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Form **990-EZ**

OMB No 1545-1150 2009

Department of the Treasury Internal Revenue Service

LHA

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

A	For th	e 2009 calendar year, or tax year beginning and ending	
B	heck if	0 10000	nployer identification number
늗	Addres change Name	labet or l	61-1256743
늗	Name change Initial	type Number and street (or P.O. how if mail is not delivered to street address) Poom/suito IF. Te	elephone number
7	retum Termi	Specific 528 NOTTINGHAM PARKWAY	502-777-0369
F	lated Amen	Imsuc-	roup Exemption
	return Applica pendin		umber ►
		ion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting i	method Cash Accrual
			fy)►MODIFIED CASH
1 1	Vebsit	e: ►NOT APPLICABLE H Check ►	If the organization is not
<u>J 7</u>	ax-ex	mpt status (check only one) — 🗶 501(c) (3) ◀ (insert no) 🔲 4947(a)(1) or 🔲 527 required to attac	ch Schedule B (Form 990, 990-EZ, or 990-PF)
K (Check I	f the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more	e than \$25,000 A Form 990-EZ or
		Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return	100 005
		s 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$ 183,805.
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction	
	1	Contributions, gifts, grants, and similar amounts received	1 165,252. 2 711.
	2	Program service revenue including government fees and contracts	-
	3	Membership dues and assessments	3 2,292.
	4	Investment income Gross amount from sale of assets other than inventory 5a	4 2,292.
	5a b	Less, cost or other basis and sales expenses 5b	1
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	- 5c
<u>•</u>	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	
enc		Gross revenue (not including \$ of contributions	
201Revenue	-	reported on line 1) 6a 15,550.	
	b	Less direct expenses other than fundraising expenses 6b 15,550.	
		Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	[8c] O.
ඟ	7a	Gross sales of inventory, less returns and allowances 7a	
e	b	Less: cost of goods sold	
JU.	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8	Other revenue (describe)	8
SKANNED	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 168,255.
Z	10	Grants and similar amounts paid (attach schedule) Received: Received:	10
₹	11	perients band to at lot members	11 26 015
		Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors MAY 1 8 2010	12 26,015. 13 8,700.
© Ž	13	Professional fees and other payments to independent contractors MAY 1 8 2010	
Ä	14	Occupancy, rent, utilities, and maintenance	14 11,085. 15 6,075.
	ı	Printing, publications, postage, and shipping Other expenses (describe	16 52,700.
	17	Total expenses. Add lines 10 through 16	17 104,575.
		Excess or (deficit) for the year (Subtract line 17 from line 9)	18 63,680.
ets	I	Net assets or fund balances at beginning of year (from line 27, column (A))	
Net Assets	``	(must agree with end-of-year figure reported on prior year's return)	19 216,290.
<u>\$</u>	20	Other changes in net assets or fund balances (attach explanation)	20
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 279,970.
Pa	ırt II		90-EZ
		(See the instructions for Part II) (A) Beginning of year	
22	Casi	, savings, and investments 217,400	
23		and buildings	23
24		r assets (describe ►)	24
25		l assets 217,400	
26		I Nabilities (describe ► SEE STATEMENT 2) 1,110 Assets or fund balances (line 27 of column (B) must agree with line 21) 216,290	
27	Net	assets or fund balances (line 27 of column (B) must agree with line 21) 216, 290	1 • [41]

