

# 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



# **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

spartment of the Treasury

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

Open to Public

-	or the	2009 calend	lar veat o	r tax year beginnin	<del></del>			2009, and	endina			, 20	·······
_				C Name of organization		DITEMPT TOTAL							
٦.	heck if ap		Please use IRS		TOCKER COMMO	NITI BAL	VMWPU1	FOURDAI	TON		_	Employer identifica	<b>200</b> 0 ma.
JA	vold ress ch	nange	label or	Doing Business As					<del></del>			5-0687098	
] N	iame char	198	print or type.	Number and street (or I	O box if mail is not de	divered to street	address)		Room	vsuite	ĮΕ	Telephone number	•
j H	nuten ledir	n	See	P O BOX 491								(304)478-2 <u>9</u>	930
] 7	erminated	1	Specific Instruc-	City or town, state or co	ountry, and ZIP + 4						G	Gross receipts	
] A	mended r	return	tions.	PARSONS, WV	26287						[	\$ 89	7,862
ÌA	pplication	pending	F Name	and address of principal off	icer								<del> </del>
-	••		<u> </u>						H(a)	is this a gri affiliates?	oup retur	o for	XI No
	ax-exemp	vi estatuo	X 501(0) (	3 ) <b>◀</b> (insert no.)	4947(a)(1) or	527			НО	Are all affill			. II Ma
		► N/A	EN SOVEL	3 ) 4 (magninos)					H(c)	If "No," atte	ch a list	(see instructions)	
			Corporation	T- D-	on Other >		1	-444		<del></del>			
_				Trust Associate	m L Caner		L Tear	of formation	1988	M State	OI 19GBI C	tomicile. WV	
<u> </u>	rt 🗓	Summar		<del></del>									
		•		anization's mission o	-							TUCKER CO	UNTY,
				PROVIDE EDUCAT									
Ġ	1 :	ASSOCIATIONS IN AND AROUND TUCKER COUNTY, WEST VIRGINIA SUCH AS LIBRARYS, RESCUE SQUADS,											
v	1 :	CEMETERIES, ETC.											
. 6	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.											
'n	3	Number of v	oting mem	bers of the governing	body (Part VI, line	91a)					3		23
. a	4	Number of in	ndependen	t voting members of t	he governing body	/ (Part VI, line	e 1b)				4		23
C	1			yees (Part V, line 2a)							5		2
. 0	1.		• •	eers (estimate if nece							6		50
				ousiness revenue from	• •						7a		0
(	201.0	-									7b	<del></del>	
	30 b	Net unrelate	a business	taxable income from	1 FORTH 990-1, 11/10	34	<del></del>	• • • • •	7	• • • •	10		<u>_</u>
R	<b>.</b>								<del></del>	tior Year		Current Yes	
٥ر	_)		_	ts (Part VIII, line 1h)			RECE	FIAFD	<del></del>	530	,904	24	4,362
با		•		ue (Part VIII, line 2g)					<u> </u>				0
U.C.	= 10	Investment i	income (Pa	art VIII, column (A), lir	nes 3, 4, and 7d)	$\cdots \left\{ \cdot \right\}$		חונה בי	181	<u>595</u>	,211	- 60	7,053
8	<b>(11</b> )	Other reveni	ue (Part Vi	il, column (A), lines 5	i, 6d, 8c, 9c, 10c, a	and 11e) 🕉 🚶	· MOA I	B. Frie	101	45	,051		3,419
	12	Total revenu	ue - add ima	es 8 through 11 (mus	t equal Part VIII, o	olumn (A), lir	ne 12)		131	1,171	,166	85	4,834
	513	Grants and	similar amo	ounts paid (Part IX, o	olumn (A), lines 1-3	3)√	OGD	EM. U		719	,298	54	15,432
_ `	₹14	Benefits pak	d to or for r	nembers (Part IX, co	lumn (A), line 4)		<u>UGU</u>						0
¥ ,	S 120			nsation, employee be		-	s 5-10) .			61	,644		9,604
P			=	g fees (Part IX, colur					<u> </u>				0
e				nses (Part IX, column	• • •			0	<b>200</b>	77. T.		\$300 P. C.	7 30
5 6	١.		• •	IX, column (A), lines	· · · -			<del></del> _	113 8555		,784		7,495
8	1	•	·-		· · · · · · · · · · · · · · · · · · ·	(A) (inc 25)			<del> </del>				32,531
	1 .	-		ines 13-17 (must equ		,			<del></del>		,726		
	19	Hevenue les	ss expense	s. Subtract line 18 fr	om line 12	<del>· · · · · ·</del>	<del></del>	· · · · · ·	<del> </del>		,440		12,303
Net Asset	ء ا			1						of Current		End of Yea	
OF .	20	Total assets	•	•		• • • • • •		• • • • •	ļ	15,156		16,48	32,476
Fund Bal-	21	Total liabilitie	es (Part X,	line 26)		• • • • •	• • • • • •				,454		1,409
ances		Net assets of	or fund bala	ances. Subtract line:	21 from line 20	<u></u>	<u></u>	<u></u>	<u> </u>	15,147	,218	16,48	31,067
Pa	rt II	Signatu	re Bloc	<u>k</u>	. <del></del>								
		Under penalti	ies of perjury,	I declare that I have exami t, and complete Declaratio	ned this return, including	g accompanying	schedules and	i statements, a	ind to the be	st of my kno any knowlec	wledge Ine		
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Sig	n	10	hat	a Burns	-							11-11-2	010
Her	e	Signatu	ne of officer								Date	)	
		Ra	Lert	· a. Burn	5 . Exem	utive	Dire	atan					
		Type or	pnnt name a	nd trtle		<u> </u>							
		Preparer's	<u> </u>	<del> </del>		1	Date	Che	ock if	Prepa	rer's iden	tifying number	
		signature		/ ^ ^	-	1		setf	doyed ▶	(See Ir	rstruction	3)	
Paid	_		' Sa	1 WKL	Mull	u	1-11-20			_			
Prep	arer's		110	Toba Bunda				<del></del>	EIN				
Use	Only	Firm's name			tte & Associ	a Cus							
		if self-employ address, and		P 0 Box 41					<del></del>			2505	
		l		Buckhannon		<del></del> _				no ▶30			
May	the IRS	discuss this	s return wit	h the preparer shown	above? (see Instr	ructions)	<u> </u>	<u> </u>	<u></u>			🔀 Yes	☐ No

