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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

SCANNED SEP 292010,

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Form 990 (2009)

TEEA0113L 12/29/09

									ang roquire.				
	For the	e 2009 calend	ar year,	or tax year beginni	ng		, 20	09, and endir	ıg			·	
В	Check if	applicable	Diagon	C						D Employ	er Identi	fication Number	
	Add	ress change	Please use IRS label	ADIUVO, INC.	•					82-	03423	341	
	X Nan	ne change	or print or type.	PO BOX 730		_				E Telepho	ne numb	er	
	Initi	al return	See specific	FRUITLAND,	ID 8361	9				(20	8) 452	2-4058	
	Ter	mination	Instruc- tions.							,	•		
	\vdash	ended return								G Gross r	eceints \$	221	,378.
	\vdash	<u>-</u>	F Name a	and address of principal of	fficer				H(a) Is this	a group retur			
		, ,		AS C ABOVE	co					affiliates incl		Ye	=
_	Tay	exempt status)47(a)/1\ a=	527	If No.	attach a list	(see inst	ructions)	· —
<u> </u>		site: N/A		(c) (3) (11	nsert no)	4	947(a)(1) or	52/					
<u>J</u>						 				exemption ni			
K			X Corpora	ation Trust A	Association	Other -	· .	L Year of Forma	tion 197	8 M s	State of le	egal domicile $ {f I} $	<u> </u>
Ра	rt I	Summa					 						
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Activities & Governance	-				<u></u>								
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õ	2 (Theck this box	× • 📙	if the organization	PO TUTE	d vis ope	rations or c	isposed of me	ore than 2	25% of its		•	2
∞ಶ	3 P 4 P	Number of vot	ling men lopondor	nbers of the governi	of the gover	art VI, III	ne land	lina 1h)			4		3 2
ies	5	Total number	of omplo	nt voting members o byees (Part V me 2	on the gover	4"2010	y (Taptivi,	iine (b)			5		1
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Ac				ousiness revenue fr		Ha dolum	n Y C) line 1	2			7a		0.
	1 d	Net unrelated	business	s taxable income from	UEDF		34	_			7b		Ö.
						- <u> </u>			Τ.	alau Vaau	<u> </u>	Current	
	8 (Contributions	and oran	nts (Part VIII, line 1	h)					Prior Year		Current	rear
Ē				iue (Part VIII, line 1					-	-			
Revenue				art VIII, column (A),		and 7d)			ļ	3,689,4	136	201	5,131.
æ				III, column (A), line:		•	and 11a)		<u> </u>	-41,9			J, 1J1.
				nes 8 through 11 (n				\ line 12\	<i> </i>	3,647,4		201	5,131.
				ounts paid (Part IX,), IIIIe 12)	`	50,0			0,000.
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68	l .			nsation, employee t			iumn (A), ii	nes 5-10)		67,56		. 67,80	
ens.	16a F	Professional fi	undraisin	ng fees (Part IX, col	lumn (A), lii	ne 11e)							
Expenses	b T	Total fundraisi	ing expe	nses (Part IX, colur	nn (D), line	25) 🏲 _							
ш	17 (Other expense	es (Part l	IX, column (A), line	s 11a-11d,	11f-24f).				187,5	501.	88	3,838.
	18	Total expense	s Add I	nes 13-17 (must eq	ual Part IX	, column	(A), line 25)		305,0	062.	300	5,641.
				s Subtract line 18				•		3,342,3		-10:	1,510.
88										nning of Y		End of \	
Net Assets or Fund Balancos	20	Total assets (F	Part X II	ne 16)						1,288,4			5,957.
A B		Total liabilities								15,9			5,001.
žŠ				,	01 ()	- 00		-	4.				0,956.
	22 	Signatu		ances Subtract line	21 from III	ne 20			<u> </u>	1,272,4	10/.	11,17	J, 930.
		Under penalties true, correct, an	s of perjury, nd complete	I declare that I have exam Declaration of preparer (nined this returi (other than offic	n, including cer) is basei	accompanying on all informa	schedules and sta tion of which prep	itements, and arer has any	d to the best of knowledge	of my kno	wledge and belief	, it is
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Pa		Preparer's	. 0	5/1/	0 1	nA		0	e	mployed >	Ш		
Pro	e- rer's	signature	<u>- N</u>	w// sowe	14, 9	<u> </u>		9-10-	10		P	<u>00349526</u>	
Us		Firm's name (or	ACC	OUNTING NORT	HWEST,	PA							
On		yours if self- employed),	► PO	BOX 7						IN ► 8	<u> 2-</u> 04	77839	
9 11	.,	address, and ZIP + 4	FRU	ITLAND, ID 8	3619-00	07			F	Phone no	(208	3) 452-123	34
Ma	y the IF			with the preparer sl			nstructions)		<u></u>			X Yes	No

