0	0
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		Directors, Trustee	-,,					,,,,,,			' 		
	(A)	(B)			(C	,			(D)	(E)		(F)	
	Name and title	Average hours pe week		1	Officer	Key employee	Highest compensated employee	oly) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	other s compensation		of tion tion
							<u>a</u>				orga	anızatıc	ns
													
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lb Total				l		<u> </u>	1	•	0	, 0		0	
? Total numb	per of individuals (incli	uding but not limited	to those	listed	abo	ve)	who re	ceiv	ed more than \$100,0	000 in reportable com	pensatio	on	
from the or	ganization >			_	<u>-</u>					,		V	
B Did the org	anization list any for i	mer officer, director of	or truste	e. kev	emi	: Slove	્ર. ee. or l	hiahe	est compensated			Yes	No
_	on line 1a? If "Yes," c			-			,	· · ·			3		Х
	dividual listed on line												
the organiz	ation and related orga	anizations greater th	an \$150	,000?	If "Y	es,"	comp	lete	Schedule J for such		4		x
	rson listed on line 1a	receive or accrue co	mpensa	ation fr	om a	any i	unrelat	ted c	organization for		7		
	endered to the organiz		plete Sc	hedule	e J fo	or su	uch pe	rson			5]	X
	ependent Contractor his table for your five		d indon	ondon		****	toro th	not re	acqued more than \$1	100 000 of			
-	tion from the organiza	•	а шаер	ciideii	1 001	mac	,1015 11	iai it	sceived more man 3	10 000,000			
· · · · · ·	-	(A)							(B)			C)	
	Name a	and business address	<u> </u>						Description of s	services	Compe	ensatio	n
								-					
								<u> </u>					
													$\overline{}$
			_										

Page 9

Part	Vill	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
SO SO	1a	Federated campaigns 1a	:			
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b	,			1 4
<u> </u>	С	Fundraising events 1c	-			
ıfts rar	d	Related organizations 1d				
5. g ⊒	e	Government grants	+24.5	3,	,	,
S S	f	(contributions) All other contributions gifts,	* * * * * * * * * * * * * * * * * * * *			
g g	'	grants and similar amounts	,			
를	g	Noncoch contributions				
SE	9	included in lines 1a-1f	1 ,	,		
	h	Total. Add lines 1a-1f	'.			<u></u>
īe		Business Code	,			
Ven	2a					
Ŗ	b					
ce	c -					
چ	d					
Ñ	e			-		
ran		All ether program convex revenue	 	· · · · · · · · · · · · · · · · · · ·		
Program Service Revenue	T	All other program service revenue				
<u> </u>	9	Total. Add lines 2a-2f ▶				<u> </u>
	3	Investment income (including dividends, interest, and				
	1	other similar amounts)	104.	104.		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross Rents	1			
		Less rental	1 ′			
	þ	expenses Rental income				
	C	or (loss)			}	1
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets (i) Securities (ii) Other	to**:	5	ĺ	,
		other than inventory				
	b	Less cost or other				
		basis and sales expenses	5			
	С	Gain or (loss)	, `	,		
	d	Net gain or (loss)		Ì		
	8a	Gross income from fundraising events	7)			
a,	Ua	-				
ž		(not including \$	·			
e e		of contributions reported on line 1c)				
Other Revenue		See Part IV, line 18	4			
the	b	Less direct expenses b				
Ó	С	Net income or (loss) from fundraising events				ļ
	9a	Gross income from gaming				
		activities See Part IV, line 19 a				
	ь	Less direct expenses b	1			
	c	Net income or (loss) from gaming activities	1			
		Gross sales of inventory, less				
		returns and allowances a				
	<u>.</u>		-			
	b		· '			
	C	Net income or (loss) from sales of inventory		<u> </u>		
	<u> </u>	Miscellaneous Revenue Business Code	36505	36705		1
		MEMBERSHIP FEES	36785.	36785.		
	b		ļ <u>.</u>	<u> </u>	 	
	С		1		_	
	d	All other revenue				
	е	Total. Add lines 11a-11d ▶	36785.			
	12	Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,				
		9c, 10c, and 11e	36889.	36889.		

Part IX Statement of Functional Expenses

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

	All other organizations must complete				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	,	, -		
_	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				····
3	Grants and other assistance to governments,	_			
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	'			
11	Fees for services (non-employees)				
а	Management				
þ	Legal	3.0.	30.		
С	Accounting	400.	100.		
d	Lobbying	,			
ę	Professional fundraising services See Part IV line 17				
f	Investment management fees	. :	 		
g	Other				
12	Advertising and promotion				
13	Office expenses	627.	627.	-	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	. =			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	157.	157.		
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	YARD SALE	105.	105.		
þ	UTILITIES/GARBAGE PI	36662.	36662.		
¢	ENTRANCE MAINTENANCE	642.	642.	,	
d	SUBDIVISION MAINTENA	245.	245.		
е	MEMORIALS/DONATIONS	650.	650.		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	39218.	39218.		
26	Joint Costs Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the org				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	1			

Par	tΧ	Balance Sheet	2.5			
				·(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing	<u>;</u>	15779.	1	13450.
	2	Savings and temporary cash investments	-		2	
	3	Pledges and grants receivable, net	, .		3	
	4	Accounts receivable, net			4	•
	5	Receivables from current and former officers, dire	ectors, trustees, key			
		employees, and highest compensated employees	Complete Part II of Sch L		5	
	6	Receivables from other disqualified persons (as o	lefined under section			
		4958(f)(1)) and persons described in section 4958	8(c)(3)(B) Complete			`
		Part II of Schedule L			6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	
1	10a	Land, buildings, and equipment cost or other				
ļ		basis Complete Part VI of Schedule D	10a	}	:	** *
•	b	Less accumulated depreciation	10b		10c	
•	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line 1		13		
	14	Intangible assets	<u> </u>		14	
	15	Other assets See Part IV, line 11	Said 1		15	`
	16	Total assets Add lines 1 through 15 (must equal	l line 34)	15779.	16	13450.
	17	Accounts payable and accrued expenses		,	17	
	18	Grants payable	•		18	
	19	Deferred revenue	4		19	
	20	Tax-exempt bond liabilities	,		20	
ģ	21	Escrow or custodial account liability Complete Pa	art IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors	, trustees, key			
ā		employees, highest compensated employees, an	d disqualified			
=		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities Add lines 17 through 25			26	3343460034684441164000 HIPO344344444
		Organizations that follow SFAS 117, check he				
es		complete lines 27 through 29, and lines 33 an	d 34.			
<u>a</u>	27	Unrestricted net assets		15779.	27	13450.
Ba	28	Temporarily restricted net assets			28	
2	29	Permanently restricted net assets			29	
Ī		Organizations that do not follow SFAS 117, cl	heck here ▶ 📗			×
ō		and complete lines 30 through 34.		1		
ets	30	Capital stock or trust principal, or current funds	v . •		30	
Ass	31	Paid-in or capital surplus, or land, building, or equ	•		√31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inco	ome, or other funds	,	32	
~	33	Total net assets or fund balances		15779.	33	13450.
	34	Total liabilities and net assets/fund balances		15779.	34	13450.

Form **990** (2009)

	_		Yes	No
1	Accounting method used to prepare the Form 990 🛛 Cash 📗 Accrual 🦳 Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
ь	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	1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			
	issued on a consolidated basis, separate basis, or both	2d] ;	
	separate basis consolidated basis both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

...