Form 990 (2009) TUCKER COMMUNITY ENDOWMENT FOUNDATION

55-0687098

Page 2

Form 990 (2009)

·		55-0	6870	98	Р	age 3
Par	Checklist of Required Schedules					
	In the accomplished in a citize CO4/2//O) or 4047/2//4) /attraction a critical formulation (0 ft B//a ft		ı		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	1
2	Is the organization required to complete Schedule B, Schedule of Contributors?			2	^	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to					
	candidates for public office? If "Yes," complete Schedule C, Part I			3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete					
	Schedule C, Part II			4		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7		v
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		• • •	<del>'</del>		X
•	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	• • • •	•	<u> </u>		
_	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		;			
	complete Schedule D, Part IV		i <sub>1</sub>	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 10? If "Yes," complete				$X_{i,j}$	Ġ.j.
	Schedule D, Part VI.			2		(6) (6)
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			2/10		1
_	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		!			13.0
	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				478	
•	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.					200
•	Did the organization's separate or consolidated financial statements for the tax year include a tootnote that addresses			<b>泛海</b>	38	7.7
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			18		3
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			14.0		
	Schedule D, Parts XI, XII, and XIII			12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	77.3	<i>6</i> .2	22
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		X			26
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
Þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				ļ	]
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	• • •	• • •	14b	<u> </u>	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			45	ļ	
16		• • • •	• • •	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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	- • •	- • •	<del>  "</del>		-
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			17	1	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	, -	- •	<del></del>		<del> </del>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			18	x	Į
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	L	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			20	l	X

Part IV Checklist of Required Schedules (continued) No Yes 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 X 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III ...... 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 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a X 24b through 24d and complete Schedule K. If "No," go to line 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 244 Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X b 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 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? X 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. : <sub>ايد</sub> : Part IV instructions for applicable filling thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ......... A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28ь Х c 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, 28c X X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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, 34 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38 X 19? Note. All Form 990 filers are required to complete Schedule O ..............

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		334	
	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			16.77
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		23	(૧,૦)
	garning (gamtbling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	33	Z:4	
	Statements, filed for the calendar year ending with or within the year covered by this return		WW.	25.
Ь	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	ÖÑ	×3.43	
	instructions)		$N_{ij}$	843 A.C.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			W
	this return?	3a		<u>X</u>
Ь	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 authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
þ	If "Yes," enter the name of the foreign country: ▶		24	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	34-C	~`¢;^*	14 <u>2</u> 5
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	l		,
	Prohibited Tax Shelter Transaction?	5c		ļ
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		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	82 - 2 T	788
7	Organizations that may receive deductible contributions under section 170(c).	F 32		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	15/55	X(1)	1. ju
	and services provided to the payor?	7a 7b	L	X
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	//0		}
C	Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	}	X
_	If "Yes," Indicate the number of Forms 8282 filed during the year	77003	23.0	<u> </u>
d	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	13:00 P	033	
е	benefit contract?	7e	1372	X
	Did the organization, during the year, pay premiums, directly or Indirectly, on a personal benefit contract?	7/5	<u> </u>	X
,	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<del></del>	X
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	, <del>a</del>	<b>-</b>	<del>  **</del> -
••	required?	7h	}	x
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	250	<b>3</b> ( ) ( )	
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	X 12 12 12 12 12 12 12 12 12 12 12 12 12		
	organization, have excess business holdings at any time during the year?	8	~~	x
9	Sponsoring organizations maintaining donor advised funds.	138	70.55	830
a	Did the organization make any taxable distributions under section 4966?	9a	ļ^ <i>~</i> ~``	Х
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:	323	31,74	120
a	Initiation fees and capital contributions included on Part VIII, line 12	122		1
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	100	K	19/1
а	Gross income from members or shareholders			1
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L_	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1799	1.7

X

X

7a

X

X

X

TUCKER COMMUNITY ENDOWMENT FOUNDATION 55-0687098 Form 990 (2009) Part VI 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. Section A. Governing Body and Management 23 Ь 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 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? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members

Section B. Policies (This Section B requests information about policies not required by the Internal

b Are any decisions of 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

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached

Each committee with authority to act on behalf of the governing body?