	n '990 (2009)						82-03423	41		Page 2
			f Program Service A	ccomplishme	ents					
1	-	_	anization's mission ORGANIZED TO PI	ROMOTE EDUC	ATION FOR S	TUDENTS.				
								 	-	
2	Did the org	ganization und	dertake any significant pro	ogram services di	iring the year which	ch were not listed on th	ne prior			
		or 990-EZ? escribe these n	new services on Schedule	e O				Yes	X	No
3	-	=	ase conducting, or make s changes on Schedule O.	significant change	s in how it conduc	cts, any program servic	ces?	Yes	X	No
4	and 501(c))(4) organizati	rpose achievements for e ions and section 4947(a)(infany, for each program	 trusts are requ 	zation's three larg ired to report the	est program services b amount of grants and a	y expenses Se allocations to o	ection 5 thers, tl	01(c) he tota	(3) al
42	THE GE STUDEN CLASSM	NERAL PUR TS. THE A EN AND GR	xpenses \$ 306, RPOSE AND MISSION ASSOCIATION 'S PRADUATE STUDENTS TONS OF HIGHER EN	N OF THE AS RIMARY FOCU ATTENDING	SOCIATION I S IS TO PRO UNIVERSITIE	S TO PROMOTE EN MOTE THE GRADUA	DUCATION I ATION OF U RADE SCHOO	JPPER OLS_A)
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	d Other pro	oram services	(Describe in Schedule C							
	(Expenses	\$	ıncludır	ng grants of \$) (Revenue \$)	
4	e Total prog	ram service e	expenses ►	306,641.						

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A. 1 X 2 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates X for public office? If 'Yes,' complete Schedule C, Part I. 3 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II Х 4 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 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 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV Х 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 'Yes,' complete Schedule D, Part V 10 X Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D. Parts VI. VIII. IX. or X X as applicable 11 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 167 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 16? If 'Yes,' complete Schedule D, Part VIII Did the organization report an amount for other assets 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 statement for the tax year? If 'Yes,' complete Schedule D. Parts XI, XII, and XIII 12 Х 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a **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* 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 16 X 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 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 X 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 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20

Form 990 (2009) ADIUVO, INC.

Rantiva: Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
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 2° If 'Yes,' complete Schedule I, Parts I and III	22		<u>x</u> _
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? <i>If 'Yes,' complete Schedule J</i>	23		x
24 8	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		x
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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
i	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 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		<u> </u>
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee 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 transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	100	X
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		<u>X</u>
29	g to the transfer of the	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part IL	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
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		<u>x</u>
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		X .
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		Х
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		х
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		<u> </u>
BAA		Form	990 (2009)

		· ·	Yes	No
1 a	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2 a	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 1			
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>X</u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	-	_	,
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x
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		х
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			,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
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?	5с	_	
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	_	х
b	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь	 	
7	Organizations that may receive deductible contributions under section 170(c).			
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		Х
b	of 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
d	I If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		ļ
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 organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Γ.	_	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make any 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 10a			
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b]		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from other members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)]		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	<u> </u>	
b	o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>		
		_		

