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## Form 990

### 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

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service For the 2009 calendar year, or tax year beginning and ending D Employer identification number Check if applicable Please C Name of organization **EPSILON SIGMA PHI-THE NATIONAL** use IRS Address change Doing Business As 52-6044675 **EPSILON SIGMA PHI-THE NATIONAL** label or 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 (208) 736-4495 %Bob Ohlensehlen, 450 Falls Avenue 106 See Specific Terminated City or town, state or country, and ZIP + 4 Twin Falls ID 83301 G Gross receipts \$ 179.546 Amended return tions Application pending Name and address of principal officer: F Yes X No H(a) Is this a group return for affiliates? Bob Ohlensehlen 450 Falls Avenue, Suite 106, Twin Falls, ID 83301 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status X 501(c) ( 4947(a)(1) or 3) **◄** (insert no) Website: ▶ http://espnational.org H(c) Group exemption number X Corporation K Form of organization Trust Association Other > L Year of formation 1927 M State of legal domicile MT Part I Summarv Briefly describe the organization's mission or most significant activities: To provide edeucation and development opportunities for extension professionals, youth directors and other adults. To promote the highest standards and ideals of SCANNED AUG 0 9 Activities & Governance professionalism along with interaction at the national level, by chapter and individually. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box ▶ Number of voting members of the governing body (Part VI, line 1a) . . . . . 7 Number of independent voting members of the governing body (Part VI, line 1b) . . . 5 1 Total number of volunteers (estimate if necessary) . . . . 6 6.550 Total gross unrelated business revenue from Part VIII, column (C), line 12 7a O Net unrelated business taxable income from Form 990-T, line 7b **Current Year** 10,391 Contributions and grants (Part VIII, line 1h). ပ္တ 8.806 9 240 20,748 15,017 10 -13,474 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ⊆ 11 182,145 161.881 Total revenue—add lines 8 through 11 (must equal Part up Column (A) line 12) 12 206,208 179,546 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 10,051 6,431 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 32,903 15 32,398 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 353 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 148,354 134,629 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). . . 190,803 174,316 19 Revenue less expenses. Subtract line 18 from line 12. 15.405 5.230 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . . . 545,370 550,600 21 Total liabilities (Part X, line 26) . . Net assets or fund balances. Subtract line 21 from line 20 545,370 550,600 Signature Block

u u u	Oignature block					
	Under penalties of perjury, I declare that I have examined the and belief, it is true, correct, and complete. Declaration of pr					
Sign	Bos Ohlenrefl.				$\mathbb{Z}^{0}$	uly 12, 20/0
	Signature of officer				Date	g -
Here	Bob Ohlensehlen	_		Executive Direct	ctor	
	Type or print name and title	7				
Paid	Preparer's signature	$-\alpha$	Date	Check if self-	. IV	Preparer's identifying number (see instructions)

if self-employe 3/61 NW 13th Street, Gainesville, FL 32609 May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . .

ay Cauthen, Jr , CP

X Yes No

**▶** 59-2292719

Phone no ► (352) 338-9030

EIN

Form **990** (2009)

Preparer's

**Use Only** 

Firm's name (or/

Ρa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission
•	To promote the highest standards and ideals of professionalism and interaction at the national level, both by chapter and
	individually by providing education and development opportunities, conferences for extension professionals, youth educators
	and other adults.
2	Did the organization undertake any significant program services during the year which were not listed on
2	
	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code: ) (Expenses \$ 6,431 including grants of \$ 6,431 ) (Revenue \$ 0)
	Scholarships, mini grants, awards given to individuals in the U.S.
	•••••
	*
	***************************************
4b	(Code. ) (Expenses \$ 17,059 including grants of \$ 17,059 ) (Revenue \$ 0)
	Conferences, conventions, meetings to foster standards of excellence in
	the extension system and to develop the extension profession and professional in a diverse membership.
	·····
	•••••••••••••••••••••••••••••••••••••••
	***************************************
	***************************************
4c	(Code. ) (Expenses \$ 353 including grants of \$ 0 ) (Revenue \$ 6,405)
	Auction held
	***************************************
	***************************************
4 :	04
40	Other program services. (Describe in Schedule O.)
	(Expenses \$ 65,997 including grants of \$ ) (Revenue \$ 0)
4e	Total program service expenses ► 89.840