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
ь	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		J
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	torm?	11	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	77	75	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	}
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	х	
13	Does the organization have a written whistleblower policy?	13	X	
14	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	77 V	7 "J",	13
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			18.7
а	The organization's CEO, Executive Director, or top management official	15a	X	<b>"</b> "
ь	Other officers or key employees of the organization	15b	Х	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		ýœ.	37
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		120	
	with a taxable entity during the year?	16a	Ĭ *	X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100	. % (§ :	Enin
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		97	
	the organization's exempt status with respect to such arrangements?	16b	<b>!</b> ~~	1
Sec	tion C. Disclosure			

31	ECHOIL	C. DI	うしいしろし	116	
_					 -

the year by the following:

Revenue Code.)

- 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.

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: ► ROBERT A BURNS (304)478-2930

P O BOX 491 PARSONS, WV 26287

# 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 dld not compensate any current officer, director, or trustee.

Check this box if the organization did not compensate at	(B)				7)			(D)	<b>(E)</b>	<b>(</b> P)
Name and Title	Average		<del>-</del>			at apply)	_	Reportable	Reportable	Estimated
	hours per week	lidur dur lisec vec de r de r	n r 3 u 1 s i t	f c	Key employee	H c em g mp l g mp l e s r s e t e d	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	ernount of other compensation from the organization and related organizations
ROBERT A BURNS										
EXECUTIVE DIRECTOR	40.00	<u> </u>		<u> </u>	X		_	43,274	0	0
DIANE BEALL						1	ł			
BOARD MEMBER	1.00	X		<b>!</b>	<u> </u>	ļ	Ь.	0	0_	00_
DAVID COOPER		İ	ĺ	l	1	1	(			
PRESIDENT	1.00	X	<u> </u>	X	↓_	<del> </del>	▙	0	0	
DAVE MORAN	}		l	}	l	1	Ì			i
SECRETARY	1.00	X	_	X		<b>-</b>	┡	0	0	
MARVIN PARSONS				١		l				
TREASURER	1.00	X	<u> </u>	X	1_	↓	┖	0	0	0
DAN BUCHER	l	_	(	Ì	İ	1	Ì	1		
BOARD MEMBER	1.00	X	_	<b>-</b>	<b> </b> _	╀——	_	0	0	0
SAM GOUGHNOUR		]		ļ		1	ļ		}	
BOARD MEMBER	1.00	X	<u> </u>	ļ_	ļ_	<u> </u>	١_	0	0	0
SHAWN NICHOLS	1	۱	l	1	1	1				i
BOARD MEMBER	1.00	X	<u> </u>	<b>↓</b> _	<b> </b>	<del>-</del>	▙	0	0	0
SHANNON ANDERSON		Ì	ł	ľ	l	Ì			_	
BOARD MEMBER	1.00	X	$\vdash$	<b>├</b> -	├	╁	├	0	0	0
KELLY STADELMAN	1	١	İ	ļ		}	ŀ	_		
BOARD MEMBER	1.00	X	<b>⊢</b>	├	┡	<del> </del> -	├	0	0	0
BETH CLEVENGER		١,,			ļ					
BOARD MEMBER	1.00	X	├-	├	▙	<del>↓</del>	├	ļ <u>°</u>	o_	0
JAMES C COOPER III		١.,	Ì	ļ		i	l	1		_
BOARD MEMBER	1.00	X	├	}_	⊢	<del>-</del>	├		0_	0
MARK DOAK		٠,		ļ	}	1		1		1
BOARD MEMBER	1.00	X	┝	-	┝		├-		0	0
NANCY K DOTSON		١,,				1			]	_
BOARD MEMBER	1.00	X	├	├	<b>├</b>	┼	├			0
AMY FIORINI		.,		l	1	{	(		_	_
BOARD MEMBER	1.00	X		$\vdash$	╀	┽——	┼-	<u> </u>	0	
ARVIN G HARSH			]		[					_
BOARD MEMBER	1.00	_X_		1_	1	J	1_	<u> </u>	0	0

