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CHANGE OF DANHAMOSII/OP (ACCOUNTING PERIOD) Return of Organization Exempt From Income Tax OMB No 1545-0047 2009 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Open to Public Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection 10/01/09 12/31/09 For the 2009 calendar year, or tax year beginning and ending Please Check if applicable C Name of organization Danny Thompson Memorial Leukemia D Employer identification number use (RS Address change Foundation label or 82-0341683 Doma Business As Name change print or type Number and street (or P O box if ma) is not delivered to street address) Room/suite Telephone number Initial return See P.O. Box 232 208-726-1049 Specific Termination City or town, state or country, and ZIP + 4 255 G Gross receipts \$ Instruc Amended return Sun Vallev TD 83353 tions F Name and address of principal officer H(a) Is this a group return for Application pending Georgie Fenton Yes Nο H(b) Are all affiliates P.O. Box 232 Sun Valley ID 83353 If "No," attach a list (see instructions) X 501(c) (3) **◄** (insert no.) Tax-exempt status 4947(a)(1) or dannythompsonmemorial H(c) Group exemption number ▶ Type of organization X Corporation Trust K Year of formation 1998 M State of legal domicile ΤD Summary Part I Briefly describe the organization's mission or most significant activities To provide funding for Leukemia and Cancer Research 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 15 5 Total number of employees (Part V, line 2a) 5 20 6 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 648, 252 Program service revenue (Part VIII, line 2g) 5,919 255 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 83,866 -421 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 738,037 -166Grants and similar amounts pard (Fatt) X column (A), (nes 1-3) 540,000 14 Benefits paid to or for members (Part IX, column (A) Jine 4)
15 Salaries, other companisation, employee benefits (Part IX, column (A), lines 5–10)
16a Professional fundraising fees (Part IX, column (A), 162 1e) 134,713 29,873 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 1 a 1 1d, 111-24f)
18 Total expenses. Add Lines 13 17 (must equal Part IX, column (A), line 25) 33,743 774 708,456 37,647 19 Revenue less expenses Subtract line 18 from line 12 29,581 -37 ,8Ī Beginning of Current Year End of Year 974**,**892 20 Total assets (Part X, line 16) 389, 326 834,263 286,510 21 Total liabilities (Part X, line 26) 140. 102,816 629 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Part II 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 Sian Here Signature of officer Date Georgale Fenton President Type or print name and title Preparer's identifying number Check (f Preparer's see instructions

Paid

Preparer's

Use Only

signature

Firm's name (or yours

if self-employed), address and ZIP + 4

Christy A. McPherson, CPA

ID

Keppler

83333-3402

McPherson &

PO Box 3402

Hailey,

May the IRS discuss this return with the preparer shown above? (see instructions)

Ear Dei neur Ant and Denominati Reduct on Ant Dating and the concepts instruc-

Yes

P00190526

▶ 208-726-2741

20-2924379

X

EIN

employed >

06/11/10

Form 990 (2009) Da	nny Thompson l	Memorial Leukemia	82-0341683		Page 2
Part III State	ement of Program Se	rvice Accomplishments			
	he organization's mission		_		
To provide	e funding for	Leukemia and Cance	r Research		
2 Did the organizat	ion undertake anv significant	program services during the year which	ch were not listed on		·
the prior Form 99		program our mode daming the year with			Yes X No
•	these new services on Sch	edule O			
		ke significant changes in how it condu	cts, any program		
services?	_				Yes X No
If "Yes," describe	these changes on Schedule	e O			
4 Describe the exer	mpt purpose achievements f	or each of the organization's three larg	est program services by expensi	es	
		and section 4947(a)(1) trusts are req		nts and	
allocations to other	ers, the total expenses, and	evenue, if any, for each program servi	ce reported		
A- (Ondo) /F:	opening a second of	•	(Devenue C	
4a (Code)(Expenses \$	ıncludıng grants of Leukemia Resear		(Revenue \$)
		for research to f			
leukemia.	c Organizacion	101 lesearch to 1	ina a cure ioi		
reuxemra.					
4b (Code) (Expenses \$	including grants of	\$	(Revenue \$)
	States Tumor I				
	t organization	for research to f	find a cure for		
leukemia.					
4c (Code) (Expenses \$	including grants of	\$	(Revenue \$	
•	, , ,		·	•	•
					
• -	ervices (Describe in Schedu		\		
(Expenses \$		ncluding grants of \$) (Revenue \$		
4e Total program s	ervice expenses >	20,871			

<u></u>	art iv Checklist of Required Schedules			,
		f	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>	i —	
·	candidates for public office? If "Yes," complete Schedule C, Part I	з	ŀ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
-	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	l	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ì		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		ł	
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			,,
	complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	1		37
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	11	Х	
_	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	 ''-		
•	Schedule D, Part VI			
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
`	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII			
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			,,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	146		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b	-	Λ
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	- 15		1
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part iX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
		Form	990	(2009)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		res	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	j		
	24b through 24d and complete Schedule K If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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	İ		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
Ū	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33_	· · · · · · · · · · · · · · · · · · ·			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	1-	X-
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
-	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
••	Schedule R, Part V, line 2	35	1	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	1	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		Х
		Forr	ո 990	(2009)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		Χ
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		- 1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	 		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		l	
	benefit contract?	7e		
-	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g h	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		
"	required?	7h	}	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	'''		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		ŀ	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b]	l	
1	Section 501(c)(12) organizations. Enter]	l	
а	Gross income from members or shareholders	j		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them)]		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