			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	х	
_	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
2 3	Did the organization required to complete Schedule B, Schedule G Contributors:  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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4_		_X_
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<del>-</del>		
	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," 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	l		
	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	Ť		
	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,	_ <u></u>		<u> </u>
• •	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	7873 A.	150	
	Schedule D, Part VI.		(S)	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		7. ************************************	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	<b>学</b>		ľ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	13		
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		27.4. R	
	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.		ac v	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that	1	35	
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	1		"
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	. 3	- ;`` -	
	Schedule D, Parts XI, XII, and XIII.	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No	. 19 9	<i>'</i>	
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1,3		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	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? <i>If "Yes," complete Schedule F, Part I</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		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	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	Х

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Par	t IV Checklist of Required Schedules (continued)			
		1	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		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		İ	
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ļ .
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	
	employees? 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 line 25	. 24a	-	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<b> </b> -	X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			١.,
	to defease any tax-exempt bonds?	. 24c	<del> </del>	X.
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d	<u> </u>	X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	1		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	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			١
	990-EZ? If "Yes," complete Schedule L, Part I	. 25b	<u> </u>	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,		1	
	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	ļ. <u></u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	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			
	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 member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	. 28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
22	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			١
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
25	III, IV, and V, line 1	34	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
20	Schedule R, Part V, line 2	35	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			١.
	organization? If "Yes," complete Schedule R, Part V, line 2	. 36	<u> </u>	X
37	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			1
	VI	. 37	<u> </u>	X
38	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	. 38	Х	_

Par	Statements Regarding Other IRS Filings and Tax Compliance		V	
4	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	, .	Yes	No
1a	U.S. Information Returns. Enter -0- if not applicable	,		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	¥		1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) winnings to prize winners?	1c	X	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	100		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 1			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			, ·
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	38		
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		_X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ļ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶	1. J. P.		
	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	<b> </b>	<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
٥-	Prohibited Tax Shelter Transaction?	<u>5c</u>		├
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?	6a	<del>                                     </del>	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		<del> </del>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		X.	1
a	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		TX
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		_	<del>  ^</del>
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>	: <sub>*</sub> * -	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		£ 4>	1
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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		;	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	15.5	·	122
	organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		, ,	L
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:		1	
a	Initiation fees and capital contributions included on Part VIII, line 12		l	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		[	1
11	Section 501(c)(12) organizations. Enter		1	ļ
a	Gross income from members or shareholders		]	]
ь	Gross income from other sources (Do not net amounts due or paid to other sources			
120	against amounts due or received from them )	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a	<del> </del>	<del> </del>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	1	1	1