Page 7

Page	8
гача	•

Part VII	Section A. Officers, Directors, Trustees	, кеу етрю	yees,	and	під	nes	Com	pen	Saled Lilipioyees	(contunued)	<del></del>
	(A)	(B)			Œ	7)			(D)	(E)	(F)
`	Name and Title	Average hours per week	Post I t d nri dur I s e v t c i e t de o u r a o I r	1 t n r s u t s i t e	0	K	mapply) Hoem gmp hpi eeoy tse t	F	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
ANNE BR	OWN WARDWELL	1	<b>†</b>								
BOARD M	<del></del>	1.00	X	<u> </u>	_	L	<b> </b>	<u> </u>	0	0	0
ALLYSON				Į	)						_
BOARD M		1.00	X	├	ļ-		-		0	0	- 0
MILAN N		1.00	x			1			o	0	
BOARD M DONNA P		1.00	<del> </del> ^	-	一	├	<del></del>	$\vdash$	<u>_</u>		0
BOARD M		1.00	X	l '	ł	ĺ	l	l	l	0	0
KEN SMI		1			<del>                                     </del>			$\vdash$	<u>-</u>		<del> </del>
BOARD M		1.00	x	1			<u> </u>	}	<u> </u>		
MARIWYN	M SMITH				Γ	Π		Π			
VICE-PR	ESIDENT	1.00	X		X	_		_	o	0	0
RACHELL	E DAVIS				{						
BOARD M	EMBER	1.00	X	<u> </u>	_	<u> </u>		L	0	0	0
FONNIE		ł	<b> </b>	ł		ł	1	ł	}		
BOARD M	EMBER	1.00	X	├	<u> </u>	-		<u> </u>		0	
		ļ			)	]	•	}			į
		<del></del>	<del> </del>	-	<del>                                     </del>	$\vdash$	<del> </del> -	├	<del> </del>	<del></del>	+
						1	1			ļ	
		<del></del>	<del>                                     </del>	╁	一	╁─	_	<del>  -</del>			<del>                                     </del>
			}		1						
				<u> </u>		L		<u>L</u>			1
		]									
					l	<u>_</u>	<u> </u>	<u>L</u> _			
1b Total								<u> </u>	43,274	0	0
	number of individuals (including but not limited to	those listed	above)	) wh	o rec	celve	ed mor	e th	an \$100,000 in	_	
repor	table compensation from the organization									0	Yes No
3 Didt	ne organization list any former officer, director or	triistee kov	emnlo	ممر	or h	iahe	et com	ากอก	esteri		165 Feb
	byee on line 1a? If "Yes," complete Schedule J fo	-		•		_		-			3 X
	ny individual listed on line 1a, is the sum of repor										72 27 5
the o	rganization and related organizations greater tha	n \$150,000?	f "Yes	," co	mpk	ete S	Schedu	de J	for such		
	dual										4 X
	ny person listed on line 1a receive or accrue con	-	•				-				
	ces rendered to the organization? If "Yes," comp	ete Schedule	J for s	such	per	son	<u>···</u>	<u>··</u>	<u> </u>	· · · · · · · · ·	5 X
	B. Independent Contractors								# #400 000 -		<del></del>
•	clete this table for your five highest compensated ensation from the organization.	ımaepenaem	contra	Ctor	SUR	at ro	Ceiveo	mo	Le turriu 2 100'nno c	4	
CONTE	ensator nom the organization.								(B)	<del></del> -	(C)
	Name and business address	3							Description of s	ervices	Compensation
										+	
		<del>.</del>									
_									1	l.	
	number of independent contractors (including bu										n :::(mrr):::::2

607,053

854,834

3,419

d All other revenue . . . . . e Total. Add lines 11a-11d .

55-0687098

fundraising solicitation . . .

	Section 501(c)(3) and 5 All other organizations must complete colu				n)
- Do	not include amounts reported on lines 6b,	Imn (A) but are not re	(B)	CO CO	(D).
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to governments and		одилов	Agrica 2462	7.000 (0.
•	organizations in the U.S. See Part IV, line 21	498,682	498,682		
2	Grants and other assistance to individuals in	230,002	230,002	B#L.28222525543Y+	N-M98830 4470 380 -
-	the U.S. See Part IV, line 22	46,750	46,750		
3	Grants and other assistance to governments,		10,,00		**************************************
•	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,			Diving Sections	<u> </u>
-	trustees, and key employees	43,274		43,274	
6	Compensation not included above, to disqualified	10,000			
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	19,750		19,750	
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)			]	
9	Other employee benefits		<del> </del>	<u> </u>	
10	Payroll taxes	6,580		6,580	
11	Fees for services (non-employees):	0,000		1,000	
a	Management				
ь	Legal	5,474	5,474	<del> </del>	<del></del>
c	Accounting	4,750	4,750	<u> </u>	
ď	Lobbying			· · · · · · · · · · · · · · · · · · ·	
	Professional fundralsing services. See Part IV, line 17		25 S 27 S 32 S	Sext Gentlag Sless	
f	Investment management fees	51,692	51,692	*	
9	Other		52,7022		
12	Advertising and promotion	12,150	8,675	3,475	
13	Office expenses	3,918	3,918		
14	Information technology				
15	Royalties			<del></del>	
16	Occupancy				
17	Travel	2,638	<u></u>	2,638	
18	Payments of travel or entertainment expenses				<del> </del>
	for any federal, state, or local public officials		ĺ	1	Í
19	Conferences, conventions, and meetings	6,922	6,922	<del> </del>	
20	Interest				
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization				
23	Insurance	3,282	3,282		
24	Other expenses, Itemize expenses not	\$ 1.7930.775.54	190 A. W. 1899	3843533	23/2/2/2/2/2/
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed		E614 345		
	5% of total expenses shown on line 25 below.)		10 10 10 10 10 10 10 10 10 10 10 10 10 1		
a	REPAIRS AND MAINTENANCE	10,874	10,874		
ь	POSTAGE	2,725		2,725	
c	TELEPHONE	1,982	1,982		
d	DUES AND SUBSCRIPTIONS	2,130	2,130		
8	PRINTING	4,992	4,992		
f	All other expenses	3,966	1,250	2,716	
25	Total functional expenses. Add lines 1 through 24f	732,531	651,373	81,158	0
26	Joint Costs. Check here ▶ ☐ if following				
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and	1	ł		ł
	from a combined educational campaign and		1		

