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Form **990-EZ****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)

- Sponsoring 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.

OMB No 1545-1150

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2009 calendar year, or tax year beginning , and ending													
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td colspan="2"><b>C</b> Name of organization SULLIVAN SOUTH AREA COMMUNITY CHEST</td> <td><b>D</b> Employer identification number 62-1131786</td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) P. O. BOX 5553</td> <td><b>E</b> Telephone number 8577 (423) 239-8527</td> </tr> <tr> <td>City, town, or country KINGSPORT</td> <td>State TN</td> <td><b>F</b> Group Exemption Number . . . ►</td> </tr> <tr> <td>ZIP + 4 37663</td> <td></td> <td></td> </tr> </table>	<b>C</b> Name of organization SULLIVAN SOUTH AREA COMMUNITY CHEST		<b>D</b> Employer identification number 62-1131786	Number and street (or P O box, if mail is not delivered to street address) P. O. BOX 5553		<b>E</b> Telephone number 8577 (423) 239-8527	City, town, or country KINGSPORT	State TN	<b>F</b> Group Exemption Number . . . ►	ZIP + 4 37663		
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ZIP + 4 37663													

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting Method: ☐ Cash ☒ Accrual  
Other (specify) ►

**I** Website: ► N/A**J** Tax-exempt status (check only one)— ☒ 501(c) ( 3 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more 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.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 264,013

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	248,064
	2	Program service revenue including government fees and contracts . . . . .	2	15,949
	3	Membership dues and assessments . . . . .	3	
	4	Investment income . . . . .	4	0
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	0
	5b	Less: cost or other basis and sales expenses . . . . .	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ 0 of contributions reported on line 1) . . . . .	6a	0
b	Less: direct expenses other than fundraising expenses . . . . .	6b	0	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	0	
7a	Gross sales of inventory, less returns and allowances . . . . .	7a		
b	Less: cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0	
8	Other revenue (describe ► )	8	0	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. . . . .	9	264,013	
<b>Expenses</b>	10	Grants and similar amounts paid (attach schedule)	10	136,344
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	2,150
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	
	15	Printing, publications, postage, and shipping . . . . .	15	100
	16	Other expenses (describe ► See Attached Statement)	16	101,104
	17	<b>Total expenses.</b> Add lines 10 through 16. . . . .	17	239,698
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	24,315
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	731,689
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20. . . . .	21	756,004

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	26,237	22 45,438
23 Land and buildings . . . . .	758,507	23 722,491
24 Other assets (describe ► PREPAID EXPENSE)	2,650	24 3,128
25 <b>Total assets</b> . . . . .	787,394	25 771,057
26 <b>Total liabilities</b> (describe ► LINE OF CREDIT)	55,705	26 15,053
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21). . . . .	731,689	27 756,004

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

Form **990-EZ** (2009)

(HTA)

99

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)**Expenses**

What is the organization's primary exempt purpose? PROVIDE FINANCIAL SUPPORT FOR AGENCIES LISTED  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

<b>28</b>	<b>UNITED WAY / REGIONAL AGENCIES</b> THE SSACC FINANCIALLY SUPPORTS UNITED REGIONS AGENCIES BASED ON THE NUMBER OF SULLIVAN SOUTH CITIZENS WHO RECEIVE SUPPORT (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	60,150
<b>29</b>	<b>SULLIVAN SOUTH AREA COMMUNITY CHEST AREA AGENCIES</b> THE SSACC SUPPORTS COMMUNITY ORGANIZATIONS AND AGENCIES THAT PROVIDE SERVICES HOUSEHOLDS THAT COMPRISE THE UNINCORPORATED SULLIVAN SOUTH AREA (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	48,300
<b>30</b>	<b>COMMUNITY SCHOOLS / SPECIAL REQUESTS</b> THE SSACC PROVIDES PARTIAL FUNDING FOR HEALTH CLINICS AND BENEVOLENCE PROGRAMS ELEMENTARY, MIDDLE, AND HIGH SCHOOLS IN THE SULLIVAN SOUTH AREA (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	27,894
<b>31</b>	<b>Other program services (attach schedule)</b> (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	55,757
<b>32</b>	<b>Total program service expenses.</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	192,101

