

### 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



Department of the Treasury

# 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

**2009** Open to Public Inspection

OMB No 1545-1150

|          |   | Hevenue                                    |  | ــــــــــــــــــــــــــــــــــــــ  |  |           |             | to use a copy     |              | 0 34113  | <u> </u> |              | <u> </u>        |               |                             |               |                    |  |  |
|----------|---|--|--|---|--|-----------|-------------|-------------------|--------------|----------|----------|--------------|-----------------|---------------|-----------------------------|---------------|--------------------|--|--|
| _        |   |  | 009 calend   | ar year,  |  |           |             | <del></del>       |              |          | , 200    | 9, and       | endin           |               |                             |               | , 20               |  |  |
| В        | ٦.  |  | ss change use IRS Littab Valley Aquatics Inc. 77 - 1529000   |   |  |           |             |                   |              |          |          |              |                 | -             | loyer identification number |               |                    |  |  |
| F        | ā .   |  | label or normal ange   Incompanies   Incompa |   |  |           |             |                   |              |          |          |              |                 |               |                             |               | 39006              |  |  |
| F        | 5   | ime chan<br>tial retum                     | type  DO Box 1064  |   |  |           |             |                   |              |          |          |              |                 |               | phone n                     | umbe          | r                  |  |  |
| F        | =   | minated                                    | •  | See   | P.O Bo   | x 1964    |             |                   |              |          |          |              |                 | 1             |                             |               |                    |  |  |
| F        | Specific Character and are country and 7ID 4  |  |  |   |  |           |             |                   |              |          |          | up Exemption |                 |               |                             |               |                    |  |  |
| Ē        | ₹ .   | plication                                  |  | tions   | Provo,   | UT 8460   | 3-1964      |                   |              |          |          |              |                 | 1             | nber I                      | •             |                    |  |  |
| _        | •   | Section                                    | on 501(c)(3)   | organiz   | ations a   | nd 4947   | 7(a)(1) non | exempt char       | itable trust | s mus    | t atta   | ch           | G Ad            | counting M    | lethod                      | 7             | Cash Accrual       |  |  |
|          | <ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach         a completed Schedule A (Form 990 or 990-EZ).</li> <li>G Accounting Met         Other (specify)</li> </ul> |  |  |   |  |           |             |                   |              |          |          |              |                 |               | _                           | Odon 🗀 noorda |                    |  |  |
| _        | H Check ▶ □ II  |  |  |   |  |           |             |                   |              |          |          |              |                 |               |                             |               | uzation in not     |  |  |
|          | I Website: ▶ required to atta   |  |  |   |  |           |             |                   |              |          |          |              |                 |               |                             | -             |                    |  |  |
|          |   |  |  | check or  | nly one)   | _ [Z] 50  | )1(c) / 3 ) | ◀ (insert no      | ) [ /247(    | 2)/1) 0  |          | 527          | ı               | 90-EZ, or 99  |                             | Cited         | idle B (FOITT 990, |  |  |
| _        |   | neck ►                                     |  |   |  |           |             |                   |              |          |          |              | <b>!</b>        | <del></del>   | <u>_</u>                    | t             | non 605 000 A      |  |  |
|          | -   |  |  |   |  |           |             | he organizati     |              |          |          |              |                 |               |                             |               | nan \$25,000 A     |  |  |
| -        |   |  |  |   |  |           |             | ts, if \$500,000  |              |          |          |              |                 |               | nete re                     | turr          |                    |  |  |
| _        |   | rt i                                       |  |   |  |           |             | is in Net As      | <del></del>  |          |          |              |                 |               | otion                       | e fo          | r Part I \         |  |  |
|          | I e   |  |  |   |  |           |             |                   |              | unu      | Dala     | 1063         | (066            | tile ilistic  | T                           | 3 10          |                    |  |  |
|          |   |  |  | _   | _  |           |             | nounts rece       |              |          | • •      |              |                 |               | 1                           |               | 11,355             |  |  |
|          | 1   |  | _  |   |  |           |             | nment fees a      | ina contrac  | cts      | •        |              | •               | •             | 2                           |               | 81,999             |  |  |
| න,       |   |  | Membersh   | •   |  | sessme    | ents .      |                   | • •          |          |          |              |                 |               | 3                           |               |                    |  |  |
| <u> </u> | - [   | 4  | Investmen  |   |  | _         |             |                   |              |          | ,        | í            | •               |               | 4                           |               |                    |  |  |
| 2)       | - 1   |  |  |   |  |           |             | nan inventor      | у.           |          |          | <u>а</u>     |                 |               | 4                           |               |                    |  |  |
|          |   |  | Less: cost   |   |  |           |             |                   | •            | •        | 5        |              |                 |               | _                           |               |                    |  |  |
|          | a,  |  | •  | oss) from sale of assets other than inventory (Subtract line 5b from line 5a) |  |           |             |                   |              |          |          |              |                 | 5c            |                             |               |                    |  |  |
| <b>*</b> | Hevenue   | 6  | Special event  | ts and act  | activities (complete applicable parts of Schedule G). If any amount is from gaming |           |             |                   |              |          |          | amıng,       | check           | here 🕨 🔲      |                             |               |                    |  |  |
| <b>a</b> | ē   | а  | Gross reve   | enue (no  | ot includ  | ling\$    |             |                   | of contribu  | utions   | 3        |              |                 |               |                             |               |                    |  |  |