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

a Enter the number of voting members of the governing body .	Sect	on A. Governing Body and Management			
b Enter the number of voting members that are independent.  2 Did any officer, director, trustee, or key employee?  3 Did the organization frequency friends of the supervision of officers, directors or trustees, or key employee?  4 Did the organization of englate 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?  5 Did the organization have members or stockholders.  6 Does the organization have members or stockholders?  7 Does the organization have members or stockholders?  8 Does the organization have members or stockholders?  9 Does the organization have members or stockholders?  10 Did the organization have members or stockholders?  11 Describe of the governing body?  12 Describe organization the governing body subject to approval by members, stockholders, or other persons?  13 Describe organization contemporareously document the meetings held or written actions undertaken during the year by the following  12 The governing body?  13 Each committee with authority to act on behalf of the governing body?  14 Each committee with authority to act on behalf of the governing body?  15 Each committee with authority to act on behalf of the governing body?  16 Each committee with authority to act on behalf of the governing body?  17 Each committee with authority to act on behalf of the governing body?  18 Each committee with authority to act on behalf of the governing body?  19 Is there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at 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?  10 Describe in Schedule O the process, if any, used by the organization to review this Form 990.  11 Has the organization have a written within series policy?  12 Describe in Schedule O thow this is done.  13 D				Yes	No
Did any officer, director, trustee, or key employee?  any other officer, director, trustee, or key employee?  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?  Dod the organization become aware during the year of a material diversion of the organization sea organization become aware during the year of a material diversion of the organization sea set?  Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  Does the organization of the provision of the organization of the organization of the organization have members, stockholders, or other persons?  Did the organization of the provision of the organization organization organization organization organization organization or the organization or	1a	Enter the number of voting members of the governing body			
any other officer, director, trustee, or key employee?  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?  Did the organization make any significant changes to its organization documents since the prior Form 980 was filled?  Did the organization have members or stockholders, or other person of the organization's assets?  Did the organization have members or stockholders, or other persons who may elect one or more members or the governing body?  Describe organization the governing body subject to approval by members, stockholders, or other persons?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  The governing body?  In	b	Little the hamber of voting members that are interpreted in	is the	× 01 - 1	į
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?  4 Did the organization make any significant changes to dis organizational documents since the prior Form 990 was filed?  5 Did the organization have members or stockholders?  7 Does the organization have members or stockholders?  7 Does the organization have members or stockholders?  8 Did the organization thave members or stockholders?  9 Did the organization of the governing body subject to approval by members, stockholders, or other persons?  10 Did the organization of the governing body subject to approval by members, stockholders, or other persons?  10 Did the organization chemporaneously document the meetings held or written actions undertaken during the year by the following  11 Did the organization the properties of the governing body?  12 Did the organization delegation of the governing body?  13 Did the organization structure of the governing body?  14 Did the organization structure of the governing body?  15 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.  16 Does the organization have local chapters, branches, or affiliates?  17 Describe in Schedule O the process if any, used by the organization to review this Form 990.  18 Describe in Schedule O the process, if any, used by the organization to review this Form 990.  19 Describe in Schedule O the process, if any, used by the organization to review this Form 990.  19 Describe in Schedule O the process if any, used by the organization to review this Form 990.  10 Describe in Schedule O the process if any, used by the organization to review this Form 990.  10 Describe in Schedule O the process if any, used by the organization to the deliberation and decision?  10 Describe in Schedule O t	2				
supervision of officers, directors or trustees, or key employees to a management company or other person?  A Did the organization have was spunicant changes to its organization as since the prior From 990 was filed?  B Does the organization have members or stockholders?  Does the organization have members or stockholders?  Does the organization decome aware during the year of a material diversion of the organization's assets?  D Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  D Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  D Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  The governing body?  The governing body?  B Each committee with authority to act on behalf of the governing body?  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  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  Test of the governing body?  The subject of the governing body?  The subject of the governing body?  The policies (This Section B requests information about policies not required by the Internal Revenue Code)  Test of the governing body before filing the form?  The policies (This Section B requests information about policies not required by the Internal Revenue Code)  The subject of the governing body before filing the form?  The policies (This Section B requests information about policies not required by the formal policies not required by the organization review this form 990.  The policies (This Section B requests information are consistent with those of the organization.  The organization provided a copy of this Form 990 to all members of its governing body before filing the form?  Does the organization have a written orf		any other officer, director, trustee, or key employee?	2		X
Do the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 X 5 Did the organization have members or stockholders? 7a Does the organization have members of stockholders? 7b Does the organization have members of stockholders? 7c Does the organization have members of stockholders, or other persons who may elect one or more members of the governing body? 7b Dave any decisions of the governing body subject to approval by members, stockholders, or other persons? 7c Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 7c Description by the following 1 by the fo	3	Did the organization delegate control over management duties customarily performed by or under the direct			
Solid the organization become aware during the year of a material diversion of the organization's assets?  5		supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
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C 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?  14 Does the organization have a written document retention and destruction policy?  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?  15 The organization's CEO, Executive Director, or top management official  15 Did the organization's cet of the organization  15 Did the organization in jose of the organization  15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 Diff "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?  16 Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed UT  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    X 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 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 organization:  20 Bob Ohlensehlen  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	þ				
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Does the organization have a written whistleblower policy?  14 Does the organization have a written document retention and destruction policy?  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?  15 The organization's CEO, Executive Director, or top management official  15 The organization in the organization  16 Unter officers or key employees of the organization  17 If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)  16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed  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  X 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 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 organization:  80 Section 6104 requires an organization of the person who possesses the books and records of the organization:  80 Section 6104 requires an organization of the person who possesses the books and records of the organization:  18 Section 6104 requires an organization of the person who possesses the books a	С			Ì	
Does the organization have a written document retention and destruction policy?  14	4.0		$\overline{}$	<u> </u>	
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?  The organization's CEO, Executive Director, or top management official  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ UT  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  X Own website ☐ Another's website ☐ Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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 organization: ▶ Bob Ohlensehlen (208) 736-4495		· · ·		<b> </b>	<del></del>
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official		· · · · · · · · · · · · · · · · · · ·	14	ļ	X
The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization	15		, ,	7 . 21	1: 1
b Other officers or key employees of the organization			1		
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 990 is required to be filed List the states with which a copy of this Form 900 (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 Another's website Lighton request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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 organization:  Bob Ohlensehlen (208) 736-4495		· · · · · · · · · · · · · · · · · · ·	-	<b> </b>	
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ UT  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  X Own website	D	· · · · · · · · · · · · · · · · · · ·		ļ.—	
with a taxable entity during the year?  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed  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  X 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 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 organization:  Bob Ohlensehlen  (208) 736-4495	40-				
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?	168				اـــــا
tts 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?	<b>L</b>		16a	<b> </b>	X
the organization's exempt status with respect to such arrangements?	b		ľ		~
Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ UT  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  X 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 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 organization: ▶ Bob Ohlensehlen (208) 736-4495				· .	نـــــــــــــــــــــــــــــــــــــ
<ul> <li>List the states with which a copy of this Form 990 is required to be filed ► UT</li> <li>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 X Own website Another's website Upon request</li> <li>Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Bob Ohlensehlen (208) 736-4495</li> </ul>	Soci		16D	L	1
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  X Own website  Another's website  Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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 organization:  Bob Ohlensehlen  (208) 736-4495					
available for public inspection. Indicate how you make these available. Check all that apply  X Own website  Another's website  Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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 organization:  Bob Ohlensehlen  (208) 736-4495					
X Own website	10		only)		
<ul> <li>Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Bob Ohlensehlen (208) 736-4495</li> </ul>					
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 organization:  Bob Ohlensehlen (208) 736-4495	40				
State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Bob Ohlensehlen (208) 736-4495	13		esi		
organization: ► Bob Ohlensehlen (208) 736-4495	20	·	ha		
	20	(000) 700 4			
			730		