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GAIL COLE 1129 OAKLEAF DRIVE KINGSPORT TN 37663	Title PRESIDENT Hr/WK 3.00	0	0	0
CHAD RIGGS 1203 MILL CREEK ROAD FALL BRANCH TN 37656	Title VICE PRESIDENT Hr/WK 3.00	0	0	0
RANDY CONWAY 3108 WINESAP ROAD KINGSPORT TN 37663	Title TREASURER Hr/WK 3.00	0	0	0
BILL PHILLIPS 315 WYNFIELD COURT KINGSPORT TN 37663	Title SECRETARY Hr/WK 3.00	0	0	0
PAM ARMS 1031 WOODSTONE DRIVE KINGSPORT TN 37663	Title DIRECTOR Hr/WK 3.00	0	0	0
MARLA BELL 415 RED OAK LANE KINGSPORT TN 37660	Title PAST PRES Hr/WK 3.00	0	0	0
LINDA CAMPBELL 208 BROOKFIELD DRIVE KINGSPORT TN 37663	Title DIRECTOR Hr/WK 3.00	0	0	0
CHIP CHILDRESS 260 TIMBERLAND CIRCLE KINGSPORT TN 37664	Title DIRECTOR Hr/WK 3.00	0	0	0
RAY CONKIN 272 TIMBERLAND CIRCLE KINGSPORT TN 37663	Title DIRECTOR Hr/WK 3.00	0	0	0
PATRICIA DOWNS 632 COX HOLLOW ROAD KINGSPORT TN 37663	Title DIRECTOR Hr/WK 3.00	0	0	0
BEN EDWARDS 839 SUMMERVILLE ROAD KINGSPORT TN 37663	Title DIRECTOR Hr/WK 3.00	0	0	0
MIKE HASS 813 AVA DRIVE KINGSPORT TN 37663	Title DIRECTOR Hr/WK 3.00	0	0	0
JIM HITE 2777 ROCK SPRINGS ROAD KINGSPORT TN 37663	Title DIRECTOR Hr/WK 3.00	0	0	0
JIM LEACH 213 ELMHURST KINGSPORT TN 37663	Title DIRECTOR Hr/WK 3.00	0	0	0
JOHN PATRICK 514 WINDSOR FOREST DRIVE KINGSPORT TN 37663	Title DIRECTOR Hr/WK 3.00	0	0	0
JOHN PRIDEMORE 701 DEWBERRY CT KINGSPORT TN 37663	Title DIRECTOR Hr/WK 3.00	0	0	0
JANET SKATES 1239 MOURNING DOVE DRIVE KINGSPORT TN 37663	Title DIRECTOR Hr/WK 3.00	0	0	0
DAVID STREET 605 RED OAK DRIVE KINGSPORT TN 37663	Title PAST PRES Hr/WK 3.00	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		X
<b>35</b> 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		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38 a</b> 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?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. <b>38b</b> 0		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9.		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities.		
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>		
<b>b</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 has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
<b>c</b> 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. <b>0</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. <b>0</b>		
<b>e</b> 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.		X
<b>41</b> List the states with which a copy of this return is filed.		
<b>42 a</b> The organization's books are in care of <b>RANDY CONAWAY</b> Telephone no. <b>(423) 239-8541</b> Located at <b>3108 WINESAP ROAD</b> City <b>KINGSPORT</b> ST <b>TN</b> ZIP + 4 <b>37663</b>		
<b>b</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 account)?		X
If "Yes," enter the name of the foreign country: <b>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country:		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. <b>43</b> N/A		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

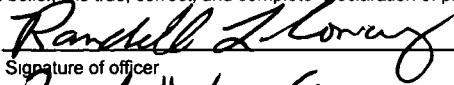

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . .	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. . . . .	<b>47</b>	X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	<b>48</b>	X
<b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	X
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00	0	0	0
<b>f</b> Total number of other employees paid over \$100,000 . . . . .		0		

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
<b>d</b> Total number of other independent contractors each receiving over \$100,000 . . . . .		