| ۱,       | 위   | reported on line <b>b</b> Less direct expe |  | n line 1  | )  |           |             |                   |              |          | 6        | а            |                 | 6,501         |                             |               |                    |  |  |
| ill      |   |  |  | penses other than fundraising exp   |  |           |             | nses <u>6</u> t   |              |          |          |              | 1,660           | ]             |                             |               |                    |  |  |
| 1        |   | С  | Net incom  | e or (los   | ss) from   | specia    | ıl events a | and activities    | (Subtract    | line 6   | b fro    | m line       | 6a)             |               | 6c                          |               | 4,841              |  |  |
| <b>F</b> | - 1   | 7a   | Gross sale   | s of inv  | entory,  | less ret  | turns and   | allowances        |              |          | 7        | a            |                 | 3,651         |                             |               |                    |  |  |
|          | - {   | b  | Less. cost   |   | -  |           |             |                   |              |          | 7        | b            |                 | 3,651         | 7                           |               |                    |  |  |
| Ø        |   | С  | Gross prof   | fit or (lo  | (loss) from sales of inventory (Subtract line 7b from line 7a)                     |           |             |                   |              |          |          |              |                 | 7c            |                             | 0             |                    |  |  |
| D        | -   |  | Other reve   |   |  |           |             | •                 |              |          |          |              |                 | ,             | 8                           | -             | 98,195             |  |  |
|          | 1   |  |  |   |  |           | . 4. 5c. 6c | , 7c, and 8       |              |          |          |              |                 |               | 9                           |               |                    |  |  |
| _        |   | 10   | Grants and   |   |  |           |             |                   |              | <u> </u> |          |              |                 |               | 10                          |               | ·                  |  |  |
|          | - 1   | 11   | Benefits p   |   |  |           |             |                   |              |          |          |              |                 |               | 11                          |               |                    |  |  |
|          | إير   | 12   | -  |   |  |           | nd employ   | yee penefits      |              | -        |          | 15 J         | 10 m            | NED           | 12                          |               | 56,376             |  |  |
|          | Expenses  | 13   |  |   |  |           |             |                   |              | rs 1     |          | KE           | اكاب            | VED           | 123                         |               | <del></del>        |  |  |
|          | <u>a</u>  | 14   |  |   |  |           |             |                   |              |          | ·        | OA           |                 | 14,568        |                             |               |                    |  |  |
| ı        | ונ  |  | •  |   |  |           |             |                   |              | တ        | na AV    | / n .        | 4.2010          | 05            |                             | 693           |                    |  |  |
|          | 1   |  |  |   |  |           |             | nses, annual      | dues         |          | 459      | MHI          | U               | T             | 86                          |               | 16,939             |  |  |
|          |   | 17   |  |   |  |           |             |                   |              |          | 1-1      |              |                 | -             | 17                          |               | 88,576             |  |  |
| _        |   | 18   |  |   |  |           |             | ne 17 from l      |              |          | 1 -      | O.C.         | SDE             | N, UI         | 18                          | <u> </u>      | 9,619              |  |  |
| -        |   | 19   |  |   |  |           |             | g of year (fr     |              | Coli     | ulm-7    |              |                 |               | 1.5                         |               |                    |  |  |
|          | SS  |  | end-of-yea   |   |  |           |             |                   |              | , 5010   | ۱ ۱۱۱۱۱۰ | , 47 (1111   | Jor a           | g, oo willi   | 19                          |               | 34,481             |  |  |
| •        | ابد   | 20   | =  | _   |  |           |             |                   | evolanatio   | n)       |          |              |                 |               | 20                          |               |                    |  |  |
| 2        | S   | 20   | Other changes in net assets or fund balances (attach explanation)  Net assets or fund balances at end of year Combine lines 18 through 20  |   |  |           |             | 21                | -            | 44,100   |          |              |                 |               |                             |               |                    |  |  |
| 1        | _   | 21<br>23 Tel                               |  |   |  |           |             |                   |              |          |          | or mor       | o filo          | Form 000      |                             | 2d 0          | f Form 990-EZ.     |  |  |
|          | ٤   | rt II                                      | DaidiiC  | e Silet   |  |           |             | for Part II)      | (D) ale \$   | 1,230    | ,000     | or mor       |                 | ) Beginning o |                             | 100           | (B) End of year    |  |  |
|          |   | _  |  |   | -  |           | ii actions  | ioi raitii)       |              |          |          |              | - <del>''</del> |               |                             | 00            |                    |  |  |
|          | 22  |  | sh, savings  |   |  | erits .   |             |                   |              | • •      | •        |              | -               |               | 35,174                      | -             | 48,328             |  |  |
|          | 23  |  | nd and buil  |   |  |           |             |                   |              |          | •        |              |                 |               | 2 572                       | 23            | 4 400              |  |  |
|          | 24  |  |  | describ   | pe► <u>tr</u>  | rventory  | y, sales ta | x receivable      |              |          |          | )            | }               |               | 2,573                       |               | 1,122              |  |  |
|          | 25  |  | tal assets   |   |  |           |             |                   | •            |          |          |              | -               |               | 37,747                      | _             | 49,450             |  |  |
|          | 26  |  | tal liabilitie   |   |  |           |             |                   | A            |          | 041      | )            |                 |               | 3,266                       | -             | 5,350              |  |  |
|          | 27  | Ne   | t assets oı  | r fund b  | palance  | s (line 2 | 27 of colu  | mn (B) <b>mus</b> | τ agree wit  | n line   | 21)      |              |                 |               | 34,481                      | 27            | 44,100             |  |  |