Form 990 (2009)

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated a employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Cassandra Corridon President	1.			х				0	0	0
Deborah J Thomason President-elect	1			х				0	0	0
Justen Smith 2nd Vice President	1			х				0	0	0
Elizabeth Claypoole Vice President	1.			х				0	0	. 0
Mary Ellen Blackburn Vice President	1.			х				0	0	C
Mark Stillwell Vice President	1			х				0	0	C
Linda Cook Executive Director-pst	30.			X				0	30,552	2,351
Bob Ohlensehlen Executive Director-crnt	1.			х				0	0	

Pa	rt VII Section A. Officers, Directors, Tru		iploy	ees,			nesi	COI	(D)	(E)	Tued	/(F)	•
	(A)	(B)	(C) Position (check all that ap					ply)	Reportable	Reportable		ted	
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	,	Estima amoun othe compens from to organiza and rela organiza	it of or sation he ation ated
								<u></u>					
								<u> </u>					
							ļ	ļ			_		
							<u> </u>						
											<u> </u>		
<u>1b</u>											2		2,351
2	Total number of individuals (including but ne reportable compensation from the organization)					e) w	ho re	ceiv	ed more than \$	100,000 in			
	reportable compensation from the organiza	1011										Yes	No
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sc			•		-	or h	nighe	est compensated		3		×
4	For any individual listed on line 1a, is the su	ım of reportable	com	pen	satio	n ar							
	the organization and related organizations of individual			00? li 		s," c	comp	lete	Schedule J for s	euch	4		X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Y										5		x
Sec	ction B. Independent Contractors							_		-			
1	Complete this table for your five highest cor compensation from the organization.	mpensated inde	pend	lent	cont	racto	ors th	at re	eceived more tha	an \$100,000 of			
	(A) Name and business a	address							(B) Description of ser	vices C	ompe	(C) ensation	
	NONE												
								├					
								╁					<u>C</u>
		· · · · · · · · · · · · · · · · · · ·						+					
2	Total number of independent contractors (in more than \$100,000 in compensation from				tho	se li	sted	abov	/e) who received	1			
	a than wite job in compensation from	o organization											