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	 Signature of officer		Date <u>8/9/10</u>		
<b>Paid Preparer's Use Only</b>	 Preparer's signature		Date <u>8/7/2010</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions) <u>412-70-9988</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>WILLIAM KENT TAYLOR CPA</u> <u>2456 HIGHWAY 75, SUITE A, BLOUNTVILLE, TN 37617</u>		EIN <u>35-2290640</u>		Phone no <u>(423) 323-4168</u>
	May the IRS discuss this return with the preparer shown above? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

SULLIVAN SOUTH AREA COMMUNITY CHEST

Employer identification number

62-1131786

**Part I 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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ 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: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ 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)**.
- 11 ☐ 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.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more 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).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g 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) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
<b>Total</b>									0

**Part II 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0	0				0
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0				0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0				0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	0	0	0	0	0	0
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .	0	0	0	0	0	0
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0				0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0				0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						0
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	0.00%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	0.00%
<b>16a 33 1/3% support test-2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 33 1/3% support test-2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test-2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test-2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	209,715	223,661	233,459	242,565	248,064	1,157,464
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	5,000	0	18,747	10,586	15,949	50,282
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0				0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0				0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	214,715	223,661	252,206	253,151	264,013	1,207,746
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</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 . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						1,207,746

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .	214,715	223,661	252,206	253,151	264,013	1,207,746
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0				0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	214,715	223,661	252,206	253,151	264,013	1,207,746

**14 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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	100.00%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	100.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

**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 . . . . . ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area with horizontal dashed lines for supplemental information.

**Part I, Line 16 (990-EZ) - Other Expenses**

101,104

1	Travel . . . . .	1	
2	Meals and entertainment . . . . .	2	
3	Fundraising . . . . .	3	12,681
4	Amortization . . . . .	4	0
5	Conferences, conventions, and meetings . . . . .	5	
6	Depreciation . . . . .	6	36,016
7	Depletion . . . . .	7	
8	Equipment rental and maintenance . . . . .	8	
9	Interest . . . . .	9	3,425
10	Supplies . . . . .	10	
11	Telephone . . . . .	11	
12	Unrelated business income taxes . . . . .	12	0
13	INSURANCE	13	3,660
14	UNITED WAY 5550	14	23,535
15	MISCELLANEOUS	15	1,756
16	EXPENSES	16	19,741
17	STATE & LOCAL REGULATIONS	17	290
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	

Department of the Treasury  
Internal Revenue Service  
**Name of the organization**

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

**▶ Attach to Form 990.**

2009

**Open to Public Inspection**

Employer identification number

62-1131786

SULLIVAN SOUTH AREA COMMUNITY CHEST

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**  
(HTA)

Schedule O (Form 990) 2009



0

[illegible]

Part II, Line 24 (990-EZ) - Other Assets

		2,650	3,128
Description		Beginning	End
1	PREPAID EXPENSE	539	462
2		2,111	2,666
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part II, Line 26 (990-EZ) - Liabilities

		55,705	15,053
Description		Beginning	End
1	LINE OF CREDIT	55,705	15,053
2			
3			
4			
5			
6			
7			
8			
9			
10			