| Part   | Other Information (Note the statement requirements in the instructions for Part V.)   |        |  | age U      |
|--------|---|--------|--|------------|
|        |   |        | 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     |  | 1          |
| 34     | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  | 34     |  | <b>✓</b>   |
| 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    |  | ✓          |
| b      | If "Yes," has it filed a tax return on Form 990-T for this year?  | 35b    | <del>                                     </del> | 1          |
| 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     |  | 1          |
| 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?  | 37b    | <u> </u>   | ✓          |
| 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    |  | <b>✓</b>   |
|        | If "Yes," complete Schedule L, Part II and enter the total amount involved  |        |  |            |
| 39     | Section 501(c)(7) organizations Enter.  |        |  |            |
| a<br>b | Initiation fees and capital contributions included on line 9  | -      |  |            |
| 40a    | Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  | 1      |  |            |
| 400    | section 4911 ▶ ; section 4912 ▶ , section 4955 ▶  |        |  |            |
| b      | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit  |        |  |            |
| J      | 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    |  | ✓          |
| 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 organization   |        |  |            |
| е      | 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    |  | <b>/</b>   |
| 41     | List the states with which a copy of this return is filed ▶ Utah  |        |  |            |
| 42a    |   | 801.37 | 5.655  | 1          |
|        | Located at ► 1136 Oakmont Lane, Provo, UT ZIP + 4 ►   | 84     | 604  |            |
| b      | At any time during the calendar year, did the organization have an interest in or a signature or other authority  |        | r  |            |
|        | over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   |        | Yes  |            |
|        | •   | 42b    |  | <b>✓</b>   |
|        | 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 ?  If "Yes," enter the name of the foreign country. ▶  | 42c    |  | ✓          |
| 43     | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here   |        | J  | ▶ □        |
|        | and enter the amount of tax-exempt interest received or accrued during the tax year • 43  |        |  |            |
|        |   |        | Yes  | No         |
| 44     | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of  |        | 162  | 140        |
| . •    | Form 990-EZ   | 44     |  | 1          |
| 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     |  | ./         |
|        |   | 900    |  | , <b>v</b> |