Form **990-EZ** (2009)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	m 990-EZ (2009) FRIENDS OF INDIAN SUMMER			61-	<u>-1256/</u>	43 Page
P	Part III Statement of Program Service Accomplishme	ents (See the instructions for	Part III.)		E:	xpenses
Wh	nat is the organization's primary exempt purpose? SEE STATEMEN	T 5				or section 501(c)(3)
De:	escribe what was achieved in carrying out the organization's exempt pu	irposes. In a clear and conc	ise manner, desci	nbe		4) organizations and 37(a)(1) trusts, optiona
	e services provided, the number of persons benefited, and other releva				for others)	riagir) ausas, opuona
28	SEE STATEMENT 4					
	(Grants \$) If this amount includes foreign	grants, check here	•		28a	26,015.
29						
	(Grants \$) If this amount includes foreign	grants, check here			29a	
30			· · · · · · · · · · · · · · · · · · ·			
	(Grants \$) If this amount includes foreign	grants, check here			30a	
31	Other program services (attach schedule) SEE STATEMENT					
•	(Grants \$) If this amount includes foreign		•		31a	58,768.
32	Total program service expenses (add lines 28a through 31a)	grants, check here			32	84,783.
	art IV List of Officers, Directors, Trustees, and Key	Employees, List each one on	ven if not compensated	/See the	 	
	Ziri iv j mot or o'mooro, Diroctoro, Tractoro, and Itoy	Littpicy Coo. List each one et	Veri ii not compensated	_	ntributions	Fait V
		(b) Title and average hours	(c) Compensation		mployee	(e) Expense
	(a) Name and address	per week devoted to	(if not paid, enter	bene	fit plans &	account and
		position	-0)	1	eferred	other allowances
77	ON DUBINS, 7703 BARBOUR PLACE,	DDECIDENT		Com	pensation	·
		PRESIDENT			Λ	201
	OUISVILLE, KY 40241	6.00 DIRECTOR	0.	 	0.	291.
	REG GITSCHIER, 12123 SHELBYVILLE	40.00	24 167		^	702
_	D, LOUISVILLE, KY 40243		24,167.	 	0.	792.
	COTT HENSON, 9609 LONG RIFLE LANE,	BOARD MEMBER		İ	^	
_	OUISVILLE, KY 40228	4.00	0.	├	0.	0.
	EN HODGE, 3008 HEATHER GREEN BLVD,	BOARD MEMBER	_	İ	^	١
	AGRANGE, KY 40031	4.00	0.		0.	0.
	AM JENNINGS, 1247 CHEROKEE RD,	BOARD MEMBER			•	
_	OUISVILLE, KY 40204	4.00	0.	ļ	0.	0.
_	HONDA T JONES, 5711 STOLL HILL RD,	SECRETARY			_	
	OUISVILLE, KY 40222	6.00	0.		0.	0.
	EWEY MINTON, 528 NOTTINGHAM PKWY,	TREASURER				
	DUISVILLE, KY 40222	6.00	0.		0.	62.
	EFF MOSCOW MD, 2051 VON LIST LANE,	BOARD MEMBER			_	
	EXINGTON, KY 40502	4.00	0.		0.	0.
	AVID POWER, 4700 ASBURY PARK	_VICE_PRESIDEN			_	
ΓF	ERRACE, LOUISVILLE, KY 40241	5.00	0.		0.	0.
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Form **990-EZ** (2009)

Pa	art V Other Information (Note the statement requirements in the Instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			Ì
	and proxy tax requirements?	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a	ĺ	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter	\neg		
	Initiation fees and capital contributions included on line 9			
	N/7	7		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.	7		
	section 4911 ▶ 0 • , section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction	ĺ		
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the	Ì		
	organization . • 0 .	.		
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of ► ORGANIZATION NAME Telephone no ► 502-7			
	Located at ► 528 NOTTINGHAM PARKWAY, LOUISVILLE, KY ZIP+4 ►	4022	2	
b	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		Yes	
	account)?	42b	ļ	X
	If "Yes," enter the name of the foreign country			ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c		<u> </u>
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. >	Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			l
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be		- 1	
	completed instead of Form 990-EZ	45		<u>X</u>
		Form 9	90-EZ (2009)