52-6044675

Pan	VIII	Statement of Revenue	<del></del>			<del></del>			
\$ 1						(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		1a	0				
Contributions, gifts, grants and other similar amounts	b	Membership dues	r	1b	0				
E G	c	Fundraising events	۲	1c					1
ifts	d	<b>-</b>		1d		ĺ			:
9, E	ū	<del>-</del>	F	1e	——— <del>\</del>	j			
Sin		Government grants (contributions)	· · · · · · · · · · · · · · · · · · ·	16	Y	· •			
ē Ĕ	T	All other contributions, gifts, grants,				1	٠.	,	
윤동		similar amounts not included above	-	1f	10,391				
E E	g	Noncash contributions included in I	ines 1a-1f. \$	-	0				i
	h	Total. Add lines 1a-1f	<u></u>	<del>i</del>	<u> </u>	10,391	<del></del>		
ire	_	_		).	Business Code				·
yer.	2a	ReimbursedExpenses		1		20,748			
S.	b			į		0			
Š	С			Į.		0		L	
Ser	d			Į		0			
Program Service Revenue	е					0			
. g	f	All other program service revenue		Ī		0			
Ğ	a	- 4 1 4 1 1 1 1 2 2 2 2 2		-		20,748			
	3	Investment income (including divide		, and	t l	-18,998			
	4	Income from investment of tax-exer	npt bond pro	ceed	is <b>⊳</b>	5,524			
	5	Royalties			>	0			
			(ı) Real	$\neg \neg$	(II) Personal			73	
	6a	Gross Rents	· · · · · · · · · · · · · · · · · · ·						, [
	ь	Less rental expenses				ν.		, 1	
	c	Rental income or (loss)		0					i
	d	Net rental income or (loss)			. •	0	·		1
	7a		(ı) Securities		(II) Other				(
	/a		(i) Securities		(ii) Other	· ~		>- m	
	١.	assets other than inventory.	<del></del>	_의	0	ļ			1
	b	Less cost or other basis					*	.' ~	•
		and sales expenses		_0	0				1
	С	Gain or (loss)		0	0				
	d	Net gain or (loss)		٠,	<u> </u>	0			
ø	8a	Gross income from fundraising		- [			*	- cet ,	
Ş	ļ	events (not including \$	0	ļ					
Š		of contributions reported on line 1c)		ı					
æ		See Part IV, line 18 .		a	0				İ
ē	b	Less. direct expenses		b	0		*	**	1
Other Revenu	C	Net income or (loss) from fundraisir	ng events .			o			
O	1	Gross income from gaming activitie	Ŧ	{			<del></del>		i
	[	See Part IV, line 19		a	0				ļ
	ь	Less: direct expenses		b	0			,	
		Net income or (loss) from gaming a				0			
		Gross sales of inventory, less	cuvilles .	. 1	<u> </u>	<del></del>			<u> </u>
	lua	returns and allowances		_ )	740				
				1	710			1	1
		Less: cost of goods sold		b	0				
	<u> </u>	Net income or (loss) from sales of i	nventory	·	<u>.</u>	710			
	ļ	Miscellaneous Revenue			Business Code				
	11a	Member Dues & Fees				151,021			L
	b	Auction				6,405			
	С	Miscellaneous				3,745			
	d	All other revenue				0			
	е	Total. Add lines 11a-11d .				161,171			
	12	Total revenue. See instructions	•		•	179,546	0	0	0
								<del></del>	Form <b>990</b> (2009)

## 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 req	uired to complete	columns (B), (C), ar	nd (D).
	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		CAPCHISCS	general expenses	expenses
-	organizations in the U.S. See Part IV, line 21	o			ļ
2	Grants and other assistance to individuals in				
_	the LLC Cos Dowt N/ Jime 22	6,431	6,431	1	
3	Grants and other assistance to governments,		0,431		
•	organizations, and individuals outside the				!
	U S. See Part IV, lines 15 and 16	1			!
4	<u> </u>	0			
5		<u></u> Ч			
3	Compensation of current officers, directors,	22.550			
•	trustees, and key employees	30,552	-	30,552	
6	Compensation not included above, to disqualified				
	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)	1			
_	and section 403(b) employer contributions)	0	,		<del>.</del>
9	Other employee benefits				
10	Payroll taxes	2,351		2,351	
11	Fees for services (non-employees)				
а	Management	0			
þ	Legal	0			
С	Accounting	2,671	2,671		
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	353			353
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	5,400		5,400	
17	Travel [	68,388	22,568	45,820	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	17,059	17,059		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	O	0
23	Insurance	0			
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed	İ			
	5% of total expenses shown on line 25 below)				
а	See attached Statement	41,111	41,111		
b		0	,.,.		
С		0			
d		0			· · · · · · · · · · · · · · · · · · ·
e		0			
f	All other expenses	0	· · · · · · · · · · · · · · · · · · ·		<del></del>
25	Total functional expenses. Add lines 1 through 24f	174,316	89,840	84,123	353
26		117,010	30,040	57,125	
20	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	<u></u> l			

#### Part X **Balance Sheet** (A) Beginning of year End of year 8.656l 1 12.256 2 227,756 2 63.656 3 3 4 268 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 7 Notes and loans receivable, net . . 7 Inventories for sale or use . . . 349 8 1,245 9 Prepaid expenses and deferred charges. 2,966 9 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D Less accumulated depreciation . . . 10b 0 10c 0 11 Investments—publicly traded securities . . . 305.375 11 473,443 Investments—other securities. See Part IV, line 11. 12 ol 12 0 13 Investments—program-related See Part IV, line 11. . O 13 14 Intangible assets . . . . . . ol 14 15 ol 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 545,370 16 550,600 17 Accounts payable and accrued expenses . . . . . . 17 Grants payable . . . . . . . . . . . . . 18 18 19 19 Tax-exempt bond liabilities . . . 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 0 Unsecured notes and loans payable to unrelated third parties . . . . 24 oi 24 0 25 ol 25 0 26 Total liabilities. Add lines 17 through 25. 26 Organizations that follow SFAS 117, check here | and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets. 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34. Capital stock or trust principal, or current funds. 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 545,370 33 550,600 Total liabilities and net assets/fund balances . . . 545,370 550,600