| Part V          | Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an | ection 4947(a)(1) none<br>7(a)(1) nonexempt char<br>d 51                 | exempt charitateritable trusts mus                 | ole trusts only. A<br>st answer question                                  | Il section<br>ons 46–49       | b  |  |  |  |  |  |  |
|-----------------|---|--|--|---|-------------------------------|--|--|--|--|--|--|--|
|                 | Did the organization engage in direct or indirect   |  | ties on behalf of o                                | r in opposition to  | Yes                           | No   |  |  |  |  |  |  |
|                 | candidates for public office? If "Yes," complete Schedule C, Part I   |  |  |   |                               |  |  |  |  |  |  |  |
|                 | Did the organization engage in lobbying activities  |  |  |   | 47                            | <b>√</b>   |  |  |  |  |  |  |
|                 | Is the organization a school as described in section  |  | •  | E   | 48<br>49a                     | <del>                                     </del> |  |  |  |  |  |  |
|                 | Did the organization make any transfers to an exempt non-charitable related organization?                             |  |  |   |                               |  |  |  |  |  |  |  |
| 50              | Complete this table for the organization's five high employees) who each received more than \$100,0                   | ghest compensated empl   |  |   |                               |  |  |  |  |  |  |  |
|                 | (a) Name and address of each employee paid more than \$100,000  | (b) Title and average<br>hours per week<br>devoted to position           | (c) Compensation                                   | (d) Contributions to<br>employee benefit plans &<br>deferred compensation | (e) Exper                     | nse<br>and                                       |  |  |  |  |  |  |
| None            |   |  |  |   |                               |  |  |  |  |  |  |  |
|                 |   |  | <u> </u>   |   |                               |  |  |  |  |  |  |  |
|                 |   |  |  |   |                               |  |  |  |  |  |  |  |
|                 |   |  |  |   |                               |  |  |  |  |  |  |  |
|                 |   |  |  |   |                               |  |  |  |  |  |  |  |
|                 |   |  |  |   |                               |  |  |  |  |  |  |  |
| f               | Total number of other employees paid over \$100   | .000   |  | <u> </u>  | I                             |  |  |  |  |  |  |  |
| None            | (a) Name and address of each independent contractor   | paid more than \$100,000   | (b) Ty   | pe of service   | (c) Compens                   | ation  |  |  |  |  |  |  |
|                 |   |  |  |   |                               |  |  |  |  |  |  |  |
|                 |   |  |  |   |                               |  |  |  |  |  |  |  |
| d               | Total number of other independent contractors e   | anch recovered ever \$100.0  | 200  |   |                               |  |  |  |  |  |  |  |
|                 | Total number of other independent contractors e   |  |  |   |                               |  |  |  |  |  |  |  |
|                 | Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration   | ed this return, including accompa<br>of preparer (other than officer) is | inying schedules and st<br>based on all informatio | atements, and to the bean of which preparer has                           | st of my know<br>any knowledg | ledge<br>je                                      |  |  |  |  |  |  |
| Sign<br>Here    | Signature of officer  Ben Harrison  Type or print name and title  | <b>✓</b>   |  | <b>4-26-10</b> Date   |                               |  |  |  |  |  |  |  |
| Paid<br>Prepare | Preparer's signature Muchill R.   | Sche 2.18.   | Check if self-employed                             | Preparer's identifying nur  | mber (See instru              | ctions)  |  |  |  |  |  |  |
| Use On          | I Firm S hame to  |  |  | hone no   |                               |  |  |  |  |  |  |  |
| May th          | e IRS discuss this return with the preparer shown   | above? See instructions  |  |   | Yes 🗆                         | No<br>(2009)                                     |  |  |  |  |  |  |