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Page 4

Pa	rt VI	Section 501(c)(3) organizations and section 4 organizations and section 4947(a)(1) nonexempt charitable and 51.						
46	Did the	organization engage in direct or indirect political campaign activities	on behalf of or in opposition to	candidates for public			Yes	No
	office?	If "Yes," complete Schedule C, Part I				46		X
47	Did the	organization engage in lobbying activities? If "Yes," complete Sch	edule C, Part II			47		X
48	Is the o	rganization a school as described in section 170(b)(1)(A)(ii)? If "Yes	," complete Schedule E			48		X
49 a	Did the	organization make any transfers to an exempt non-charitable related	organization?		. [49a		X
b	If "Yes,"	was the related organization a section 527 organization?		•		49b		
50	•	ete-this table for the organization's five highest compensated employer 100,000 of compensation from the organization. If there is none, enter	•	s, trustees and key e	mployees) who ea	ich re	ceived	more
		(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(a	e) Expe ccount er allow	and
	-	te this table for the organization's five highest compensated independation. If there is none, enter "None" NONE (a) Name and address of each independent contractor paid more		(b) Type of ser			npensal	
								
	Total nu	umber of other independent contractors each receiving over \$100,000) .	>				
Sign Here		Under permitties of perjury, I decrare that I have examined this return, including accorrect, and complete Declaration of preparer (other than officer) is based on all in	companying schedules and statemen nformation of which preparer has any	its, and to the best of my knowledge	knowledge and bell	ef, it is	true,	
]	DEWEY D. MINTON, JR, TREASURE	ER		<u>.</u>			
Paid Prepa Use C	rer's	Preparer's signature Muy Ammy CAA		oloyed 🕨 🔲	arer's identifying nu	mber (See instr	·)
	F	Firm's name (or yours stell-employed). 1. ddress, and ZIP+4 4360 BROWNSBORO ROAD, Stell-employed).		Phone no.			5 3 N	
May t		discuss this return with the preparer shown above? See instructions	0201-1042		JUZ-23	7 2 - Ye		
iviay l	ii.o (anong and formit with the higherst shown above. One mornificials		·····	F(90-EZ	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection

Employer identification number

		FRIENDS	OF INDIAN S	SUMMER	R, INC	•			6.	1-1256	743	
Part I	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this par	t.) See ins	tructions.				
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	юх.)			, ,		
1 🛄		•	s, or association of chur).				
2			'0(b)(1)(A)(ii). (Attach So									
з 🗀			tal service organization			170(b)(1)	(A)(iii).					
4	•		operated in conjunction					(ь)(1)(А)(і	ii). Enter t	he hospita	l's nam	ıe.
~	city, and stat				, p			(-)(-)	,			,
5 🔲	-		benefit of a college or u	niversity o	wned or o	nerated by	, a govern	mental un	ıt describ	ed in		
•		(b)(1)(A)(iv). (Compl		inversity o	WI 100 01 0	polatoa b	, a govern	incina on	1. 0000110	OG 111		
• 🗀			•	ıt dagamba	d := ====i	- 470/b\/:	41/41/63					
6		•	ent or governmental uni							ممام مراطريم	، اسمحاسہ	_
7 📖	-		erves a substantial part	of its supp	ort from a	governme	entai unit c	or from the	e generai į	public desc	ribea i	n
• 🗀		(b)(1)(A)(vi). (Comple	·-	6	D							
8 🖳	·-		ection 170(b)(1)(A)(vi).		•				_			
9 X	•		erves: (1) more than 33						•	_		
		•	nctions - subject to certa			•			• •	_		
			axable income (less sec	tion 511 ta	x) from bu	Isinesses	acquired b	y the orga	anization a	after June (30, 197	5.
		509(a)(2). (Complete	•									
10	-	•	perated exclusively to te	•	•			-				
11			perated exclusively for the									or
		,	ations described in secti	, ,,	•		2). See se e	ction 509	(a)(3). Che	eck the box	that	
			organization and compl		_				_	1		
	a Type		••		e III • Fund	-	-		d ∟	Type III - (
e 🗀	By checking	this box, I certify that	it the organization is not	t controlled	I directly o	r indirectly	by one o	r more dis	qualified p	persons oti	ner tha	n
	foundation m	nanagers and other t	han one or more publich	y supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or s	section 509	9(a)(2).	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check th										
9	Since Augus	t 17, 2006, has the c	rganization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?			
	(i) A perso	n who directly or ind	irectly controls, either al	lone or tog	ether with	persons o	described	ın (ii) and ((iii) below,		Yes	No
	the gov	erning body of the s	upported organization?							11g(i)	L	
	(ii) A family	member of a persor	n described in (i) above?	?						11g(ii)		
	(iii) A 35%	controlled entity of a	person described in (i)	or (ii) above	e?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) is the o	rganization	(v) Did you	u notify the	(vi) is		(vii) An	nount o	f
	nization	(,	organization (described on lines 1-9	in col (i) lis				organizati (i) organiz	ed in the		port	
•			above or IRC section	governing	document?	(I) of you	r support?	US	5.7			
			(see instructions))	Yes	No	Yes	No	Yes	No			
		_							İ	-		
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Total												

