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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Department of the Treasury  
Internal Revenue Service

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

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.

C  
Meridian Area Senior Citizens  
Association  
P.O. Box 606  
Meridian, ID 83642

D Employer identification number

82-0340544

E Telephone number

208-888-5555

F Group Exemption  
Number ►

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

I Website: ► N/A

J Tax-exempt status (check only one) —  501(c) ( 3 ) ▶ (insert no.) 4947(a)(1) or 527K 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 ► \$ 152,500.

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1 36,676.
	2 Program service revenue including government fees and contracts	2 27,354.
	3 Membership dues and assessments	3 1,103.
	4 Investment income	4 25,745.
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input checked="" type="checkbox"/>	6a 61,622.
	a Gross revenue (not including contributions reported on line 1)	6b 19,271.
EXPENSES	b Less: direct expenses other than fundraising expenses	6c 42,351.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a
	7a Gross sales of inventory, less returns and allowances	7b
	b Less: cost of goods sold	7c
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8
	8 Other revenue (describe ► )	9 133,229.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10
	10 Grants and similar amounts paid (attach schedule)	11
	11 Benefits paid to or for members	12 53,190.
ASSETS	12 Salaries, other compensation, and employee benefits	13 3,427.
	13 Professional fees and other payments to independent contractors	14 34,669.
	14 Occupancy, rent, utilities, and maintenance	15
	15 Printing, publications, postage, and shipping	16 36,102.
	16 Other expenses (describe ► See Statement 1)	17 127,388.
	17 Total expenses. Add lines 10 through 16	18 5,841.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19 440,815.
	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)	20
	20 Other changes in net assets or fund balances (attach explanation)	21 446,656.
NETS	21 Net assets or fund balances at end of year Combine lines 18 through 20	(A) Beginning of year (B) End of year
	22 Cash, savings, and investments	149,321. 22 174,286.
	23 Land and buildings	233,412. 23 225,028.
	24 Other assets (describe ► See Statement 2)	61,465. 24 50,046.
	25 Total assets	444,198. 25 449,360.
	26 Total liabilities (describe ► See Statement 3)	3,383. 26 2,704.
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	440,815. 27 446,656.

## 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)

- 22 Cash, savings, and investments
- 23 Land and buildings
- 24 Other assets (describe ► See Statement 2)
- 25 Total assets
- 26 Total liabilities (describe ► See Statement 3)
- 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

Form 990-EZ (2009)

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

See Statement 7

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity  33 X

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes  34 X

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.

a 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 X

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?  35b

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 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.  37b X

b Did the organization file **Form 1120-POL** for this year?  38a X

38 a 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?  38b N/A

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved  39a N/A

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9  39b N/A

b Gross receipts, included on line 9, for public use of club facilities  40a N/A

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0., section 4912 ► 0.; section 4955 ► 0.  40b X

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  40c 0.

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  40d 0.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  40e 0.  40f X

e 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  40g X

41 List the states with which a copy of this return is filed ► None

42 a The organization's books are in care of ► Meridian Area Senior Center Telephone no ► 208-888-5555  
Located at ► 133 W. Broadway, Meridian, ID ZIP + 4 ► 83642  42b X

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)? If 'Yes,' enter the name of the foreign country:  42c X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

c 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 ►  42d X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43  N/A  N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  44 X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  45 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.

46 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

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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 and deferred compensation	(e) Expense account and other allowances
None				
-----				
-----				
-----				
-----				
-----				
-----				

f Total number of other employees paid over \$100,000 ►

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
None		
-----		
-----		
-----		
-----		
-----		
-----		

d Total number of other independent contractors each receiving over \$100,000 ►

Sign Here	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	5-14-10	Date
► <u>Gloria P Lough</u>			President
► <u>Gloria P LOUGH</u>			Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Kathleen Roma CPA	Date	Check if self-employed	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Kathleen Roma & Associates CPAs, PLLC ► 1045 S. Ancona Avenue, Ste. 150 Eagle, ID 83616	EIN	<input type="checkbox"/>	N/A
			Phone no	<input type="checkbox"/>	208-888-1830

May the IRS discuss this return with the preparer shown above? See instructions

BAA

►  Yes  No

Form 990-EZ (2009)

## 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.**

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization **Meridian Area Senior Citizens Association**

Employer identification number  
82-0340544

**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 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 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 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?

	Yes	No
(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?	11g (i)	
(ii) a family member of a person described in (i) above?	11g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g (iii)	

h. Provide the following information about the supported organizations.

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

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BAA

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 550 or 550-EZ.

Schedule A (Form 990 or 990-EZ) 2009

**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
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	56,419.	65,296.	69,821.	46,987.	44,070.	282,593.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4 Total. Add lines 1-through 3	56,419.	65,296.	69,821.	46,987.	44,070.	282,593.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4						282,593.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	56,419.	65,296.	69,821.	46,987.	44,070.	282,593.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	386.	3,030.	4,265.	3,632.	3,580.	14,893.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10						297,486.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 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						<input type="checkbox"/>

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	95.0 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	94.3 %
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33-1/3 support test – 2008. 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 stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
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 organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
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		<input type="checkbox"/>
18 Private foundation. 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"/>

BAA

Schedule A (Form 990 or 990-EZ) 2009

**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 yr beginning in) ▶**

1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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

**7a** Amounts included on lines 1, 2, 3 received from disqualified persons

**b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year

**c** Add lines 7a and 7b

**8 Public support** (Subtract line 7c from line 6)

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						
2						
3						
4						
5						
<b>6 Total.</b>						
<b>7a</b>						
<b>b</b>						
<b>c</b>						
<b>8 Public support</b>						
<b>7c</b>						