	990 (2009) Danny Thompson Memorial Leukemia 82-0341683		<u>Р</u>	<u>age 6</u>
Pa	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or characteristics.	v, and nges	in	
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body Enter the number of voting members that are independent 1b 15	1	,	
b	Enter the Hamber of Young Hombero triat are interportation			-
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			 V
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		v
	supervision of officers, directors or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
5 e	Does the organization have members or stockholders?	6		X
6 7a	Does the organization have members, stockholders, or other persons who may elect one or more members	<u> </u>		
<i>i</i> a	of the governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following	I		-
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
l0a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the			
	form?	11	L	X
l1a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	L		L
l2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	<u>X</u>	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1	
	describe in Schedule O how this is done	12c	<u> </u>	X
13	Does the organization have a written whistleblower policy?	13	L	X
14	Does the organization have a written document retention and destruction policy?	14	X	L
15	Did the process for determining compensation of the following persons include a review and approval by		-	-
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-а-	The organization's CEO,-Executive Director, or top management official	15a	<u>X</u>	<u> </u>
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	=		
l6a		-		
	with a taxable entity during the year?	16a	 -	X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	-	1	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		-	
	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed None			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy; and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► Georgie Fenton 511 Sun Valley Road, Ste 203	270	6 1	040
Ke	etchum ID 83340 208	3-72	0-1	049

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees
 See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average						olv)	(D) Reportable	(E) Reportable	(F) Estimated
, wante and mic	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
W. Anthony Park		1,								
Secretary Richard Sulpizio		X	_		<u> </u>	ļ		0	0	C
		X.			ł				^	_
Chairman Russ Huffer		<u>^</u>		\vdash	├			0	0	
ViceChairman		X			ľ			ol	0	
Bradford Corbett	Sr	121			ļ	1		0		
Director		X			1			o	0	
Ray Flachbart		1								
Director		Х		ļ	ļ			ol	0	
Jack Grundhofer										
Director		X						0	0	C
Jerry Grundhofer										
Director		Х						0	0	
Steve Hanks		1 .								
Director		X			_	<u> </u>		0	0	
Wally Huffman		١								_
Director		Х				Ш		0	0	
Marvin May		х								
Gay Simplot		1				\vdash		0	0	
Director		X						o	0	
Tracy Thompson-Mi	ckle	1				\vdash				
Director	CKIC	X				İ		0	0	C
Joseph Otting						П				
Director	İ	x						o	0	C
Scott Yohe										
Director		Х						0	0	C
	ļ			L		Щ			····-	
		\vdash						·		

Total number of independent contractors (including but not limited to those listed above) who received

Pa	rt V	III Statement of Reve	nue	_				
	-	•			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sectors
a a	10	Federated campaigns	12			revenue		512, 513, or 514
E J	1a	, •	1a	 				
ᅙ	D	Membership dues	1b					
ifts	С	Fundraising events	1c					
2 <u>2</u>	d	Related organizations	1d					
Sir	е	Government grants (contributions)	1e					
ig je	f	All other contributions, gifts, grants,	1					
들등		and similar amounts not included above						
Program Service Revenue Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f	\$					
<u> </u>	h	Total. Add lines 1a-1f		>				
ם				Busn. Code		·		
Š	2a							
č	b							
Κ̈	С							
Ser	d							
E	e							<u>.</u>
ĝ	f	All other program service reven	ue					
ڇ	g	Total. Add lines 2a-2f		•				
	3	Investment income (including d	ıvıdends, ıntere	est, and				
		other similar amounts)		>	255			255
	4	Income from investment of tax-	exempt bond p	roceeds 🕨			-	**
	5	Royalties		•				
		(ı) Real	(11) Personal	······································			
	6a							
	b	Less rental exps						
	C	Rental inc or (loss)		-				
	d	Net rental income or (loss)						:
	7a			(II) Other				
		sales of assets		(ii) Garter				
	_	other than inventory		 -				
	Ь	Less cost or other						
	_	basis & sales exps			:			
		Gain or (loss)	<u> </u>		-			
	d	Net gain or (loss)		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
ne	ва	Gross income from fundraising ever	าเร					
evenue		(not including \$	}					
Re		of contributions reported on line 1c)						
ē		See Part IV, line 18	a	407				
Other Re		Less direct expenses	b [421				
_		Net income or (loss) from fundr		•	-421			-421
	9a	Gross income from gaming activities			=			
		See Part IV, line 19	a		-			
		Less direct expenses	ь[
		Net income or (loss) from gamir	ng activities	>				
	10a	Gross sales of inventory, less]	1				
		returns and allowances	a					
	b	Less cost of goods sold	ь					
	С	Net income or (loss) from sales	of inventory	•				
	_	Miscellaneous Revenue		Busn. Code				
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		>				
	12	Total Revenue. See instruction	s	▶ ∫	-166	0	0	-166
								- 000

- Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and				ja s
	rganizations in the U.S. See Part IV, line 21				
	Grants and other assistance to individuals in			_ ====================================	
tl	he U.S. See Part IV, line 22			<u> </u>	
	Grants and other assistance to governments,				-
c	rganizations, and individuals outside the				-
Ų	JS See Part IV, lines 15 and 16				
E	Benefits paid to or for members				-
	Compensation of current officers, directors,	į			
	rustees, and key employees				
	Compensation not included above, to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	07.750	10.075	12 075	
	Other salaries and wages	27,750	13,875	13,875	
	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
	Other employee benefits		1 000	1 001	
	Payroll taxes	2,123	1,062	1,061	
	Fees for services (non-employees)				
	Management				
	egal	60		68	
	Accounting	68	-	00	· · ·
	obbying			Ta ta la la la la la la la la la la la la la	
	Professional fundraising services See Part IV, line 17				
	nvestment management fees				_
_	Other	250	250		
	Advertising and promotion		4,044		
	Office expenses	4,044	4,044		
	nformation technology				
	Royalties	3,334	1,640	1,694	
	Decupancy	3,334	1,040	1,004	
	Fravel				
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				~ ~
	nterest				
	Payments to affiliates — — — — — — — — — — — — — — — — — — —	78		78	
	Depreciation, depletion, and amortization	10			
1	nsurance				
	Other evenences, Itemize evenences not				-
	Other expenses Itemize expenses not	-	-	-	
	covered above (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
	o or total expenses shown on line 20 below)		-	-	
1	ŀ				
	ł				·
	ŀ				
1	ŀ				
.	All other expenses				
	All other expenses	37,647	20,871	16,776	
	Total functional expenses. Add lines 1 through 24f	31,041	20,011		
:	Joint costs. Check here ▶ If following SOP 98-2 Complete this line only if the		,		
	organization reported in column (B) joint costs				