n

c

3

0 0 31

32

33

TUCKER COMMUNITY ENDOWMENT FOUNDATION 55-0687098 Page 11 Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 2 154,046 132,966 2 3 3 187 4,811 4 Receivables from current and former officers, directors, trustees, key 5 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 6 7 S Notes and loans receivable, net ........... 8 8 Inventories for sale or use ...... 9 9 Prepaid expenses and deferred charges ..... 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . | 10a 10c ь Less: accumulated depreciation . . . . . . . . . . . . . . . 10b 15,023,519 11 16,323,619 11 12 Investments - other securities. See Part IV, line 11 ....... 12 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 16,482,476 16 15,156,672 17 9,454 17 1,409 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . . . 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 24 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 25 25 9,454 1,409 26 Organizations that follow SFAS 117, check here ▶ 🔯 and complete lines 27 through 29, and lines 33 and 34. NF 204,278 27 251,797 u 27 t n 47,238 52,661 28 d 29 14,895,702 16,176,609 A 29 В S Organizations that do not follow SFAS 117, check here > a I 8 and complete lines 30 through 34. 30 t a Capital stock or trust principal, or current funds ........ 30

> 16,482,476 Form 990 (2009)

16,481,067

31

32

33

34

15,147,218

15,156,672

Pald-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances ......

Form	990 (2009) TUCKER COMMUNITY ENDOWMENT FOUNDATION 55-06870	98	P	age 12
Par	† XI Financial Statements and Reporting			
	· ·		Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other	1000 A		
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in	X.2		
	Schedule O.	268.X		Siok:
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	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in		****	5453
	Schedule O.		300	1300
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			1000
	issued on a consolidated basis, separate basis, or both:	- 1000A0 - 10066	8 K	
	☐ 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	J~ <i>~</i> ~		J * ~ ``
	the Single Audit Act and OMB Circular A-133?	3a	ļ	x
ь	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	3ь		

EEA

Form 990 (2009)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

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

OMB No 1545-0047

Employer identification number

2009

Open to Public Inspection

TUCKER COMMUNITY ENDOWMENT FOUNDATION 55-0687098 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% 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 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). 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 Type III-Other a Type! By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). 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? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No Yes and (iii) below, the governing body of the supported organization? . . . . . . . . . . . . . . . 1190) 11g(ii) (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). Name of supported (II) EIN Type of organization (iv) is the organization (v) Did you notify (M) is the (Mi) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in omanization in col. RUDDOR above or IRC section governing document? col. (i) of your (i) organized in the U.S.? (see instructions) ) support? Yes Yes Yes Total

55-0687098 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

C	HOIT A. FUDIIC SUPPOR						
ıler	dar 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.")	189,708	283,407	282,143	530,904	244,362	1,530,524
!	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
ì	The value of services or facilities furnished by a governmental unit to the organization without charge						
ŀ	Total. Add lines 1 through 3	189,708	283,407	282,143	530,904	244,362	1,530,524
i	The portion of total contributions by each		1832 514				
	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)		<u>, e kozaka a</u>		**************************************		
<u>.                                    </u>	Public support. Subtract line 5 from In 4			Terrandal			1,530,524
_	tion B. Total Support	()	(1)	(1)	(1)	()	(4) =
ilei	ndar year (or fiscal year beginning in) >	(a) 2005	(b) 2006	(e) 2007	(d) 2008	(e) 2009	(f) Total
,	Amounts from line 4	189,708	283,407	282,143	530,904	244,362	1,530,524
,	Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	545,424	574,591	644,361	595,211	607,053	2,966,640
ı	Net income from unrelated business activities, whether or not the business is regularly carried on						
)	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	,					
1	Total support. Add lines 7 through 10 .	7.3.4.7.2	1 32 AY Y	1,994 B 700		\$,-00 \\ \$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	4,497,164
?	Gross receipts from related activities, etc. (	see instructions)				12	
<u>;</u>	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>	<u> </u>	h, or fifth tax year a	as a section 501(c)	(3)	▶□
ec	tion C. Computation of Public St	upport Percen	tage			( <del></del>	
1	Public support percentage for 2009 (line 6,	= = =	-	(f))	• • • • • • • • •		34.03 %
j	Public support percentage from 2008 Scheo				• • • • • • • • •		34.72 %
ia	33 1/3% support test - 2009. If the organi						. FP
	and stop here. The organization qualifies a	,	_			· · · · · · · · · · ·	▶ 🛚
Þ	33 1/3% support test - 2008. If the organi			•			. 🗆
	box and stop here. The organization qualif						▶⊔
'a	10%-facts-and-circumstances test - 20	_		•			
	more, and if the organization meets the "fact		-	-	•		▶□
L	organization meets the "facts-and-circumsta 10%-facts-and-circumstances test - 20	`	•		•	lina 15 le 10% or	
ij	more, and if the organization meets the "fac	_					
	organization meets the "facts-and-circumsta			-	•	· · · · · · · · · · · ·	▶□
3	Private foundation. If the organization did		•		=		