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Sch	edule A (Form 990 or 990-EZ) 2009						Page 2
Pa	rt II Support Schedule for	_			0(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(vi)
	(Complete only if you checke	d the box on line f	5, 7, or 8 of Part I.)			
Se	ction A. Public Support			<u>.</u>			
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf	ļ		<u> </u>	 		<u></u>
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					+	<u> </u>
4	Total. Add lines 1 through 3			· [·		
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11.						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support	<u> </u>				<u> </u>	
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4						
8	Gross income from Interest,						
	dividends, payments received on		•]		
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the					İ	
	business is regularly carried on		ļ .,		<u> </u>		
10	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	<u></u>	<u> </u>				<u> </u>
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	•	s tirst, second, thi	rd, tourth, or titth t	tax year as a section	on 501(c)(3)	. □
Sad	organization, check this box and storection C. Computation of Publ		rcentage				
14	Public support percentage for 2009 (column (f)		14	%
15	Public support percentage from 2008			column (1))	•	15	<u>%</u>
	33 1/3% support test - 2009.If the o			n line 13, and line	 14 is 33 1/3% or n	·	
	stop here. The organization qualifies	-				nord, chock time so	▶ □
ь	33 1/3% support test - 2008.If the o				i line 15 is 33 1/3%	6 or more, check th	ıs box
_	and stop here. The organization qual	-			_		▶□
17a	10% -facts-and-circumstances tes	· · · · · · · · · · · · · · · · · · ·	• •		e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"				· ·		▶□
ь	10% -facts-and-circumstances tes	-			-	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	l stop here. Explai	n in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	licly supported org	anization	▶ 🔲
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	s ▶

Schedule A (Form 990 or 990-EZ) 2009 FRIENDS OF INDIAN SUMMER, INC. 61-1256743 Page 3

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)