Part	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other	-		
	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	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			ļ
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	<u> </u>
	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			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	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		Х
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		

Form **990** (2009)

## SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Department of the Treasury

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

OMB No 1545-0047

► Attach to Form 990 or Form 990-EZ. Internal Revenue Service

► See separate instructions.

name	or the	organization							Embiose	ridentificat	ion numb	er		
			THE NATIONAL								044675			
Par				narity Status (All org						<u>nstructio</u>	ns.			
	orgar		•	ation because it is: (Fo		-		-	•					
1	$\square$			rches, or association of			ed in sec	tion 170(	b)(1)(A)(i	i).				
2	$\sqsubseteq$			on 170(b)(1)(A)(ii). (At		-								
3	$\square$	A hospital or	a cooperative h	nospital service organi	zation de	scribed in	section	170(b)(1)	(A)(iii).					
4			search organiza me, city, and st	ation operated in conju ate <sup>.</sup>	ınctıon wi	th a hospi	ital descri	bed in se	ction 170	)(b)(1)(A)	(iii). Ent	er the		
5		-	•	r the benefit of a collect (Complete Part II.)	ge or univ	ersity owi	ned or op	erated by	a govern	mental ur	nit descr	ibed		
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit d	lescribed	ın sectio	170(b)(	1)(A)(v).					
7				ly receives a substanti (1)(A)(vi). (Complete l		its suppo	rt from a g	governme	ntal unit o	or from th	e gener	al publi	С	
8				in section 170(b)(1)		omplete I	Part II.)							
9	$\overline{\mathbb{X}}$			ly receives (1) more th		-	-	om contri	butions. r	members	hip fees	. and a	ross	
	_	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)												
10		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
11		An organizat	tion organized a	and operated exclusive	ly for the	benefit of	, to perfo	m the fun	ctions of,	, or to car	ry out th	e		
		purposes of	one or more pul	blicly supported organ	izations d	lescribed	in section	509(a)(1	) or section	on 509(a)	(2). See		n	
				at describes the type of				-	te lines 1	1e throug	h 11h.			
		a 💹 Type	1 b	Type II c	Туре	e III–Fund	ctionally in	ntegrated		d 🔲 1	ype III-	-Other		
е				y that the organization										
				on managers and othe	er than on	e or more	publicly:	supported	l organiza	itions des	cribed I	n sectio	on	
			section 509(a)(2	•										
f			zation received a , check this box	a written determination	n from the	RS that	ıt is a Typ	e I, Type	II, or Typ	e III supp 	orting		Г	
g		Since Augus following per		the organization acce	pted any	gift or con	tribution 1	from any	of the					
		(i) A pers	on who directly	or indirectly controls,	either alo	ne or toge	ether with	persons o	described	i ın (ii)		Yes	No	
				verning body of the su			on? .				11g(i)		_X_	
			-	person described in (i)	•						11g(ii)		X	
h				ty of a person describe				•			11g(iii)	ll	X	
		riovide tile i	m =n	(iii) Type of organization	(iv) is the	nzauon(s)	(v) Did y	rou notify	(vi)	Is the	(vii)	Amount	of	
(1)		of supported anization	(II) EIN	(described on lines 1-5	1 111 001 (1) 11	ateu iii youi	Line Olyan	nization in	organiza	tion in col		support	•	
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the S?				
					Yes	No	Yes	No	Yes	No	1			
											Ī			
													0	
			· · · · · · · · · · · · · · · · · · ·										0	
													0	
													0	
													0	
Total	<u> </u>			1			·						0	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . . . . . . 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . 0 Total. Add lines 1 through 3 . . . . . 0 0 0 0 0 0 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. 0 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 0 0 0 ol ol 0 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . . 0 Net income from unrelated business activities, whether or not the business is regularly carried on . . . 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . 0 11 Total support. Add lines 7 through 10. 0 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . . . . . . . . . . . . . Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)). 0.00% Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . . . . . 15 15 0 00% 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a ▶ b 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . . . . 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. 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. 18 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	he box on line	9 of Part I )				
	tion A. Public Support	,,	4) 2222	(-) 0007	(4) 0000	(-) 0000 T	(D. T
Cale	endar year (or fiscal year beginning in) 🕒	(a) 2005	(b) 2006_	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and					İ	
	membership fees received (Do not			ľ		4	
	include any "unusual grants.") .	134,885	130,697	109,615	150,566	151,021	676,784
2	Gross receipts from admissions, merchandise		ì		ŀ	i	
-	sold or services performed, or facilities furnished		ļ		ļ	1	
	in any activity that is related to the				1		
	organization's tax-exempt purpose	103,175	31,031	115,468	20,625	23,005	293,304
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	1					0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						_
	organization without charge			005.000	474.404	474.000	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
6	Total. Add lines 1 through 5	238,060	161,728	225,083	171,191	174,026	970,088
7a	Amounts included on lines 1, 2, and 3						•
	received from disqualified persons .						0
ь	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
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6 )						970,088
	tion B. Total Support					<del></del>	
Cal	endar year (or fiscal year beginning in) 🕨 🖰	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6.	238,060	161,728	225,083	171,191	174,026	970,088
	Gross income from interest, dividends,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	11,049	17,148	17,902	15,017	5,520	66,636
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						.0
С	Add lines 10a and 10b .	11,049	17,148	17,902	15,017	5,520	66,636
11	Net income from unrelated business					ł	
	activities not included in line 10b,					i	
	whether or not the business is regularly		1				_
12	carried on Other income. Do not include gain or	<u> </u>		<del> </del>			0
14	loss from the sale of capital assets					]	
	(Explain in Part IV.)	]					0
13	Total support. (Add lines 9, 10c, 11,			<del>                                     </del>	<del></del>	<del></del>	<u> </u>
. •	and 12.)	249,109	178,876	242,985	186,208	179,546	1,036,724
14	First five years. If the Form 990 is for the or						
	organization, check this box and stop here .				riax year as a	00000110011(0)	· ·
Sec	tion C. Computation of Public Support						
15	Public support percentage for 2009 (line 8, c		d by line 12 o	olumn (ft)	<del></del>	15	02.579/
16	Public support percentage from 2008 Schedi				•	16	93 57%
	tion D. Computation of Investment Inc	ome Percent	age	<u> </u>	<del></del>	101	93 83%
17	Investment income percentage for 2009 (line			ne 13 column /	n)	17	E 420/
18	Investment income percentage from 2008 Sc				**	18	6.43% 6 17%
19a	•						
.va	not more than 33 1/3%, check this box and s						
b		•		•		-	
	line 18 is not more than 33 1/3%, check this box a						<b>▶</b> [
20	Private foundation. If the organization did n	=	=	-		=	
		or officer a box	OIL HILL 17, 130	a, or 100, 01160	it tills box ariu	SSS MISH GOLDIN	~ · · •