FINANCIAL

ASSET BALANCES											
SYSTEM No	Beginning Balance	Additions	Deletions	Ending Balance	Be Accum Depreciation	Current Depreciation	Sec 179/ Bonus	Other Reductions	Delection Reductions	Total Reductions	Net Book Value
BUILDINGS											
Two(2) Crow's Nest Scorekeeper Structure											
1	1,600 00	0 00	0 00	1,600 00	1,386 67	160 00	0 00	0 00	0 00	1,546 67	53 33
Storage Building with 4 sections											
2	9,976 75	0 00	0 00	9,976 75	3,458 61	399 07	0 00	0 00	0 00	3,857 68	6,119 07
South View Park concession Stand											
3	104,984 21	0 00	0 00	104,984 21	22,746 62	2,624 61	0 00	0 00	0 00	25,371 23	79,612 98
South View Park Community Building											
4	309,869 44	0 00	0 00	309,869 44	67,138 41	7,746 74	0 00	0 00	0 00	74,885 15	234,984 29
Southview Park Concess SD - wood ceiling											
5	3,950 00	0 00	0 00	3,950 00	773 54	98 75	0 00	0 00	0 00	872 29	3,077 71
Tractor Storage Building - 10' x 16'											
6	1,285 00	0 00	0 00	1,285 00	728 17	128 50	0 00	0 00	0 00	856 67	428 33
Picnic Shelter											
7	5,961 11	0 00	0 00	5,961 11	1,539 98	298 06	0 00	0 00	0 00	1,838 04	4,123 07
SUBTOTAL BUILDINGS	437,626 51	0 00	0 00	437,626 51	97,772 00	11,455 73	0 00	0 00	0 00	109,227 73	328,398 78
less DISPOSITIONS											
AND EXCHANGES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
NET	437,626 51	0 00	0 00	437,626 51	97,772 00	11,455 73	0 00	0 00	0 00	109,227 73	328,398 78
EQUIPMENT											
Six (6) 8' Heavy Duty Picnic Tables - Community Building											
8	2,036 54	0 00	0 00	2,036 54	1,176 67	135 77	0 00	0 00	0 00	1,312 44	724 10
Six (6) Heavy Duty Picnic Tables - Community Building											
9	2,036 54	0 00	0 00	2,036 54	1,176 67	135 77	0 00	0 00	0 00	1,312 44	724 10
Two (2) Changing Tables - Community Building											
10	400 00	0 00	0 00	400 00	346 67	40 00	0 00	0 00	0 00	386 67	13 33
Two (2) Changing Tables - Concession Stand											
11	400 00	0 00	0 00	400 00	346 67	40 00	0 00	0 00	0 00	386 67	13 33
2- door Bulletin board - concession Stand											
12	429 99	0 00	0 00	429 99	372 67	43 00	0 00	0 00	0 00	415 67	14 32
Kubota Tractor											
13	9,025 00	0 00	0 00	9,025 00	7,413 42	1,289 29	0 00	0 00	0 00	8,702 71	322 29
Two (2) Weed Easters & Push Trm Mower											
14	597 00	0 00	0 00	597 00	483 31	85 29	0 00	0 00	0 00	568 60	28 40
Lawn Vacuum											
15	469 00	0 00	0 00	469 00	362 92	67 00	0 00	0 00	0 00	429 92	39 08
Sprayer											
16	156 80	0 00	0 00	156 80	119 47	22 40	0 00	0 00	0 00	141 87	14 93
Fertilizer Spreader											
17	185 06	0 00	0 00	185 06	138 81	26 44	0 00	0 00	0 00	165 25	19 81
Blower for Weed Eater											
18	117 62	0 00	0 00	117 62	103 88	13 74	0 00	0 00	0 00	117 62	0 00



[illegible]