		:		(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		31,157	1	84,928
	2	Savings and temporary cash investments	[701,132	2	276,215
İ	3	Pledges and grants receivable, net		241,824	3	27,482
Ì	4	Accounts receivable, net			4	
İ	5	Receivables from current and former officers, directors, tru	ıstees, key			
1		employees, and highest compensated employees Comple	te Part II of		1	
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined un	ider section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L	·		6	•
ssets	7	Notes and loans receivable, net	Г		7	
SS	8	Inventories for sale or use			8	
4	9	Prepaid expenses and deferred charges	. [9	
	10a	Land, buildings, and equipment cost or] [
		other basis Complete Part VI of Schedule D	10a 1,623			
	b	Less accumulated depreciation	10b 922	779	10c	701
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11	•		13	
}	14	Intangible assets			14	
ĺ	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		974,892	16	389,326
	17	Accounts payable and accrued expenses		209,153	17	229,361
	18	Grants payable		540,000	18	
- [19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of S	chedule D		21	
≝∣	22	Payables to current and former officers, directors, trustees	, key			,
١٩		employees, highest compensated employees, and disqualif	īed		1	
!		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third pa	nrties		23	
	24	Unsecured notes and loans payable to unrelated third partic	es		24	
i	25	Other liabilities Complete Part X of Schedule D	<u>_</u>	85,110	25	57,149
	26	Total liabilities. Add lines 17 through 25		834,263	26	286,510
Se		Organizations that follow SFAS 117, check here ▶ X	and			
Balan		complete lines 27 through 29, and lines 33 and 34.				
<u>a</u>	27	Unrestricted net assets	L	140,629	27	102,816
#	28	Temporarily restricted net assets			28	
Fund	29	Permanently restricted net assets			29	
正		Organizations that do not follow SFAS 117, check here	▶ ∐		-	
6		and complete lines 30 through 34.	1		l	
\$	30	Capital stock or trust principal, or current funds	L		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fu			31	
ĞΪ	32	Retained earnings, endowment, accumulated income, or ot	her funds		32	
	33	Total net assets or fund balances	L	140,629	33	102,816
Z	34	Total liabilities and net assets/fund balances		974,892	34	389,326

Form **990** (2009)

Form	990 (2009) Danny Thompson Memorial Leukemia 82-0341683		Pag	je 12
Pai	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	-	-	-
	Schedule O			. '
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	if the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O	_		ı
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both] -	-	i
	Separate basis Consolidated basis Both consolidated and separate basis	_		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			_
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990	(2009)

SCHEDULE A . (Form 990 or 990-EZ)

Loum aan ot aan-FX)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

vami	e or ti	ne organizatioi	- · · · · · · · · · · · · · · · · · · ·	on Memorial Leu	кешта					•	ntification nur	nber	
D	-41	Paga	Foundation Charity	Status (All organizations		o mo ni ot	o thio				1683		
	<u>ırt l</u>			Status (All organizations			e mis	part.)	See II	istruct	10115.		
	orgar		*	it is (For lines 1 through 11, chec	•	•							
1	H	•	•	ciation of churches described in	section 1	/)(r)(a)U/	4)(1).						
2			cribed in section 170(b)(1)(A										
3	H	•	•	organization described in section							_		
4	Ц	A medical res	-	n conjunction with a hospital des	cribed in s	section 1	70(b)(1)(A)(iii). I	Enter the	e hospita	al's name,		
5		•	on operated for the benefit of b)(1)(A)(IV). (Complete Part i	a college or university owned or o	operated b	y a gover	nmental	unit des	cribed in	1			
6		A federal, sta	te, or local government or gov	remmental unit described in sect	ion 170(b)(1)(A)(v)							
7	\Box	An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
		described in s	section 170(b)(1)(A)(vi). (Co	mplete Part II)	-			•	•				
8				0(b)(1)(A)(vi). (Complete Part II)								
9	X	-		more than 33 1/3 % of its suppor	•	ntributions	, membe	rship fe	es. and	aross			
		-	• • • • • • • • • • • • • • • • • • • •	t functions—subject to certain ex				•		•			
		•	•	unrelated business taxable inco	•								
		• •	•	1975 See section 509(a)(2). (C	,								
10			<u>-</u>	clusively to test for public safety	•	•	1(4)						
11	H	•	•	clusively for the benefit of, to per		•		arry out	the				
•	ш	-	-	• • •				•		ion			
	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		c Type III–Functiona			d	<u>~</u>	e III–Ot	her			
e	\Box			nization is not controlled directly of			or more o			1101			
_				nd other than one or more public		• •		•		מסו			
			section 509(a)(2)	na carer aran one or more passes	, ouppo	or gaine		50011500	555				
f			, , , ,	nination from the IRS that it is a T	Type I Tyr	nell or Tv	me III su	nnorting	,				
•		-	check this box		, , pc 1, 1 yr	<i>i</i> 11, 01 1 1	pe iii sa	pporting	,				
~		•		on accepted any gift or contribution	on from an	v of the							
g		following per	_	on accepted any girt of continuation	on nom an	y or the							
				trols, either alone or together with	h noreone	docoriboo	lin (u)					Yes	No
			· · · · · · · · · · · · · · · · · · ·	· ·	i persons	described	()				11.00	163	140
		, ,	pelow, the governing body of to member of a person describe	• • •							11g(i)	+-	┼
		• •	ontrolled entity of a person de	``							11g(II)		1
h		-	ollowing information about the	,, ,,							11g(iii	<u>'I</u>	<u> </u>
h (i)	\lame	of supported	(II) EIN	(III) Type of organization	(iv) Is the o	rangaton	(v) Did y	ou pothi	- Adi	ls the	(vii) Am		
117		anization	(11) = 114	(described on lines 1–9	in col (i) ha	-	the organ	•	organizati		(vii) Am supp		
	·			above or IRC section		document?	col (i)		(i) organi				
				(see instructions))	Yes	No	Yes	No No	Yes	No No			
				*** *** ***	1.00				1.03	"			
									ĺ				
	-				 	 	 		<u> </u>				
]						
•					†				†	ऻ			
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		···			<u> </u>		ļ		1				
				<u> </u>	 	 			+				
						1	l	l	1	1			