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

## **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

Department of the Treasury Internal Revenue Service Name of the organization

ns. Inspection
Employer identification number

| <u>Uta</u> | h Va  | Illey Aquatic  | s, Inc                                |  |               |               |  |                  | 72           |                    | 589006         | ·             |   |  |  |  |
|------------|---|--|---------------------------------------|--|---------------|---------------|--|------------------|--------------|--------------------|----------------|---------------|---|--|--|--|
| Pa         | rt I  | Reason   | for Public Ch                         | arity Status (All or                             | ganizatio     | ons mus       | t compl  | ete this         | part.) Se    | e instru           | ctions.        |               |   |  |  |  |
| The        |   | anization is n   | ot a private foun                     | dation because it is                             | (For lines    | 1 throug      | gh 11, ch  | eck only         | one box      | )                  |                |               |   |  |  |  |
| 1          | Ц   | A church, co   | nvention of chu                       | rches, or association                            | of churc      | hes desc      | ribed in s                                       | ection 1         | 70(b)(1)(A   | A)(i).             |                |               |   |  |  |  |
| 2          |   |  |                                       | on 170(b)(1)(A)(ii). (Att                        |               |               |  |                  |              |                    |                |               |   |  |  |  |
| 3          |   |  |                                       | nospital service organ                           |               |               |  |                  |              |                    |                |               |   |  |  |  |
| 4          |   |  | esearch organiza<br>ime, city, and st | ition operated in conj<br>ate                    |               |               |  |                  | n section    |                    | )(A)(iii).     | Enter         | the                                     |  |  |  |
| 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)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). |                                       |  |               |               |  |                  |              |                    |                |               |   |  |  |  |
| 6          |   | A federal, st  | ate, or local gov                     | ernment or governme                              | ental unit    | describe      | d in sect  | ion 170(l        | b)(1)(A)(v)  | ١.                 |                |               |   |  |  |  |
| 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          | Z   |  |                                       |  |               |               |  |                  |              |                    |                |               |   |  |  |  |
|            | receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33% % of its |  |                                       |  |               |               |  |                  |              |                    |                |               |   |  |  |  |
|            | support from gross investment income and unrelated business taxable income (less section 511 tax) from businesse          |  |                                       |  |               |               |  |                  |              |                    |                |               |   |  |  |  |
|            | acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)                             |  |                                       |  |               |               |  |                  |              |                    |                |               |   |  |  |  |
| 10         | П   | An organizat   | ion organized ai                      | nd operated exclusive                            | elv to tes    | t for publ    | lic safety                                       | See sec          | tion 509     | (a)(4).            |                |               |   |  |  |  |
| 11         |   | •  | •                                     | ind operated exclusiv                            | •             | •             | •  |                  |              |                    | r to ca        | rrv out       | the                                     |  |  |  |
|            |   | purposes of  | one or more pul                       | olicly supported organit describes the type      | nizations     | describe      | d in secti                                       | on 509(a         | )(1) or sec  | ction 509          | (a)(2) S       | ee <b>sec</b> |   |  |  |  |
|            |   | a Type   | <u> </u>                              | = :  |               | e III-Fun     |  |                  | -            |                    | Type           |               | ^-                                      |  |  |  |
| _          |   | • •  |                                       | =  |               |               | -  | -                |              |                    |                |               |   |  |  |  |
| e          | لبا   |  |                                       | tify that the organizat<br>in managers and othe  |               |               |  |                  |              |                    |                |               |   |  |  |  |
|            |   |  | section 509(a)(2)                     | <del>-</del>                                     | i dian on     | e or more     | publicly   | supporte         | organiz      | ations de          | 3011000        | 1111 300      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |  |  |