General year (or fiscal year heapming in)	<u>Sec</u>	tion A. Public Support						
memborship fees received. (Co. not included any Turusual grants.) 37,719. 126,874. 90,208. 37,709. 165,252. 457,762. Gross receipts from admissions performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's tax-exempt purpose of core expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization of which is the services of calculates furnished by a governmental unit to the organization of the organization organization organization organization organization organization organization organization organization organization organization org	Cale	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Include any Yunusual grants." Gross receipts from admissions, merchandries sold or services performed, or facilities furnished in any activity that is related to the organization's travewing hypropes Gross receipts from activities that are not an unrelated trade or business under section 513 1 Tax revenues levela for the organization's travewing hypropes level for the organization of the position of the position of the organization of the position of the	1	Gifts, grants, contributions, and						
2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tave-wampt purpose 3 Gross receipts from activates that are not an unrelated trade or business under section 513 4 Tax revenues lever for the organization's tave-wampt purpose 3 Gross receipts from activates that are not an unrelated trade or business under section 513 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either past to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either past to ore spended on the 2-facilities furnished by a governmental unit to the organization's benefit and either past to ore spended on the 2-facilities furnished by a governmental unit to the organization's benefit and either past to ore spended on the 2-facilities furnished by a governmental unit to the organization's level of the company		membership fees received. (Do not						
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization of steve-empt purpose 3 Gross receipts from activities that are not an unrelated trace or business under section 513 4 Tax revenues level for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 37,719 126,874 90,208 37,709 165,252 457,76		include any "unusual grants.")	37,719.	126,874.	90,208.	37,709.	165,252.	457,762.
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5	2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the					-	
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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 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2008 Schedule A, Part III, line 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 1 Investment income percentage from 2008 Schedule A, Part III, line 17 18	13		38.906	128.189	94.675	38.701	167.544	468.015
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15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 97 · 81 % 11 97 · 81 % 12 · 19 % 18 % 19 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 Investment income percentage from 2008 Schedule A, Part III, line 17 11		check this box and stop here				year as a section		` _
16 Public support percentage from 2008 Schedule A, Part III, line 15					· · · · · · · · · · · · · · · · · · ·			07.01
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 19a 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	15	Public support percentage for 2009 (I	ine 8, column (f) dr	vided by line 13, co	olumn (f)) .		15	97.81 %
17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 17					·		16	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	Sec	tion D. Computation of Inves	stment Income	e Percentage				
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	17	Investment income percentage for 20	09 (line 10c, colum	nn (f) divided by line	3 13, column (f))		17	2.19 %
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	18	Investment income percentage from 2	2 008 Schedule A, F	Part III, line 17		[18	%
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	19a	33 1/3% support tests - 2009. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		more than 33 1/3%, check this box as	nd stop here. The c	organization qualifi	es as a publicly su	pported organizat	tion	. ► X
	b	33 1/3% support tests - 2008. If the	organization did no	ot check a box on l	line 14 or lıne 19a,	and line 16 is mo	re than 33 1/3%, a	and
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions					-		-	. ▶□
	20	Private foundation. If the organization	n did not check a t	<u>box on line 14, 19a</u>	, or 19b, check this	s box and see ins	tructions .	▶

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
CAMP EXPENSES TEEN WEEKENDER EXPENS CONFERENCES AND EDUCA			46,1 1,5 5,0	58.
TOTAL TO FORM 990-EZ,	LINE 16		52,7	00.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YE	AR
ACCOUNTS PAYABLE AND	ACCRUED EXPENSES	1,110.	1,1	92.
		1,110.		92.

FOI	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		TATE	MENT	3
A)	DIRECTLY OF	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[]	YES	[X]	NO
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[]	YES	[X]	NO

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STATEMENT

4

ORGANIZATION IS SPONSORED THROUGH CASH CONTRIBUTIONS AND GIFTS. ORGANIZATION SERVICES CHILDREN WITH CANCER BY HOLDING A SUMMER CAMP FOR APPROXIMATELY 70 CHILDREN WITH CANCER. INDIAN SUMMER IS A LOVING COMMUNITY THAT OFFERS AN EXTRAORDINARY OPPORTUNITY TO INFLUENCE THE LIVES OF YOUNG CHILDHOOD CANCER PATIENTS.

ACTIVITIES ARE OFFERED THAT ARE NOT EASILY PROVIDED AT HOME OR IN MEDICAL INSTITUTIONS. THE CAMP BECOMES AN INTIMATE GROUP OF CARING FRIENDS WHO UNDERSTAND THE NEEDS OF ONE ANOTHER DUE TO SIMILAR CIRCUMSTANCES WHICH ALSO BRINGS UNDERSTANDING AND GROWTH TO THE INNER SPIRIT.

•				
FRIENDS	OF	INDIAN	SUMMER,	INC.

61-1256743

990-EZ PG 2 STATEMENT 5

SPONSORING SERVICES AND ACTIVITIES FOR CHILDREN WITH CANCER

FORM 990-EZ OTHER PROGRAM SERVICES	S:	TATEMENT 6
DESCRIPTION	GRANTS	EXPENSES
THE ORGANIZATION SPONSORS A FALL WEEKEND RETREAT FOR CHILDREN WITH CANCER.	0.	58,768.
TOTAL TO FORM 990-EZ, LINE 31		58,768.