Sche				<u>lal Leukem</u>		<u>-03416</u>		Page 2
Pa	rt II Support Schedule for Or				1)(A)(iv) and 1	70(b)(1)(<i>A</i>	(vi)	
<u></u>	(Complete only if you che	ecked the box	on line 5, 7, 0	r 8 of Part I.)				
	tion A. Public Support	(-) 200E	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
Cai	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(6) 2007	(u) 2006	(e) 200s	'	(I) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					_		
2	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							
4	Total. Add lines 1 through 3					ļ		
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			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	shown on line 11, column (f)		* _ *			-		
6	Public support. Subtract line 5 from line 4	-	~- a		-		,	
	tion B. Total Support		,	·				
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	-	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				,			
11	Total support. Add lines 7 through 10			<u> </u>			\rightarrow	
12	Gross receipts from related activities, etc. (s						12	
13	First five years If the Form 990 is for the o	organization's first,	second, third, four	th, or fifth tax year a	s a section 501(c)(3)		. —
<u></u>	organization, check this box and stop here tion C. Computation of Public Su	nnort Porcont	200					
	Public support percentage for 2009 (line 6,			(A)			14	<u></u> %
14	Public support percentage for 2009 (life 6, 1)			(1))			15	%
15	33 1/3 % support test—2009. If the organiz			and line 14 is 33.1	/3 % or more chec	k this box	15 1	70
104	and stop here. The organization qualifies as			, and line 1413 55 1	o wor more, once	AC CITIES BOX		▶ □
h	33 1/3 % support test—2008. If the organiz		-	r 16a, and line 15 is	33 1/3 % or more	check this		
	box and stop here. The organization qualific							▶ □
17a	10%-facts-and-circumstances test—2009							
	more, and if the organization meets the "faci							
	organization meets the "facts-and-circumsta							▶ □
b	10%-facts-and-circumstances test—2008					e 15 is 10% o	r	_
_	more, and if the organization meets the "faci							
	organization meets the "facts-and-circumsta							▶ 🔲
18	Private foundation. If the organization did i		-			structions		▶ □

DANNYTHO 06/11/2010 12 40 PM Schedule A (Form 990 or 990-EZ) 2009 Danny Thompson Memorial Leukemia 82-0341683 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 986,452 1,022,390 892,402 648,252 3,549,496 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 417,606 441,795 496,370 567,305 1,923,076 organization's tax-exempt purpose Gross receipts from activities that are not an 3 unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 1,404,058 1,464,185 1,388,772 6 1,215,557 5,472,572 Amounts included on lines 1, 2, and 3 7a received from disqualified persons 23,488 209.370 187,751 420,609 Amounts included on lines 2 and 3 received b from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b 23,488 209,370 187,751 420,609 Public support (Subtract line 7c from line 6) 5.051.963 Section B. Total Support (a) 2005 Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 1,404,058 1,464,185 1,388,772 1,215,557 5,472,572 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 10.382 17.739 5,919 16,484 sources 255 50,779 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 10,382 17,739 5,919 16,484 255 50,779 C 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) 1,481,924 1,414,440 1,405,256 1,221,476 255 5,523,351 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 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 91.47% Public support percentage from 2008 Schedule A, Part III, line 15 16 92.78% Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 1 %

18

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

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 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

18

1 %

Schedule A (Form 990 or 990-EZ) 2009 Danny Thompson Memorial Leukemia 82-0341683 Page 4