| f          |   | ,  |                                       |  |               | 41 IDO -      |  | - T              |              | <b>-</b>           |                |               | _                                       |  |  |  |
| •          |   | _  | check this box                        | a written determinati                            | ion irom      | the IRS       | that it is                                       | a Type           | i, Type ii   | , or type          | ııı sup        | porung        | <b>-</b>                                |  |  |  |
| _          |   | •  |                                       |  | ·             | , out or o    | ootubutu   | on from a        | ou of the    |                    | •              |               | _                                       |  |  |  |
| g          |   | following pe   |                                       | the organization acce                            | spied any     | gill or c     | Ontributio                                       | א וווטוו ווכ     | iny or the   | ;                  |                |               |   |  |  |  |
|            |   |  |                                       | r indirectly controls, e                         | outhor alo    | no or too     | othor wil  | th parear        | e docorit    | and in (ii)        | {              | Yes           | No                                      |  |  |  |
|            |   |  | -                                     | ning body of the supp                            |               | -             |  | iii persoi       | is descrit   | Jeu III (II)       | 11g(i)         |               |   |  |  |  |
|            |   | , .  | -                                     | • .  |               | gamzano       | 111;   | •                |              |                    | 11g(II)        |               |   |  |  |  |
|            |   |  |                                       | rson described in (i) a<br>of a person described |               | <br>(u) ahove |  |                  |              | •                  | 11g(III)       | -†            |   |  |  |  |
| h          |   |  | •                                     | ation about the suppo                            |               |               |  |                  | • •          |                    | (* · 3 · · · ) |               |   |  |  |  |
|            |   | e of supported   | (ii) EIN                              | (iii) Type of organization                       | T             | organization  | <del>                                     </del> | ou notify        | (vi) I       | s the              | (vii) A        | mount o       | of                                      |  |  |  |
| ۱۰,        |   | ganization   | (, =                                  | (described on lines 1-9                          | in col (i) li | sted in your  | the organ  | nization in      | organizat    | ion in col         |                | pport         |   |  |  |  |
|            |   |  |                                       | above or IRC section (see instructions))         | governing     | document?     |  | of your<br>port? |              | zed in the '<br>S? |                |               |   |  |  |  |
|            |   |  |                                       | ,,,  | Yes           | No            | Yes  | No               | Yes          | No                 |                |               |   |  |  |  |
|            |   |  |                                       | <del> </del>                                     |               | 172           |  |                  |              |                    |                |               |   |  |  |  |
|            |   |  |                                       |  |               |               |  |                  |              |                    |                |               |   |  |  |  |
|            |   | <del></del>  |                                       | <del> </del>                                     |               |               |  |                  |              |                    |                |               |   |  |  |  |
|            |   |  |                                       |  | 1             | 1             | 1  |                  |              |                    |                |               |   |  |  |  |
|            |   |  |                                       |  | <del></del>   |               |  |                  |              |                    |                |               |   |  |  |  |
|            |   |  |                                       |  | }             |               | 1  |                  |              |                    |                |               |   |  |  |  |
|            |   |  |                                       |  |               |               | <del> </del>                                     |                  |              |                    |                |               |   |  |  |  |
|            |   |  | l                                     |  |               |               |  |                  |              |                    |                |               |   |  |  |  |
|            |   |  |                                       |  |               |               |  |                  |              |                    |                |               |   |  |  |  |
|            |   |  |                                       |  | ļ             | ļ             |  | <u> </u>         | <del> </del> |                    |                |               |   |  |  |  |
|            |   |  | )                                     | İ  |               | 1             | 1  | 1                | 1            |                    |                |               |   |  |  |  |