# TUCKER COMMUNITY ENDOWMENT FOUNDATION 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.)

ie	ction A. Public Support	DOX GITTER D GIT	arri.)	<del></del>	<del></del>		
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1,2000	(0,2000	177000
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchan- dise sold or services performed, or fac- lities 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 bus. under sec 513						
}	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
,	Total. Add lines 1 through 5						
a	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						
c	Add lines 7a and 7b						1
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			l			
C	Add lines 10a and 10b [						
1	Net Income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
!	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
}	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
_	First five years. If the Form 990 is for the organization, check this box and stop here.	· · · · · · · · ·	• • • • • • • • •	n, or fifth tax year	as a section 501(c)	(3)	<u></u> ▶ 🛚
e	ction C. Computation of Public Su	<del>'</del>	<del> </del>				
i	Public support percentage for 2009 (line 8, co						
-	Public support percentage from 2008 Schedu				· · · · · · · · · · · · · · · · · · ·	16	
<u>=</u>	ction D. Computation of Investmen			J (D)		1491	
ı	Investment income percentage for 2009 (line Investment income percentage from 2008 Sci		-			——————————————————————————————————————	•
	, -					_18	
	33 1/3% support tests - 2009. If the organiz.  17 is not more than 33 1/3%, check this box a	and <b>stop here.</b> Ti	he organization qua	lifies as a publicly	supported organiz	ation	▶□
D	33 1/3% support tests - 2008. If the organiz line 18 is not more than 33 1/3%, check this b	ox and stop her	e. The organization	qualifies as a put	olicly supported org	anization	▶ □
)	Private Foundation: If the organization did n	ot check a box of	n line 14, 19a, or 19	b, check this box	and see instruction	rs	▶ [

### SCHEDULE D (Form 990)

## Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047

Employer identification number

2009

Open to Fublic
Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

TUCKER COMMUNITY ENDOWMENT FOUNDATION 55-0687098 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) . . . . . 3 Aggregate grants from (during year) . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: 

Par	Organizations Maintaining	Collection				Treasures	Or Ol	her Similar A		(continu	rage &
3	Using the organization's acquisition, accession,								33613	(COHILINE	160)
_	collection items (check all that apply):	BIO 00165 160	0.00	s, oneon any c	4 UIO IOIK	wang a kacara	a signinik	ant use or its			
а	Public exhibition		٦,	oon or evel-							
ь	Scholarly research	e [	_	.oan or excha Other	uða broði	rams					
c	Preservation for future generations	<b>.</b>	י נ	Julet							
4		_A:	.1	. h.a 41 44	L	<b>-</b>					
~	Provide a description of the organization's collect	ctions and exp	nıbk	now they turn	ner the o	rganization's e	xempt p	urpose in			
_	Part XIV.										
5	During the year, did the organization solicit or re								_	<b>-</b>	
Da	assets to be sold to raise funds rather than to be								•••	Yes	<u>U</u> No
F-481	Escrow and Custodial Arra	-			janizatior	n answered "Y	es" to F	orm 990,			
	Part IV, line 9, or reported an amoun										
1a	3			-					_	_	_
_	included on Form 990, Part X?					• • • • • •		• • • • • • • • •	· · L	] Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV and	d complete the	e foi	lowing table:							
								An	nount		
C	Beginning balance							:			
d	Additions during the year							1	_		
e	Distributions during the year						1e	•		-	
f	Ending balance						1f				
2a	Did the organization include an amount on Form	990, Part X,	line	21?					[	Yes	☐ No
Ь	If "Yes," explain the arrangement in Part XIV.	_									
Par	Endowment Funds. Complete	if the organiza	ation	answered "Y	es" to Fo	rm 990, Part I	V, line 1	0.			
		(a) Current y	reer	<b>(b)</b> Pri	or year	(c) Two years	s back	(d) Three years back	(a)	Four years	beck
1a	Beginning of year balance					63.67.53.29	7.780 mg		y Più		
ь	Contributions					13/2/23	792.35		74 (S)		
c	Net investment earnings, gains, and losses .	• • • • • • • • • • • • • • • • • • • •							**************************************	<del>8868.</del>	<del>eddddiolg</del> Cyfreiniae
d	Grants or scholarships		_			1000000	200,5,X	- C. (1884			
e	Other expenditures for facilities				-		***************************************	(Majuriju 100) (2,28,56)	420	<del>??;;{()::\</del>	<del>manini</del>
	and programs			1		F22/18	. 1907.00 2007.00			ŠŠŕú.	
f	Administrative expenses										
g	End of year balance	<del></del>				M. U.S.	250 323 20 725	87x 3733 (28x 38x 38x 38x 38x 38x 38x 38x 38x 38x 3	28,00	<u> 200 (188)</u> (200 (1.00)	
2	Provide the estimated percentage of the year en		d ge			عتسنشششد	. 2		.o#@wile	7 <u>0.81048</u>	مشمشت
a	Board designated or quasi-endowment		~ %	<b>.</b>							
ь	Permanent endowment > %		/0								
-	Term endowment ▶ %										
3a	Are there endowment funds not in the possessic	on of the orași	محاد	tion that are h	old and a	desiminators of fa					
	organization by:	Al Ol the Olgai	IIZa	uon uiat aie n	aru aru a	CHILLIPSTOLOU IC	H UR <del>D</del>			V	. I NIa
	(i) unrelated organizations								120	Yes	No
	(ii) related organizations								. 38		+
	If "Yes" to 3a(ii), are the related organizations is					• • • • • •	• • • •		_	(fi)	<del> </del>
4	Describe in Part XIV the intended uses of the on	=					• • • •		. اع	ь	<u> </u>
Par					00 Form	000 Bod V III	10				
R, 481		ings, and i	LY	aipment. S	ee rom	990, Part X, III	NO 10.				
	Description of investment			other basis		est or other		Accumulated	(d)	Book valu	9
1-	Lond		(Inve	stment)	bas	is (other)		epreciation			
1a	Land				-		(%*) [ %*)				
Þ	Buildings										
c .	Leasehold improvements	• • •									
d	Equipment	• • •									
e	Other										
otal	Add lines 1a through 1e. (Column (d) must equ	al Form 990, I	Part	X, column (B	, line 10(	c).)		· · · · · · <b>&gt;</b>			