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 D. (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Open to Public
Inspection

	e of the organization		Employer identification number
	anny Thompson Memorial Leukemia		
_	oundation		82-0341683
Pá	ort I Organizations Maintaining Donor Advised Funthe organization answered "Yes" to Form 990, F	ds or Other Similar Funds or Acc Part IV, line 6.	counts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	e assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive	re legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in write	ing that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other	
	purpose conferring impermissible private benefit?		Yes No
<u>Pa</u>	rt II Conservation Easements. Complete if the orga	nization answered "Yes" to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all	that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impor	tant land area
	Protection of natural habitat	Preservation of certified historic stru	ucture
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservat	ion contribution in the form of a conservation	
	easement on the last day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure include	ed in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06		2d
3	Number of conservation easements modified, transferred, released, exting	uished, or terminated by the organization du	nng
	the taxable year		
4	Number of states where property subject to conservation easement is local		
5	Does the organization have a written policy regarding the periodic monitorii	ng, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con	servation easements during the year	
_	\$		
8	Does each conservation easement reported on line 2(d) above satisfy the r	equirements of section	П. П.
_	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ı)?		Yes No
9	in Part XIV, describe how the organization reports conservation easements		_
	balance sheet, and include, if applicable, the text of the footnote to the orga- the organization's accounting for conservation easements	anization's financial statements that describe	es .
Dr	irt III Organizations Maintaining Collections of Art, F	listorical Treasures or Other Sir	nilar Accote
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not to report in it	s revenue statement and balance sheet work	ks of
	art, historical treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service,
	provide, in Part XIV, the text of the footnote to its financial statements that	describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its re-	venue statement and balance sheet works o	f art,
	historical treasures, or other similar assets held for public exhibition, education	ation, or research in furtherance of public ser	vice,
	provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasures, or oth	er sımilar assets for financıal gaın, provide th	ee .
	following amounts required to be reported under SFAS 116 relating to these	e items:	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

Sche	dule D (Form 990) 2009 Danny Thom	pson Memori	<u>al Leukemia</u>	82-03	<u> 41683 </u>	Page 2
Pa	rt III Organizations Maintaining C	collections of Art,	Historical Treas	ures, or Other S	Similar Assets	(continued)
3	Using the organization's acquisition, accession, a collection items (check all that apply)	and other records, check	any of the following th	at are a significant u	se of its	
а	Public exhibition	d Loan	or exchange programs	3		
b	Scholarly research	e 🗍 Othe				
С	Preservation for future generations					
4	Provide a description of the organization's collect Part XIV	ions and explain how the	ey further the organizat	tion's exempt purpos	e ın	
5	During the year, did the organization solicit or recassets to be sold to raise funds rather than to be	eive donations of art, his maintained as part of th	storical treasures, or ot e organization's collect	her sımılar ion?		Yes No
Pa	rt IV Escrow and Custodial Arran				"Yes" to Form	990, Part
	IV, line 9, or reported an amo					
1a	Is the organization an agent, trustee, custodian o			ssets not	<u> </u>	
	included on Form 990, Part X?	•				Yes No
ь	If "Yes," explain the arrangement in Part XIV and	complete the following t	able			
_						Amount
С	Beginning balance				1c	
	Additions during the year				1d	
۵	Distributions during the year				1e	
•	Ending balance				1f	· · · · · ·
t 22	Did the organization include an amount on Form	000 Part Y line 212			<u> </u>	Yes No
	If "Yes," explain the arrangement in Part XIV	330, rait X, line 21				res No
	art V Endowment Funds. Comple	te if organization :	answered "Yes" to	n Form 990 Pa	rt IV line 10	
Г	it v Endowment i ditus. Compie	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
	B	(a) Current year	(b) Filor year	(c) Two years back	(d) Thee years back	(e) roul years back
1a	Beginning of year balance					
ь	Contributions				 	
С	Net investment earnings, gains,			1		
	and losses				-	
d	Grants or scholarships					
е	Other expenditures for facilities				-	-
	and programs			ļ		
f	Administrative expenses				-	
g	End of year balance					
2	Provide the estimated percentage of the year end	l balance held as				
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ▶ %					
С	Term endowment ▶ %					
3a	Are there endowment funds not in the possessio	n of the organization tha	t are held and adminis	tered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(iı)
— <u>Б</u>	If "Yes" to 3a(II), are the related organizations-list	ed as required on Schei	dule_R?			3b
	Describe in Part XIV the intended uses of the org					
	ort VI Investments—Land, Buildin			, Part X, line 10).	
	Description of investment	(a) Cost or other basis	(b) Cost or oth		cumulated	(d) Book value
	·	(investment)	basis (other)	dep	reciation	
12	Land	<u> </u>				
	Buildings					
	Leasehold improvements		 			
	·		 			· · · · · · · · · · · · · · · · · · ·
	Equipment		1	,623	922	701
	Other 1. Add lines 1a through 1e (Column (d) must equa	l Form 000 Part Y act		, 02 0	344	701
ı vıd	ı. Addıntes ta thioddir të tooldilli (d) illust edda	11 + VIIII 330, FAILA, GUIL			▶ 1	101

Schedule D (Form 990) 2009 Danny Thompson Memo	orial Leukemia	82-0341683	Page 3
Part VII Investments—Other Securities. See Form			
(a) Description of security or category	(b) Book value	(c) Method of valuatio	
(including name of security)		Cost or end-of-year market	value
Financial derivatives			
Closely-held equity interests			
Other	_		
_ 			
			· · · · · · · · · · · · · · · · · · ·
			
			· · · · · · · · · · · · · · · · · · ·
 			<u>-</u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. See Form	n 990, Part X, line 13.		+······-
(a) Description of investment type	(b) Book value	(c) Method of valuatio	n
		Cost or end-of-year market	value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	45		
Part IX Other Assets. See Form 990, Part X, line (a) Description			(h) Dook volue
(a) Description	лı 		(b) Book value
			
		· · · · · · · · · · · · · · · · · · ·	
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	·	>	
Part X Other Liabilities. See Form 990, Part X, li			
1 (a) Description of liability	(b) Amount		· ·
Federal income taxes			
Deferred Revenue (sponsorships)	44,8		
Payroll Liabilities	8,0		
Sales Tax Payable	4,2	49	
Accrued Salaries			
Auction Payable			
	· · · · · · · · · · · · · · · · · · ·	 	
			