**Total** 

Schedule A (Form 990 or 990-EZ) 2009 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 (b) 2006 Calendar year (or fiscal year beginning in) (a) 2005 (d) 2008 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not 80,318 82,916 91,782 81,701 98,195 434,912 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 80,318 82,916 91,782 81,701 98,195 434,912 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 80,318 82,916 88,844 81,701 98,195 434,912 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 434,912 11 Total support. Add lines 7 through 10 . 12 12 Gross receipts from related activities, etc. (see instructions) 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 % Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33% % support test-2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this ▶ □ box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

# 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)

|           | tion A. Public Support   |                       |                         |                       |                         |            |                     |  |  |  |  |  |  |  |
|-----------|--|-----------------------|-------------------------|-----------------------|-------------------------|------------|---------------------|--|--|--|--|--|--|--|
| Ca        | ilendar year (or fiscal year beginning in)   | (a) 2005              | <b>(b)</b> 2006         | (c) 2007              | (d) 2008                | (e) 200    | 09 <b>(f)</b> Total |  |  |  |  |  |  |  |
| 1         | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   |                       |                         |                       |                         |            |                     |  |  |  |  |  |  |  |
| 2         | 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 |                       |                         |                       |                         |            |                     |  |  |  |  |  |  |  |
| 3         | Gross receipts from activities that 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   |                       |                         | <u>-</u>              |                         |            |                     |  |  |  |  |  |  |  |
| 7a        | 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           |                       |                         |                       |                         |            |                     |  |  |  |  |  |  |  |
| С         | Add lines 7a and 7b  |                       |                         |                       |                         |            |                     |  |  |  |  |  |  |  |
| 8         | Public support (Subtract line 7c from line 6)  |                       |                         |                       |                         |            |                     |  |  |  |  |  |  |  |
|           | Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total   |                       |                         |                       |                         |            |                     |  |  |  |  |  |  |  |
| Ca        | ılendar year (or fiscal year beginning ın) 🕨   | (e) 200               | 09 (f) Total            |                       |                         |            |                     |  |  |  |  |  |  |  |
| 9         | Amounts from line 6  |                       |                         |                       |                         |            |                     |  |  |  |  |  |  |  |
| 10a       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |                       |                         |                       |                         |            |                     |  |  |  |  |  |  |  |
| b         | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                       |                         |                       |                         |            |                     |  |  |  |  |  |  |  |
|           | Add lines 10a and 10b  | <del></del>           |                         |                       |                         |            |                     |  |  |  |  |  |  |  |
| 11        | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                       |                         |                       |                         |            |                     |  |  |  |  |  |  |  |
| 12        | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  |                       |                         |                       |                         |            |                     |  |  |  |  |  |  |  |
| 13        | Total support. (Add lines 9, 10c, 11, and 12)  |                       |                         | ļ                     | L                       |            |                     |  |  |  |  |  |  |  |
| 14        | First five years. If the Form 990 is for organization, check this box and stop   | here                  |                         | nd, third, fourth     | n, or fifth tax y       | ear as a s | section 501(c)(3)   |  |  |  |  |  |  |  |
|           | tion C. Computation of Public Su   |                       |                         |                       |                         | T          |                     |  |  |  |  |  |  |  |
| 15        | Public support percentage for 2009 (lin  |                       |                         | ie 13, column         | (f))                    | 15         | <u> </u>            |  |  |  |  |  |  |  |
| 16        | Public support percentage from 2008 5 tion D. Computation of Investmen   |                       |                         | •                     |                         | 16         | %_                  |  |  |  |  |  |  |  |
|           |  |                       | <del> 7</del>           | d burling 40          | -luman /5\              | 17         |                     |  |  |  |  |  |  |  |
| 17<br>18  | Investment income percentage for 2009 Investment income percentage from 2009   | -                     |                         | -                     | olumn (t)) ,            | 18         |                     |  |  |  |  |  |  |  |
| 18<br>19a | 33½ % support tests – 2009. If the orga  |                       |                         |                       | and line 15 ie n        |            |                     |  |  |  |  |  |  |  |
|           | 17 is not more than 33% %, check this b  | ox and stop he        | e <b>re.</b> The organi | zation qualifies      | as a publicly           | supported  | l organization 🕨 🔲  |  |  |  |  |  |  |  |
| b         | 33½ % support tests – 2008. If the organ line 18 is not more than 33½ %, check this  | s box and <b>stop</b> | here. The orga          | nızatıon qualıfıe     | s as a publicly         | supported  | organization 🕨 🔲    |  |  |  |  |  |  |  |
| 20_       | Private foundation. If the organization  | did not check         | a box on line 1         | 4, <u>19a,</u> or 19b | , <u>chec</u> k this bi | ox and se  | e instructions 🕨 🛄  |  |  |  |  |  |  |  |