LAND	Beginning Balance	Additions	Deletions	Ending Balance	Be Accum Depreciation	Current Depreciation	Sec 179/ Bonus	Other Reductions	Deletion Reductions	Total Reductions	Net Book Value
14.85 Acres Land - Southview Park											
36	160,000 00	0 00	0 00	160,000 00	0 00	0 00	0 00	0 00	0 00	0 00	160,000 00
Survey - Lots 14, 15 & 18 Mable ford											
37	85 00	0 00	0 00	85 00	0 00	0 00	0 00	0 00	0 00	0 00	85 00
SUBTOTAL LAND	160,085 00	0 00	0 00	160,085 00	0 00	0 00	0 00	0 00	0 00	0 00	160,085 00
LESS DISPOSITIONS AND EXCHANGES	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
NET FOR LAND	160,085 00	0 00	0 00	160,085 00	0 00	0 00	0 00	0 00	0 00	0 00	160,085 00
<b>LAND IMPROVEMENTS</b>	<b>Beginning Balances</b>	<b>Additions</b>	<b>Deletions</b>	<b>Ending Balance</b>	<b>Be Accum Depreciation</b>	<b>Current Depreciation</b>	<b>Sec 179/ Bonus</b>	<b>Other Reductions</b>	<b>Deletion Reductions</b>	<b>Total Reductions</b>	<b>Net Book Value</b>
Land Excavation, Leveling Remove rocks											
38	193,398 46	0 00	0 00	193,398 46	83,805 97	9,669 92	0 00	0 00	0 00	93,475 89	99,922 57
Fencing											
39	11,267 02	0 00	0 00	11,267 02	4,882 37	563 35	0 00	0 00	0 00	5,445 72	5,821 30
Water, Sewer Lines - Ball Fields											
40	23,113 72	0 00	0 00	23,113 72	10,015 98	1,155 69	0 00	0 00	0 00	11,171 67	11,942 05
Irrigation & Sprinkler System - Ball fields											
41	17,075 00	0 00	0 00	17,075 00	7,399 17	853 75	0 00	0 00	0 00	8,252 92	8,822 08
Water & Sewer Lines - Community Building											
42	9,264 00	0 00	0 00	9,264 00	4,014 40	463 20	0 00	0 00	0 00	4,477 60	4,786 40
Parking Lot Landscape- community Bldg											
43	22,419 35	0 00	0 00	22,419 35	9,715 07	1,120 97	0 00	0 00	0 00	10,836 04	11,583 31
Curbs - community Building											
44	1,000 00	0 00	0 00	1,000 00	433 33	50 00	0 00	0 00	0 00	483 33	516 67
Parking Lot Gravel - Community Bldg											
45	2,232 36	0 00	0 00	2,232 36	1,934 75	223 24	0 00	0 00	0 00	2,157 99	74 37
Underground Electricity - Community Bldg											
46	4,880 00	0 00	0 00	4,880 00	2,114 67	244 00	0 00	0 00	0 00	2,358 67	2,521 33
Dug Outs											
47	6,412 74	0 00	0 00	6,412 74	2,778 88	320 64	0 00	0 00	0 00	3,099 52	3,313 22
Four (4) 3-Row x 15' bleachers											
48	2,536 92	0 00	0 00	2,536 92	1,099 37	126 85	0 00	0 00	0 00	1,226 22	1,310 70
Parking Lot Gravel Drain Tile - concession Stand											
49	3,818 26	0 00	0 00	3,818 26	3,309 19	381 83	0 00	0 00	0 00	3,691 02	127 24
Two (2) Rule signs - concession Stand											
50	449 00	0 00	0 00	449 00	389 13	44 90	0 00	0 00	0 00	434 03	14 97
South View Park Loop road - Paving											
51	49,388 00	0 00	0 00	49,388 00	21,401 47	2,469 40	0 00	0 00	0 00	23,870 87	25,517 13
Landscaping- SouthView Park											
52	12,991 19	0 00	0 00	12,991 19	5,629 52	649 56	0 00	0 00	0 00	6,279 08	6,712 11
T-Ball Backstop											
53	199 00	0 00	0 00	199 00	199 00	0 00	0 00	0 00	0 00	199 00	0 00
Pipes for Bases											
54	75 54	0 00	0 00	75 54	75 54	0 00	0 00	0 00	0 00	75 54	0 00



### Part III, Line 31 (990-EZ) - Other Program Services

	Program Service Expenses
SOUTH VIEW COMMUNITY PARK EXPENSES THE SSACC PROVIDES FUNDING FOR THE SOUTH VIEW COMMUNITY PARK	
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>55,757</u>
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>0</u>
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>0</u>
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>0</u>
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>0</u>
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>0</u>
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>0</u>
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>0</u>
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>0</u>
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>0</u>
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<u>0</u>
Total                      0	<u>55,757</u>

## Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

[illegible]