		 	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 57,1	49	
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the org			

organization's liability for uncertain tax positions under FIN 48

Sche	edule D (Form 990) 2009 Danny Thompson Memorial Leukemia 82-0341		Page 4
	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	_
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pa	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	
а	Donated services and use of facilities 2a		
ь	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIV)	_	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
С		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	art XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
and 2	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
this p	part to provide any additional information		
			. – – –
_			

Schedule D (Fo	orm (990) 2009	Danny Thompsotal Information (conti	on Memorial	Leukemia	82-0341683	Page 5
Part XIV	Supplemen	tal information (conti	nuea)			
:						
			. 			
	-		- -			. – – – – –
			- 			
	_					
					 -	·
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			. – – – –		- -	
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			·			
	=					.
- 	- — -	_ _	_			 _

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Danny Thompson Memorial Leukemia Foundation

Employer identification number 82-0341683

Form 990, Part I, Line 6

Approximately 20 part time volunteers work on the auction, put together tee gifts and packets, and drive our rented cars to provide transportation during the week of the tournament. None of the volunteers are full time.

Form 990, Part III, Line 4d - All Other Achievements Administration, management and execution of the annual Danny Thompson Memorial Golf Tournament including fundraising via Golf Tournament, Auctions and Concert.

Form 990, Part VI, Line 7a - Election of Members and Their Rights Board members are nominated by sponsors or existing board members, and elected by existing board members.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The Board of Directors reviews and approves the compensation of the top management offical and the executive director.

Form 990, Part VI, Line 15b - Compensation Process for Officers The Executive Director reviews and approves the compensation of all employees.

Name of the organization

Page **2**

Schedule O (Form 990) 2009

Danny Thompson Memorial Leukemia

Employer identification number 82-0341683

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are available upon request and appointment at the Sun Valley, Idaho office.

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Attachment Sequence No

Department of the Treasury Internal Revenue Service

► See separate instructions. Danny Thompson Memorial Laukemia

► Attach to your tax return.

Name	Foundat	ion	mortar ned	aremia				-034	11683
Busin	ess or activity to which this form relates	- <u> </u>	-						
	ndirect Depreciati	.on							
	rt I Election To Expen		erty Under Sec	tion 179					
	Note: If you have a	any listed proper	rty, complete Pa	art V before yo	u cor	nplete F	Part I.		
1	Maximum amount See the instruction	ons for a higher limit i	for certain businesse	s				1_1_	250,000
2	Total cost of section 179 property pl	aced in service (see	instructions)					2	
3	Threshold cost of section 179 prope	-	•	uctions)				3	800,000
4	Reduction in limitation Subtract line							4	
	Dollar limitation for tax year Subtract line				_			5	
6	(a) Description	of property		(b) Cost (business us	e only)	(c) E	Elected cos	t	-
						ļ			4
	Later transfer and the constant of	1: 20			Τ.				4
7	Listed property Enter the amount from		ın ookumn (a) linaa G	and 7	_7_	<u> </u>		8	
8 9	Total elected cost of section 179 pro Tentative deduction Enter the small		in column (c), lines o	anu /				9	
	Carryover of disallowed deduction fr		108 Form 4562					10	
10 11	Business income limitation Enter th	•		an zero) or line 5 (s	ee inet	ructions)		11	
12	Section 179 expense deduction Ad		•	•	ec mist	dellons		12	
13	Carryover of disallowed deduction to				13	T		1	
	Do not use Part II or Part III below for				, ,,				·
	rt II Special Depreciati			ciation (Do no	t incl	ude liste	gora be	ertv.)	(See instr.)
14	Special depreciation allowance for q							1	
	during the tax year (see instructions							14	
15	Property subject to section 168(f)(1)	election						15	
16	Other depreciation (including ACRS)						16	
Pa	rt III MACRS Depreciati	on (Do not inclu	ide listed prope	rty.) (See instr	uctio	ns.)			
			Sectio	n A					
17	MACRS deductions for assets place	ed in service in tax ye	ars beginning before	2009				17	78
18	If you are electing to group any assets pla							<u> </u>	
	Section B—A	Assets Placed in Ser	,	· · · · · · · · · · · · · · · · · · ·	T	al Deprec	iation Sys	stem	1
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecia (business/investmen only-see instruction	t use	(e) C	Convention	(f) Me	thod	(g) Depreciation deduction
19a	3-year property				<u> </u>				
<u>b</u>	5-year property				_		ļ		
c	7-year property				-				
<u>d</u>	10-year property				<u> </u>				
<u>e</u>	15-year property				 				
f_	20-year property			95	+				
<u>g</u> _	25-year property Residential rental			25 yrs	+	D 40 4	S/I S/I		
h	property			27 5 yrs	 	MM	 		
	Nonresidential real			27 5 yrs 39 yrs	 	MM MM	S/I S/I		
•	property				1	MM	S/I		
	<u> </u>	sets Placed in Serv	ice During 2009 Tax	Year Using the A	Iternal				
 20a	Class life	-			1		S/I		
	12-year			12 yrs			S/I		
	40-year			40 yrs	t^-	MM	S/I		
	rt IV Summary (See ins	tructions.)	•	,,	•				·
21	Listed property Enter amount from I							21	
22	Total. Add amounts from line 12, lin	es 14 through 17, lin	es 19 and 20 in colui	mn (g), and line 21	Enter	here			
	and on the appropriate lines of your	return Partnerships	and S corporations—	see instructions				22	78
23	For assets shown above and placed	_	current year, enter ti	he		[
	portion of the basis attributable to se	ection 263A costs			23				

Form . 1128

Application To Adopt, Change, or Retain a Tax Year

OMB No 1545-0134

(Rev January 2008) Department of the Treasury Internal Revenue Service

▶ See separate instructions.