Part VII Investments - Other Securities.	See Form 990, Part X, line 12.	
(a) Description of security or category	(b) Book value	(c) Method of valuation.
(Including name of security)		Cost or end-of-year market value
Financial derivatives	•	
Closety-held equity interests	•	
Other		
	_ }	
· · · · · · · · · · · · · · · · · · ·		
	_	
	_	
	_	
	_	
	_	
		\$\tag{2} \tag{2}
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12 )		
Part VIII Investments - Program Related	See Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
······	<del></del>	<u> </u>
	<del></del>	
	•	
Total. (Column (b) must equal Form 990, Part X, coi (B) line 13 )		S24434702279595944767477985925
Total. (Column (b) must equal Form 890, Part X, col. (B) line 13.)  Part IX Other Assets. See Form 990, Part X, lir		Land 1975 178   1975
	n) Description	(b) Book value
	y possipuoi	(4) 500 1880
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	
Part X Other Liabilities. See Form 990, Part X	, line 25.	
1. (a) Description of liability	(b) Amount	
Federal income taxes		
Total. (Column (b) must equal Form 990, Part X, col (8) line 25 )	>	

<sup>2.</sup> FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schad	ue D (Form 990) 2009 TUCKER COMMUNITY ENDOWMENT FOUNDATION	55-0	687098	Page 4
	Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		854,834
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		732,531
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		122,303
4	Net unrealized gains (losses) on investments	4	1	,211,546
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7_		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9	1	,211,546
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		,333,849
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Re	turn	
1	Total revenue, gains, and other support per audited financial statements	1	2	,109,408
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
2	Net unrealized gains on investments	433	Š	
Ь	Donated services and use of facilities	- 600	3	
С	Recoveries of prior year grants	<b>-</b> ₩0	9	
d	Other (Describe in Part XIV.)	-14	"7	
e	Add lines 2a through 2d	20	<del></del>	,211,546_
3	Subtract line 2e from line 1	3		897,862
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	- E.	4	
a	Investment expenses not included on Form 990, Part VIII, line 7b	<b>. 1</b> 00	*,	
b	Other (Describe In Part XIV.)	5)	.1	(42 020)
E C	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		(43,028) 854,834
5 10 a	Reconciliation of Expenses per Audited Financial Statements With Expenses		1	034,034
1	Total expenses and losses per audited financial statements	1	Tiolani	775,559
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	23	<u>.</u>	773733
a	Donated services and use of facilities		졝	
ь	Prior year adjustments	$\pm 36$	A	
c	Other losses	-03	7	
d	Other (Describe in Part XIV.)		ैं।	
e	Add lines 2a through 2d	20	<b>5</b>	
3	Subtract line 2e from line 1	3		775,559
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	200	<u> </u>	· · · · · · · · · · · · · · · · · · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	- [32	3	
ь	Other (Describe in Part XIV.)	33 W.		
С	Add lines 4a and 4b	40		(43,028)
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		732,531
Pa	rt XIV Supplemental Information			
Соп	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b			
and	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete			
this	part to provide any additional information.			
Ot:	her revenues included on Form 990 (Part XII, line 4b)			
SPE	CIAL EVENT FUNDRAISING DIRECT EXPENSES			
				<del></del>
			•	

Schedu	e D (Fom	n 990) 21	009 TUCKER	COL	YTINUME	END	OMWR	NT FOUL	NDATIC	)N				55-0687	098	Page 5
Par	XIV	. 5	Supplement	tal li	nformatic	on (o	ontinu	ed)								
											<del></del>					
										_						
02.	Oth	ner	expense	98	includ	<u>led</u>	on	Form	990	(Part	XIII,	line	4b)			
SPEC	IAL E	VEN.	FUNDRAIS	ING	DIRECT	BXP	ENSE	s								
															<u>-</u>	
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### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization enswered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 8e.

> Attach to Form 990 or Form 990-EZ.