| Page 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 |   |             |                   |                    |              |               |         |               |               |               |              |        | age 4                                   |                |                |                   |           |   |                    |          |
|---|---|-------------|-------------------|--------------------|--------------|---------------|---------|---------------|---------------|---------------|--------------|--------|---|----------------|----------------|-------------------|-----------|---|--------------------|----------|
| Part IV   | Suppleme<br>Part II, line               | ntal<br>17a | <b>Info</b><br>or | <b>rma</b><br>17b; | tion.<br>and | . Cor<br>Part | nplete  | this<br>ne 12 | part<br>Pro   | to p          | rovic<br>any | de the | expl<br>addit                           | anational      | ons r<br>infor | equired<br>mation | by<br>See | Part II                                 | l, line<br>uction: | 10;<br>s |
|   |   |             |                   | _                  |              |               |         |               |               |               |              | _      |   |                |                |                   |           |   |                    |          |
|   |   |             |                   |                    |              |               |         |               |               |               |              |        |   |                |                |                   |           |   |                    |          |
|   |   |             |                   |                    |              |               |         |               |               |               |              |        |   |                |                |                   |           |   |                    |          |
|   |   |             |                   |                    |              |               |         |               |               |               |              |        |   |                |                | •••••             |           |   |                    |          |
|   |   |             |                   |                    |              |               |         |               |               |               |              |        |   |                |                |                   | •         |   |                    | •        |
|   |   |             |                   |                    |              |               | •       | • • • • • • • |               |               |              |        |   |                |                |                   | •         | • |                    |          |
|   |   |             |                   |                    |              |               |         |               |               | • • • • • •   |              |        |   |                |                |                   |           |   |                    |          |
|   |   | <b>.</b>    |                   |                    |              |               |         |               |               |               |              |        |   |                |                |                   |           |   |                    |          |
|   |   |             |                   |                    |              |               |         |               |               |               |              |        |   |                |                |                   |           |   |                    |          |
|   |   | - <b></b>   |                   |                    |              | •             |         |               |               |               |              |        |   | <del>-</del>   |                |                   |           | • | ••••               |          |
|   | •••••                                   | ·••••       |                   |                    |              | • • • • • •   |         |               |               | • • • • • • • |              |        |   |                |                |                   | •         |   | · · · · · · · ·    |          |
|   |   |             |                   |                    |              |               |         |               |               | • • • • • • • |              |        | • |                |                |                   | ••••      |   |                    |          |
|   |   |             |                   |                    |              |               | <b></b> |               |               |               |              |        |   |                |                |                   |           |   |                    |          |
|   |   |             |                   |                    |              |               |         |               |               | ••            |              |        | •••••                                   |                |                | •••••             | ••••      | •                                       |                    |          |
|   |   |             |                   |                    |              |               |         | <b></b>       |               | • • • • • • • |              |        | <del></del> -                           |                |                |                   |           |   | • • • • • • • •    |          |
|   |   |             |                   |                    |              |               |         |               | •             |               |              |        |   |                |                |                   |           | <b></b>                                 |                    |          |
|   |   |             |                   |                    |              | <b>-</b>      |         |               | •             |               |              |        |   |                |                |                   |           |   |                    |          |
|   |   |             |                   | •                  |              |               |         |               |               |               |              |        |   | . <b></b>      |                |                   |           | <b></b>                                 |                    |          |
|   |   |             |                   |                    |              |               |         |               |               |               |              |        |   | <del>-</del> - |                |                   |           |   |                    |          |
|   |   |             | <b>-</b>          |                    |              |               |         |               |               |               |              |        |   |                |                |                   |           |   |                    |          |
|   |   |             |                   |                    |              |               |         |               |               |               |              |        |   |                |                |                   |           |   |                    |          |
|   |   |             |                   |                    |              |               |         |               |               |               |              |        |   | . <b></b>      |                |                   |           |   |                    |          |
|   |   |             |                   |                    |              |               |         |               | • • • • • • • |               |              |        | • • • • • • • •                         |                |                |                   |           |   |                    |          |
|   |   |             |                   |                    |              |               |         |               |               |               |              |        |   |                |                |                   |           |   |                    |          |
|   |   |             |                   |                    |              |               |         |               |               |               |              |        |   |                |                |                   |           |   |                    |          |
|   |   |             |                   |                    |              |               |         |               |               | ******        |              | ·      |   |                |                |                   |           |   |                    |          |
|   |   |             |                   |                    |              |               |         |               |               |               |              |        |   |                |                |                   |           |   |                    |          |
|   | • |             |                   |                    |              |               |         |               |               |               |              |        |   |                |                |                   | ••••••    |   |                    |          |
|   |   |             |                   |                    |              |               |         |               | •             |               |              | ·      | <b></b>                                 |                |                |                   |           |   |                    |          |