

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

20**09**

Open to Public Inspection

Name of the organization Employer identification number Fools Five Inc 1462154 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) 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 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 \(\sum \) 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 **b** Type II c Type III-Functionally integrated **d** Type III-Other e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified 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) 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? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(iı) (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(iii) Provide the following information about the supported organization(s) h (i) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support governing document? above or IRC section col (i) of your (i) organized in the (see instructions)) support? US2 Yes

Total

Par	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)		
Sec	tion A. Public Support	·			-				
Ca	lendar 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 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	:			tarin ili				
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								
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4	120							
Sec	tion B. Total Support		- · ·	•					
	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			3					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				S				
11	Total support. Add lines 7 through 10			2 49 72 37	4000 (1000)				
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 tion C. Computation of Public Su	ere	<u> </u>	nd, third, fourth	, or fifth tax y	ear as a section	n 501(c)(3)		
				1 column (f)		14	<u> </u>		
14	Public support percentage for 2009 (line	•	•	r, coluitin (i))		15	<u>-</u> %		
15 16a	Public support percentage from 2008 Sc 331/3 % support test – 2009. If the organi			 on line 13 and	 line 1/1 is 331/60				
IUa	and stop here . The organization qualifies				IIII 14 IS 33/3 /	of more, che			
ь	33% % support test – 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this								
-	box and stop here. The organization qua						▶ 🗆		
17a	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—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.								

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

	(Complete only if you checke	a the box of	i lille 9 Oi Fa	rt 1.)			
	tion A. Public Support		# \ 0000 T	() ann I	(1) 2000		
Ca	alendar 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 any "unusual grants")	106636	107273	149320	166043	148657	677929
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		_				
5	The value of services or facilities furnished by a governmental unit to the organization without charge	-					
6	Total. Add lines 1 through 5	106636	107273	149320	166043	148657	677929
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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				ļ		
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	'	- '		,	,	677929
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	106636	107273	149320	166043	148657	677929
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 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 lines 9, 10c, 11, and 12)	106636	107273	149320	166043	148657	677929
14	First five years. If the Form 990 is for toganization, check this box and stop it		n's first, secor 		n, or fifth tax ye	ear as a sectio	n 501(c)(3) .▶ □
Sec	tion C. Computation of Public Sur	port Percer	ntage				
15	Public support percentage for 2009 (line			e 13, column ((f))	15	100 %
16	Public support percentage from 2008 S				<u> </u>	16	100 %
Sec	tion D. Computation of Investmen	t Income Pe	ercentage				
17	Investment income percentage for 2009	•		•	olumn (f))	17	<u></u> %
18	Investment income percentage from 20					18	<u>%</u>
19a	33\% % support tests—2009. If the orga 17 is not more than 33\% %, check this bo						
b	331/3 % support tests – 2008. If the organiline 18 is not more than 331/3 %, check this						
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	x and see inst	ructions 🕨 🗌

	(Form 990 or 990-EZ) 2009 Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See	Page 4 Part II, line 10;
	Tart ii, line 17a of 17b, and fart iii, line 12.11ovide any other additional information. Gee	mstructions.
		
-		
		•••••
		•

FOOLS FIVE INC PO BOX 325 LEWISTON MN 55952



039413

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

Date

Title