Attachment Sequence No. **148**

_	art I General Information Important: All filers must complete Part I and sign below See instructions	
	Name of filer (if a joint return is filed, also enter spouse's name) (see instructions)	Filer's identifying number
ļ	Danny Thompson Memorial Leukemia Foundation	82-0341683
ŀ	Number, street, and room or suite no (if a PO box, see instructions)	Service Center where income tax return will be filed
=	P.O. Box 232	Ogden, UT
T.	City or town, state, and ZIP code	Filer's area code and telephone number/Fax number
9	Sun Vailey, ID 83353	(208) 728-1049 /()
Ţ	Name of applicant, if different than the filer (see instructions)	Applicant's identifying number (see instructions)
ł	Name of person to contact (if not the applicant or filer, attach a power of attorney)	Contact person's area code and telephone number/Fax number
\perp	Georgie Fenton	(208) 726-1049 /()
	Check the appropriate box(es) to indicate the type of all Individual Cooperative (sec. 1381(a)) Partnership Controlled foreign corporation (CFC) (sec. 1381(a)) Estate Foreign sales corporation (FSC) or International sales corporation (FSC) or International sales corporation Scorporation Specified foreign corporation (SFC) (sec. 10/50 corporation (sec. 904(d)(2)(E)) Trust Approval is requested to (check one) (see instructions)	Passive foreign investment company (PFIC) (sec 957) (sec 1297) erest-charge Other foreign corporation on (IC-DISC) Tax-exempt organization
	beginning ► 10/01 , 20 09 , and ending	· · · · · · · · · · · · · · · · · · ·
3	Is the applicant's present tax year, as stated on line 2b above	also its current financial reporting year? ▶ ☑ Yes ☐ No
	16 "Nie " attach an avplanation	
	if "No," attach an explanation.	
4	Indicate the applicant's present overall method of accounting. ☐ Cash receipts and disbursements method ☐ Accrual ☐ ☐ Other method (specify) ▶	method
5	State the nature of the applicant's business or principal source	e of income.
F	undraising for Leukemia and Cancer Research	
	Signature—All Filers (See Who N	
	der penalties of perjury, I declare that I have examined this application, including I belief, it is true, correct, and complete. Declaration of preparer (other than file	
 G	Signature and date eorgie Fenton, President Name and title (print or type)	Signature of individual preparing the application and date Christy A McPherson, CPA Name of individual preparing the application
	he application is filed on behalf of a controlled foreign corporation or a 50 corporation by a controlling domestic shareholder, see instructions	McPherson & Keppler CPAs, LLC Name of firm preparing the application

	_
9	Page 2

Par	Automatic Approval Request (see instructions)		
	entify the revenue procedure under which this automatic approval request is filed ▶ Rev Proc		
Sec	tion A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, o successor)	r its	_
1	Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-45 (or its successor)? (see instructions)	Yes	No
2	Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553		
3	Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions)		
Sec	tion B—Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc. 2006-46, or its successor)		
4	Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-46 (or its successor)? (see instructions) .		
-5	Is the partnership, S corporation, PSC, or trust requesting to change to its required-tax year-or-a-partnership,-S—corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year? ▶		
6	is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 4.01(2) of Rev. Proc. 2006-46 (or its successor)? Attach a statement showing gross receipts for the most recent 47 months. (See instructions for information required to be submitted)		
7	Is the S corporation requesting an ownership tax year? (see instructions)	ļļ	
8	Is the applicant a partnership requesting a concurrent change pursuant to section 6.09 of Rev. Proc. 2006-45 (or its successor) or section 5.04(8) of Rev. Proc. 2002-39 (or its successor)? (see instructions)	-	
Sec	tion C—Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)	1	1
9	Is the applicant an individual requesting a change from a fiscal year to a calendar year?	┪ ─	
Sec	tion D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)		
10	Is the applicant a tax-exempt organization requesting a change?	1	
Par	Ruling Request (All applicants requesting a ruling must complete Section A and any other seapplies to the entity. See instructions.) (Rev. Proc. 2002-39, or its successor)	ction	that
Sec	tion A—General Information	Yes	No
1	Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination by the iRS, before an appeals office, or a Federal court?		1
	If "Yes," see the instructions for information that must be included on an attached explanation.		
2	Has the applicant changed its annual accounting period at any time within the most recent 48-month period ending with the last month of the requested tax year?		✓
	If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented.		
3	Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, denied, or not implemented?		1
4a	Is the applicant requesting to establish a business purpose under section 5.02(1) of Rev. Proc 2002-39 (or its successor)?		✓
b	If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions). If your business purpose is based on one of the natural business year tests under section 5.03, check the applicable box.		
*************	Annual business cycle test Seasonal business test 25-percent gross receipts test Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period. (see instructions)		
5	Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period.		
	Short period \$		
	501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income. All other applicants, enter taxable income before net operating loss deduction and special deductions.		