**Section B. Total Support****Calendar year (or fiscal yr beginning in) ▶**

**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

**c** Add lines 10a and 10b

**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 lns 9, 10c, 11, and 12)

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9						
10a						
b						
c						
11						
12						
<b>13 Total support.</b>						

**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****15** Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))

15 %

**16** Public support percentage from 2008 Schedule A, Part III, line 15

16 %

**Section D. Computation of Investment Income Percentage****17** Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))

17 %

**18** Investment income percentage from 2008 Schedule A, Part III, line 17

18 %

**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 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.

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

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization **Meridian Area Senior Citizens Association**

Employer identification number  
82-0340544

**Part I** Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- Mail solicitations
- Internet and email solicitations
- Phone solicitations
- In-person solicitations

- Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <u>Others</u> (event type)	(b) Event #2 <u>Cards/Pool</u> (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts . . .	13,041.	5,267.		18,308.
	2 Less. Charitable contributions				
	3 Gross income (line 1 minus line 2)	13,041.	5,267.		18,308.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,642.			2,642.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				2,642.
	11 Net income summary. Combine lines 3, column (d) and line 10				15,666.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue	39,487.			39,487.
DIRECT EXPENSES	2 Cash prizes	6,100.			6,100.
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	8,499.			8,499.
	6 Volunteer labor	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				14,599.
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				24,888.

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

YES	NO
9 a X	

10 a	X
------	---

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

11	X
----	---

12	X
----	---

b If 'Yes,' explain  
-----

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? \_\_\_\_\_

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

	YES	NO
13a		%
13b	100.0	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

- b If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If 'Yes,' enter name and address of the third party:

15a	X
-----	---

Name: ► \_\_\_\_\_

Address: ► \_\_\_\_\_

16 Gaming manager information

Name: ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided. ► \_\_\_\_\_

 Director/officer Employee Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

17a	X
-----	---

**Statement 1**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Advertising and Promotion	\$ 243.
Bank Service Charges	78.
Depreciation	20,601.
Dues and Subscription	345.
Insurance -Center	3,317.
Licenses and Permits	344.
Meetings	715.
Office Expenses	3,074.
Sales Tax Expense	480.
Transportation and Outreach	5,874.
Workers Comp. Insurance	1,031.
<b>Total</b>	<b>\$ 36,102.</b>

**Statement 2**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 1,495.	\$ 0.
Automobiles	41,998.	33,054.
Furniture and Fixtures	1,029.	767.
Machinery and Equipment	11,463.	11,810.
Miscellaneous	1,537.	1,387.
Prepaid Expenses and Deferred Charges	3,943.	3,028.
<b>Total</b>	<b>\$ 61,465.</b>	<b>\$ 50,046.</b>

**Statement 3**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 3,383.	\$ 2,704.
<b>Total</b>	<b>\$ 3,383.</b>	<b>\$ 2,704.</b>

**Statement 4**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

The program provides transportation, outreach services, meals, and recreational programs to the community's elderly citizens. The program serves more than 20,890 senior citizens in Meridian, Idaho. Seniors are transported for medical care, weekly shopping, and to the Center for meals and activities. The program provides meals at the Center and to seniors in their homes. During 2009 the program provided approximately 13,867 meals and transported seniors with approximately 6,725 miles traveled.

**Statement 5**  
**Form 990-EZ, Part III, Line 28**  
**Statement of Program Service Accomplishments**

Meals, transportation, outreach services, and recreational programs were provided for elderly citizens in the Meridian Area. Approximately 13,867 Congregate meals were served. Approximately 1,000 passengers were transported with approximately 6,725 miles driven.

**Statement 6**  
**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Victoria Kingery 10374 W Riley Court Boise, ID 83707	Vice President 0	0.	\$ 0	0.
Bonnie Kettle 83 E Eastbrook Court Meridian, ID 83646	Director 0	0.	0.	0.
Sigrid Kyle 142 N Rainbow Drive Boise, ID 83713	Director 0	0.	0.	0.
Wanda Lousbury 1383 Storey Street Meridian, ID 83646	Secretary 0	0.	0.	0.
Bud Brinegar 5190 N. Locust Grove R. Meridian, ID 83646	Director 0	0.	0.	0.
Marvin Preuss 2440 N Turnberry Way Meridian, ID 83646	Director 0	0.	0.	0.
Ellie Kohlbecker 8120 Bobran Boise, ID 83709	Director 0	0.	0.	0.
Al Baum 2798 N Richer Ave Meridian, ID 83642	Director 0	0.	0.	0.
Don Doty 1115 W. Idaho Street Meridian, ID 83642	Director 0	0.	0.	0.

**Statement 6 (continued)****Form 990-EZ, Part IV****List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri- bution to EBP & DC	Expense Account/ Other
Joyce Scrivner 1414 W Chateau Meridian, ID 83642	Director 0	0. \$	0. \$	0.
Judy DeAngeli 3405 Zandia Lane Meridian, ID 83642	Director 0	0.	0.	0.
Beverly Duffy 1821 S Hilton Lane Boise, ID 83705	Treasurer 0	0.	0.	0.
Pauline Lough 10374 W Riley Court Boise, ID 83707	President 0	0.	0.	0.
Cynthia Hill 1226 Emmy Court Kuna, ID 83634	Coordinator 40.00	20,834.	0.	3,486.
<b>Total</b>		<b>20,834.</b>	<b>0.</b>	<b>3,486.</b>

**Statement 7****Form 990-EZ, Part V****Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No