> See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization TUCKER COMMUNITY ENDOWMENT FOUNDATION 55-0687098 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part ! Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations Solicitation of non-government grants **b** Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes ☐ No b If "Yes," list the ten highest paid individuals or entities (fundralsers) pursuant to agreements under which the fundralser is to be compensated at least \$5,000 by the organization. (i) Name of individual (ii) Activity (iii) Did fundraiser have (Iv) Gross receipts (v) Amount paid to (vi) Amount paid to custody or control of (or retained by) (or retained by) or entity (fundralser) from activity organization fundraiser listed in contributions? col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other Events (d) Total Events UNCLE SAMS B Add col. (a) through R (event type) (event type) (total number) col. (c)) e v Gross receipts . . . 46,447 46,447 θ 2 Less: Charitable u contributions . . . 3 Gross revenue (line 1 46,447 minus line 2) . . . . . . . . . . . . . . . 46,447 D Non-cash prizes . . C Ε 7 Food and beverages . . . . . . X þ Entertainment . . . . . . n s Other direct expenses . . . . . 43,028 43,028 Ð 43,028 ) Direct expense summary. Add lines 4 through 9 in column (d) 3,419 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (Add (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue . . . . . . . . . Pirect Non-cash prizes . Expenses Rent/facility costs Other direct expenses Yes Yes Yes No Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) . . . . Net gaming income summary. Combine line 1, column (d), and line 7 . . . . . . . . . . . . . . . . . Yes No Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate garning activities in each of these states? 9a b If "No," Explain: 10a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: 11 Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 

SCHEUULE I (Form 990)		Gove	Governments, and Individuals in the United States	Assistante un dividuals in	in outer Assistance to organizations, its, and Individuals in the United State	o, Ites	1	2009
		Complete	Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.	swered "Yes," to For	rm 990, Part IV, line 2	l or 22.		Open to Public
Department of the Treasury Internal Reverue Service			•	Attach to Form 990.				Inspection
Name of the organization  TUCKER COMMUNITY ENDOWMENT FOUNDATION	ENDOWMENT FOU	NDATION					Enployer Identification number 55-0687098	umber
Part [8] General Information on Grants and Assistance	formation on G	rants and Assist	ance					
1 Does the organization	on maintain records to	substantiate the amou		ance, the grantees' el	igibility for the grants or			No.
2 Describe in Part IV #	trie serection criteria used to award trie grants of assistance r Describe in Part IV the organization's procedures for monitorir	the selection of tenta used to award the grants of assistance?	the use of grant funds in	grant funds in the United States.				
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	d Other Assista	nce to Governme	ents and Organiza	tions in the Unit	ed States. Comple	te if the organization answ	ered "Yes" to	
Form 990, Par	t IV, line 21, for any n	Form 990, Part IV, line 21, for any recipient that received more tha	Ē	this box if no one rec	sipient received more th	an \$5,000. Use		4
(a) Name and address of organization	f organization	(b) EIN	(c) IRC section	(d) Amount of cash (e)	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUCKER COUNTY BENIOR C	IOR CITIZENS	FE-0548633	501 (0) (3)	6		omery		GENERAL SUPP
11111 007								
								-
1	of section 501(c)(3) an	Enter total number of section 501(c)(3) and government organizations	ttions				<b>A</b> 4	1
3 Enter total number of other organizations	Enter total number of other organizations rivacy Act and Paperwork Reduction	Act Notice, see the Instruction	structions for Form 99		EEA			Schedule I (Form 990) 2009

Schedule ( (Form 990) 2009 (i) Description of non-cash assistance 55-0687098 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV. appraisal, other) Part W Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. non-cash assistance (d) Amount of 46,750 H (c) Amount of cash gram TUCKER COMMUNITY ENDOWMENT FOUNDATION Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 37 (b) Number of recipients REVIEWED AND MONITORED BY BOARD OF DIRECTORS. 01. Monitoring procedures (Part I, line 2) MONITORED BY BOARD OF DIRECTORS (a) Type of grant or assistence Schedule I (Form 990) 2009 SCHOLARSHIPS Part III

Page 2

### SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990.

Name of the organization		Employer identification number
TUCKER COMMUNITY ENDOWMENT FOUNDATION		55-0687098
01. Form 990 governing body review (Part VI, line 11)		
V2. : 01m ) > 90 02 222 2 200 2 200 12 12 12 12 12 12 12 12 12 12 12 12 12		
THE 990 IS PRESENTED TO THE GOVERNING BOARD ALONG WITH THE ANNUAL	AUDIT RE	PORT FOR REVIEW
AND APPROVAL.		
02. Conflict of interest policy compliance (Part VI, line 12c)		
CONFLICT OF INTEREST POLICY IS IN PLACE. EMPLOYEES ARE REQUIRED	TO REPORT	POSSIBLE ISSUES
TO CHILOR MANAGEMENT POARD OF DEPENDING ALSO WONTHORS BOLLD		
TO SENIOR MANAGEMENT. BOARD OF DIRECTORS ALSO MONITORS POLICY.		
03. CEO, executive director, top management comp (Part VI, line 1	5 <b>a</b> )	
COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS.		···
04. Other officer or key employee compensation (Part VI, line 15b	ı	
COMPENSATION IS DETERMINED BY BOARD OF DIRECTORS.		
05. Governing documents, etc, available to public (Part VI, line	19)	
GOVERNING DOCUMENTS AND FINANCIAL REPORTS ARE ON FILE AND AVAIALE	LE TO THE	GENERAL PUBLIC
UPON REQUEST.		
	<del></del>	