Form	1128 (Rev 1-2008)	P	age 3
6	Corporations only, enter the losses or credits, if any, that were generated or that expired in the short period: Generated Expiring	Yes	No
	Net operating loss \$ 0 \$ 0 Capital loss \$ 0 \$ 0 Unused credits \$ 0 \$ 0		
7	Enter the amount of deferral, if any, resulting from the change (see section 5.05(1), (2), (3) and 6.01(7) of Rev. Proc. 2002-39, or its successor)		
8a	Is the applicant a U.S. shareholder in a CFC? If "Yes," attach a statement for each CFC providing the name, address, identifying number, tax year, the percentage of total combined voting power of the applicant, and the amount of income included in the gross income of the applicant under section 951 for the 3 tax years immediately before the short period and for the short period.		4
b	Will each CFC concurrently change its tax year?		
	Is the applicant a U.S shareholder in a PFIC as defined in section 1297? If "Yes," attach a statement providing the name, address, identifying number, and tax year of the PFIC, the percentage of interest owned by the applicant, and the amount of distributions or ordinary earnings and net capital gain from the PFIC included in the income of the applicant. Did the applicant elect under section 1295 to treat the PFIC as a qualified electing fund?		4
10a	Is the applicant a member of a partnership, a beneficiary of a trust or estate, a shareholder of an S corporation,		1
	If "Yes," attach a statement providing the name, address, identifying number, type of entity (partnership, trust, estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percentage of interest of each IC-DISC or FSC and the amount of income received from each entity for the first preceding year and for the short period. Indicate the percentage of gross income of the applicant represented by each amount.		
	Will any partnership concurrently change its tax year to conform with the tax year requested? ▶ If "Yes" to line 10b, has any Form 1128 been filed for such partnership?		√
11	Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical advice request pending with the IRS National Office?		4
12	Is Form 2848, Power of Attorney and Declaration of Representative, attached to this application?	1 1	1
13	Does the applicant request a conference of right (in person or by telephone) with the IRS National Office, if the IRS proposes to disapprove the application?		1
14	Enter amount of user fee attached to this application (see instructions)		
	tion B—Corporations (other than S corporations and controlled foreign corporations) (see instructions)		
15 16a	Enter the date of incorporation. Does the corporation intend to elect to be an S corporation for the tax year immediately following the short	Yes	No
b	period?		
17	Is the corporation a member of an affiliated group filing a consolidated return?		
	If "Yes," attach a statement providing (a) the name, address, identifying number used on the consolidated return,		
	tax year, and Service Center where the applicant files the return; (b) the name, address, and identifying number of each member of the affiliated group; (c) the taxable income (loss) of each member for the 3 years immediately before the short period and for the short period; and (d) the name of the parent corporation.		
	Personal service corporations (PSCs): Attach a statement providing each shareholder's name, type of entity (individual, partnership, corporation, etc.), address, identifying number, tax year, percentage of ownership, and amount of income received from the PSC for the first preceding year and the short period.		
b	If the PSC is using a tax year other than the required tax year, indicate how it obtained its tax year. Grandfathered (attach copy of letter ruling) Letter ruling (date of letter ruling (attach copy)) (attach copy)		

	tion C—S Corporations (see instructions)	•	age 4
<u> 320</u> 19	Enter the date of the S corporation election.	Yes	No
20	Is any shareholder applying for a corresponding change in tax year?		
21	If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year. Grandfathered (attach copy of letter ruling) Letter ruling (date of letter ruling (attach copy))		
22	Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying number, tax year, percentage of ownership, and the amount of income each shareholder received from the S corporation for the first preceding year and for the short period.	<u> </u>	
Sec	tion D—Partnerships (see instructions)		
23	Enter the date the partnership's business began. ▶	Yes	No
24_	ls any-partner-applying for-a-corresponding_change in tax year?		
25	Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust, corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of interest in capital and profits.		
26	Is any partner a shareholder of a PSC as defined in Regulations section 1.441-3(c)?		
27	If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year. Grandfathered (attach copy of letter ruling) Letter ruling (date of letter ruling (attach copy))		
Sec	tion E—Controlled Foreign Corporations (CFC)		
28	Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address, identifying number, tax year, percentage of total value and percentage of total voting power, and the amount of income included in gross income under section 951 for the 3 tax years immediately before the short period and for the short period.		
Sec	tion F—Tax-Exempt Organizations		
29	Type of organization: ☐ Corporation ☐ Trust ☐ Other (specify) ▶	Yes	No
30	Date of organization. ► May 1998	4	
31	Code section under which the organization is exempt. 501(c)3	1 ;	ل
32	Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL? ▶	1	-
33	Enter the date the tax exemption was granted. > 1978 Attach a copy of the letter ruling granting exemption. If a copy of the letter ruling is not available, attach an explanation.		_ j
34	If the organization is a private foundation, is the foundation terminating its status under section 507?	1	
	tion G—Estates		
35 36a	Enter the date the estate was created. Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each is an interested party of any portion of the estate.	persor	who
b	Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement s distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately short period, and for the short period.	howin befoi	g the e the

Request for Extension of time to file for Change of Accounting Period Pursuant to Rev. Proc 85-58.

Upon signing and preparing to mail this short year return prepared by our new CPA, (Christy A. McPherson, 101 E. Bullion St. Ste. 2G, Hailey, ID 83333) we discovered that we have not timely filed our Form 1128, Application for Change of Accounting Period which was due by the 15th day of the 5th month following the new December 31 year-end, which was May 15th, 2010. We were unaware that this form was not allowed to be covered by the extension that we timely filed for the actual form 990. We have recently electronically filed our 2008 form 990 for the fiscal year ending September 30, 2009, so we are current on all of our tax filings.

We would respectfully request that you allow our Change of Accounting period request because we are less than 90 days late in filing the form 1128, and this error was unintentional. We are being required to file the form 1128 because our prior CPA changed our accounting period within the last 10 years, and this has not been an acceptable reporting time period for our organization because of the timing of our fundraising event held annually in mid-August, which is why we are now requesting a change to return to our original calendar year accounting period. This change will allow us to report all of the results of the fundraising event accurately within the one calendar year return.

"Under penalties of perjury, I declare that I have examined this request, including accompanying documents, and to the best of my knowledge and belief, the facts presented in support of this request are true, correct, and complete."

Georgie Ferton, President

Danny Thompson Memorial Leukemia Foundation

June 17, 2010