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

General Information on Grants and Assistance

EPSILON SIGMA PHI-THE NATIONAL

Part

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

Attach to Form 990.

2009 2009	open to trade
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Employer identification number

52-6044675

			(d) Amount of cash grant	(f) Method of valuation assistance (book, FMV, appraisa assistance 0 0 0	(f) Method of valuation (book, FMV, appraisal, other)	received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use space is needed  (d) Amount of cash grant assistance (b) Amount of non-cash grant assistance or assistance on assistance on a solution of one cash assistance or	(h) Purpose of grant or assistance
Enter total number of section 501(c)(3) and government organizations.	501(c)(3) and	aovernment ordan	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations.

m yoff

Schedule I (Form 990) 2009

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS & MINIGRANTS	6	4,900	0	N/A	N/A
AWARDS	230	1,531	0	Y/N	N/A
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
Part IV Supplemental Information. Complete this part	te this part to prov	ride the information r	equired in Part I, line	to provide the information required in Part I, line 2, and any other additional information.	ional information.
Receipients gualifly through an application process. Member serv	Member services co	mmittee determines th	ne best qualified can	inces committee determines the best qualified candidates with the highest score out of 100.	core out of 100.

#### **SCHEDULE O** (Form 990)

## Supplemental Information to Form 990

Employer identification number

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

Department of the Treasury ► Attach to Form 990. Name of the organization

52-6044675 **EPSILON SIGMA PHI-THE NATIONAL** Form 990 Part iii Line 4(D) Other program service expenses such as travel, accounting and legal costs, telephone, newsletters, printing, marketing, professional development, insurance, credit card expenses, office \$65,997 expense and bank fees Form 990, Part VI, Line 10 Form 990 is open and available to Public Inspection upon request Form 990, Part VI, Line 19 The company makes, its governing docunts and financial statements available to the public on its website and upon request.

