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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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendary year, or fax year beginning	Department of the Treasury Internal Revenue Service 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								ion						
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Section 501(c)(2) organizations and 4947(a)(1) nearempt charitable trusts must attach G Accounting Method: Cash	=		Spe	ecific					<u> </u>						
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Add lines 5b, 8b, and 7b, to line 9 to determine gross recepts; if \$500,000 or more, file Form 990 Instead of Form 990-EZ													<i>.</i> ^		
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1	_										¢				
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 1 0 4 0 4 0 5 2 3 1 0 4 4 0 5 2 3 1 0 4 4 0 5 5 2 2 4 0 5 5 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5											tions	for Part I.)			
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c Net income of class from special sents and activities (Subtract line 6b) from line 6a)			reported on in	ДФ 1)	1·7·2010 · 🖣	ı∦									
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b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe 9 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe Tayropher's 6313.\$2 nathrop 8/19.74) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from 9) 19 Net assets or fund balances at end of year. Combine lines 18 through 20 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe) — 24 25 Total assets 10 Grants and similar amounts paid (attach explanation) page 27 26 Total assets 10 Grants and similar amounts paid (attach explanation) page 37 26 (Beginning of year) 27 (Beginning of year) 28 (Beginning of year) 29 (Beginning of year) 20 Other assets (describe) — 24 25 Total assets	€S	C							line 6a)		6c				
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14 Occupancy, rent, utilities, and maintenance 14 456.77 15 Printing, publications, postage, and shipping 15 83,13 16 Other expenses (describe Taurnereds 6313.\$2 Nachter - 8189.94 16 14 503.76 17 Total expenses. Add lines 10 through 16 17 66 723.79 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 18 19 19 19 19 19	es	12	Salaries, other	r cor	npensation, and o	employee benef	fits			L	12	3,96	0.00		
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16 Other expenses (describe ► Tournereds 6313.\$2 Nashing - 8/19.94) 16 /4 503.76 17 Total expenses. Add lines 10 through 16	ŵ	15								[15	83	<u>3,1,3</u>		
17 Total expenses. Add lines 10 through 16		16	Other expense	es (d	lescnbe ► Tau	renewate 63	313.82	Macking -	8189.	74)	16	14.50	3.76		
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22 Cash, savings, and investments 24,36/45 22,258.51 23 Land and buildings — 23 24 Other assets (describe ▶) — 24 25 Total assets 25	Р		Balance S	hee	ts. If Total assets	on line 25, col	umn (B) are \$	1,250,000 or	more, file Fo	rm 990 ii	nsteac	of Form 990)-EZ.		
23 Land and buildings					(See the instruc	ctions for Part II	.)		(A) Be	ginning of y	ear	(B) End of yo	ear		
23 Land and buildings	22	2 Ca	ish, savings, an	nd inv	vestments				. 2	4.361	45 2	2 22 95	8.51		
24 Other assets (describe ►			-												
25 Total assets				_					,						
											$\overline{}$				
26 Total liabilities (describe ►) 26							· ·		,						
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)						of column (B) m	ust agree wi	th line 21) .		1.361.4			8.51		
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I Form 990-EZ (2009)	_								Cat. No. 1		<u>1=</u>				

Form **990-EZ** (2009)

Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	11.)	╛	Expenses
What is the organization's primary exempt purpose? TRADE DREAD TO HELP PREPRETE BU						uired for section
Desc	ribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear a	nd concise		c)(3) and 501(c)(4)
	ner, describe the services provided, the number of					nizations and section (a)(1) trusts; optional
	program title.	•				hers)
20	DEGANIZE + PLAN A GENESA	1 Meating L	discoss		+	Г <u>-</u>
20	DEGRADISE F PEAD A GENERAL	2 Wicecing				
	ideas + plans to improve Bus Bairs Seminars of INTEREST (Grants \$) If this amount	MOS IN PARMIN	nnest TR	01211C		
	BRIEF SEMINAIS OF INTEREST	TO DIE MEN	my educati	<u>m</u>	1	
	(Grants \$) If this amount	includes foreign grants, ch	eck here	<u> </u>	28a	
29	IMPLEMENT HIGH SCHOOL V	ARSITY BOWLING	. THRUSH	7		
	THE STATE.	·				
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a	
30		customers (nemb			1	
50	ROD TOUTHWERE THE DOF	CONTRACTOR AND	<u>::::)</u>			1
		includes foreign grants, ch	eck here	▶ ⊔	<u>30a</u>	<u> </u>
31	Other program services (attach schedule)					
		includes foreign grants, ch			31a	
32	Total program service expenses (add lines 28a t	through 31a)		▶	32	
Par					ınstru	ctions for Part IV.)
		(b) Title and average	(c) Compensation	(d) Contributi	ons to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	t plans &	account and other allowances
	m) 6405	devoted to position	enter -v/	deterred comp	risauori	Other anowances
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Part	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		<u> </u>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		
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, and proxy tax requirements?	35a		/
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<u> </u>
36	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	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37Ь		_
38a	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		V
b	if "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			1
b	Gross receipts, included on line 9, for public use of club facilities	Į l		i
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			Ĺ
	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	40b		
С	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 organization			
θ	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		
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Mare Pater Telephone no. ▶ 22	-9	25-	5421
	Located at > 8878 FLURISA BLUS Baton Royce LA ZIP+4 > 708	25		
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	No
	account)?	42b		
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
•	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		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		<u></u>
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 completed instead of Form 990-EZ	45		
		000	LF7	~~~

Part VI

Part '	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	section 4947(a)(1) nonex 17(a)(1) nonexempt charit id 51.	empt charita able trusts mi	able trusts only. A ust answer question	II sec Ins 46	tion 3–491	b
46	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete S	·			46		
47	Did the organization engage in lobbying activities	<u>-</u>			47		
48	Is the organization a school as described in sectio		•		48		<u> </u>
49a	Did the organization make any transfers to an ex		-		49a		—
	If "Yes," was the related organization a section 5				49b		<u></u>
50	Complete this table for the organization's five his employees) who each received more than \$100,000.						
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e)	Expensount a	nse and
f 51	Total number of other employees paid over \$100 Complete this table for the organization's five	nighest compensated inder		ctors who each rec	eived	more	than
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor			Type of service	(c) Cor	npens	ation
d	Total number of other independent contractors e	 	0 >				
Sign Here	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration Signature of officer Man A Phren Type or print name and title	ed this return, including accompany of preparer (other than officer) is be	ing schedules and issed on all informat	statements, and to the beston of which preparer has	st of my any kno	knowl	edge e.
Paid Prepar	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nur	nber (Se	e instruc	ctions)
Use Or	ly yours if self-employed),			EIN •			
NAON +1	address, and ZIP + 4	aboug? Sociantmeticas	l,	Phone no. ►	X/	<u></u>	
iviay tr	e IRS discuss this return with the preparer shown	Labove FORE INSTRUCTIONS	<u>· · · · · · · · · · · · · · · · · · · </u>		₩ 99	_==	No (2009)