1 Item F (990) - Name and Address of Principal Officer

Name			Phone Number
Bob Ohlensehlen			(208) 736-4495
Address			Foreign Country
450 Falls Avenue, Suite 106			
City, Town, or Post Office	State	Zip Code	Check ("X") if a business
Twin Falls	ID	83301	

#### EPSILON SIGMA PHI NATIONAL HONORARY EXTENSION FRATERNITY, INC DECEMBER 31, 2009

#### STATEMENT 1-ATTACHEMENT

CONSULTING FEES	8,633
INSURANCE	2,235
NEWSLETTER	6,143
OFFICE SUPPLIES	19,375
PRINTING	2,609
WEBSITE	812
MISCELLANEOUS	1,304

TOTAL OTHER EXPENSES

41,111

# Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

internal Revenue						
• If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II ( lete Part II unless you have already been granted an automatic 3-month extension on a	on page 2	of this form	. ► ☑ n). 868		
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies nee	ded).	ica i citti c			
Part I only .				. ▶ 📙		
time to file in	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form acome tax returns.					
one of the relectronically	iling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au eturns noted below (6 months for a corporation required to file Form 990-T). Howe if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed arone details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file in the fully completed arone details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file in the fully completed arone in the electronic filing of this form, visit www.irs.gov/efile and click on e-file in the full of the f	ver, you ca s 990-BL, ( ad signed pa for Charities	annot file in 6069, or 88 age 2 (Part s & Nonpro	B70, group II) of Form		
Type or	Name of Exempt Organization	Employer 52	identification			
print	Epsilon Sigma Phi-The National	52	0044	10/3		
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.					
filing your return See	% LInda Cook 2621 NW 29th Place  City, town or post office, state, and ZIP code For a foreign address, see instructions.					
Instructions.	Gainesville, Florida 32605					
Check type	of return to be filed (file a separate application for each return):					
☑ Form 990			Form 472	20		
☐ Form 990	· · · · · · · · · · · · · · · · · · ·		Form 522	27		
☐ Form 990	and the contract of the contra		Form 606	<del>3</del> 9		
☐ Form 990	- ·		Form 887	70		
				<del></del>		
Telephone If the orga If this is for the whole	No. ► ( 352 ) 378-6665 FAX No. ► ( 352 ) 338 nization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box ►		If t	his is		
until for the ► ☑	est an automatic 3-month (6 months for a corporation required to file For August 15 , 20 10 , to file the exempt organization return for the organization organization's return for: calendar year 20 09 or tax year beginning, 20, and ending	named abo	ove. The ex	xtension is		
2 If this to	ax year is for less than 12 months, check reason:  Initial return  Final return [	☐ Change	in accoun	ting period		
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax y nonrefundable credits. See instructions.	(, За	\$	-0-		
	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated ta					
	nts made. Include any prior year overpayment allowed as a credit.	3b	<b> \$</b>	-0-		
deposit	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer). See Instructions.	it 3c		-0-		
	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 84					
for payment		os-ey and	rorm 887	9-EU		

Form 9	3868 (Rev	4-2009)			Page 2
• If y	ou are Only co	filing for an Additional (Not Automatic) 3-Month Extension, completements of the Part II if you have already been granted an automatic 3-month extension, complete only Part I (or	ktension on a pre n page 1).	viously filed	FOIM 6000.
Par	t II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the origina		
Type		Name of Exempt Organization			dentification number
File by extend due da	ied	Number, street, and room or suite no If a P.O. box, see instructions.		For IRS use	only
filing the return instruction	he See	City, town or post office, state, and ZIP code. For a foreign address, see instruction	S. The state of th		
Chec	orm 990 orm 990 orm 990	0-BL	Form 1041-A Form 4720 Form 5227		Form 6069 Form 8870
STO	Pl Do no	ot complete Part II if you were not already granted an automatic 3-m	onth extension o	on a previou	sly filed Form 8868.
Tele If the lifth of the liftho	ephone he orga his is fo ne whol	nare in the care of ►  No. ► () FAX No. ► (	) ates, check this n Number (GEN)	box	If this is
5	For cal	st an additional 3-month extension of time until	0, and endin ☐ Final return l	g ☑ Change	in accounting period
		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter y nonrefundable credits. See instructions.	the tentative ta	8a	
	estimat	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refunced tax payments made. Include any prior year overpayment allowed a paid previously with Form 8868.			
		Due. Subtract line 8b from line 8a. Include your payment with this form, or, Docupon or, if required, by using EFTPS (Electronic Federal Tax Payment System			\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Title ► Certified Public Accountant

05/07/2010 Date >

Form **8868** (Rev 4-2009)