BAA

Form **990** (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sectio</u>	n A. Governing Body and Management						
			\dashv	Yes	No		
1 a En	ter the number of voting members of the governing body	1a 3			į		
b En	ter the number of voting members that are independent	1b 2	j	- 1			
2 Did offi	any officer, director, trustee, or key employee have a family relationship or a busin cer, director, trustee or key employee?	ess relationship with any other	2				
3 Did	I the organization delegate control over management duties customarily performed to officers, directors or trustees, or key employees to a management company or other	by or under the direct supervision	3		х		
	I the organization make any significant changes to its organizational documents	F-13011	4		X		
	ce the prior Form 990 was filed?						
	I the organization become aware during the year of a material diversion of the organ	nization's assets?	5		Х		
	es the organization have members or stockholders?	Ī	6		X		
7a Do	es the organization have members, stockholders, or other persons who may elect or verning body?	ne or more members of the	7a		х		
_	e any decisions of the governing body subject to approval by members, stockholders	, or other persons?	7b		_X_		
8 Did	I the organization contemporaneously document the meetings held or written actions following	s undertaken during the year by					
	e governing body?	Ī	8a	Х			
	ch committee with authority to act on behalf of the governing body?	Ţ	8b		X		
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	n B. Policies (This Section B requests information about policies		9	I	<u> </u>		
Revenue	·						
				Yes	No		
10 a Do	es the organization have local chapters, branches, or affiliates?		10 a		Х		
b If ' an	Yes,' does the organization have written policies and procedures governing the actived branches to ensure their operations are consistent with those of the organization?	rities of such chapters, affiliates,	10Ь				
11 Ha	s the organization provided a copy of this Form 990 to all members of its governing	body before filing the form?	11		Х		
11 A De	scribe in Schedule O the process, if any, used by the organization to review this For	m 990 SEE SCHEDULE O	\$		·*		
12 a Do	es the organization have a written conflict of interest policy? If 'No,' go to line 13		12a		Х		
	e officers, directors or trustees, and key employees required to disclose annually inte- conflicts?	erests that could give rise	12b				
c Do Sc	es the organization regularly and consistently monitor and enforce compliance with hedule O how this is done	the policy? If 'Yes,' describe in	12c				
13 Do	es the organization have a written whistleblower policy?		13		Х		
14 Do	es the organization have a written document retention and destruction policy?		14		X		
15 Did pe	t the process for determining compensation of the following persons include a review rsons, comparability data, and contemporaneous substantiation of the deliberation a	w and approval by independent ind decision?	· .				
a Th	e organization's CEO, Executive Director, or top management official	Ĺ	15 a		Х		
b Ot	ner officers of key employees of the organization	Į	15 b		Х		
If '	Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			,	•		
1 <u>6</u> a Did en	t the organization_invest_in, contribute assets to, or participate in a joint venture or s tity during the year?	similar arrangement with a taxable	16a		X		
ın	Yes,' has the organization adopted a written policy or procedure requiring the organ joint venture arrangements under applicable federal tax law, and taken steps to safe	ization to evaluate its participation equand the organization's exempt					
	tus with respect to such arrangements?	<u>,,,,, · </u>	16b		L		
Sectio							
	t the states with which a copy of this Form 990 is required to be filed NONE						
18 Se	ction 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), pection Indicate how you make these available Check all that apply	990, and 990-T (501(c)(3)s only) av	allable	e tor _l	public		
ليا .	Own website Another's website X Upon request						
sta	scribe in Schedule O whether (and if so, how) the organization makes its governing itements available to the public				ancial		
	ate the name, physical address, and telephone number of the person who possessed ARROL_LEE_LAWHORN_6685_SE_11TH_AVECALDWELL_ID_83607		anızatı	on 			

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 organizations'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 employees.'
- 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

Check this box if the organization did no	it compen	Sale a	пу с	June	:III (omcer	, uir	ector, or trustee.		
(A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
CARROL LEE LAWHORN				-						
EXECUTIVE DIREC	20	X		X	X	<u> </u>		59,342.	0.	0.
LEWIS L HALL										
PRESIDENT	0	X		X				2,000.	0.	0.
JOHN L MAGDIEL										
BOARD MEMBER	0	X						2,000.	0.	0.
							ı			
						<u> </u>				
	-		_	-	-	-	_			- -

Part VII Section A. Officers, Directors, Trust	tees, K	(ey	En	plo	oye	es,	an	d Highest Con	pensated E	mployees (cont.)
(A)	(B)	_			c) 			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee	Institutional trustee	Officer	Key employee	Mighest compensated	ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation froi related organizatio (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							_			
		ļ	_							
1 b Total							.	62 242		0. 0.
		1.	_1_	l - l-			_	63,342.		
2 Total number of individuals (including but not limiter from the organization ► 0		se ii	Siec	abo	ove	wn	o re	ceived more than	\$100,000 in rep	
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if the organization and related organizations greater the organization and related organizations greater the individual. 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Schedules. 	ndividua portable han \$15	ol e cor 50,00	npe 00?	nsal If 'Y	tion 'es'	and com	oth	er compensation e Schedule J for :	from such	3 X 4 X
Section B. Independent Contractors										
Complete this table for your five highest compensate compensation from the organization	ed inde	pend	dent	cor	ntrac	tors	tha	t received more t	han \$100,000 of	
(A) Name and business addres	s							Description of	of Services	(C) Compensation
										
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		limi	ted	to th	1056	list	ed a	above) who receiv	ed more than	A J. S

LI.	The statement of Nevende		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
5,0	1a Federated campaigns 1a					,
AN	b Membership dues 1 b					١
20	c Fundraising events 1c					,
FIS	d Related organizations 1 d					i
 	e Government grants (contributions) 1 e					, '
S S						
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above					i
N O	g Noncash contribns included in Ins 1a-1f: \$					١
8	h Total. Add lines 1a-1f	•				'
J.		Business Code				
YEN.	2a		_			
2	b					
Ş	c					
SER	d					
Ψ¥	e					
PROGRAM SERVICE REVENUE	f All other program service revenue					
-R	g Total. Add lines 2a-2f	>				j
	3 Investment income (including dividends, i	interest and	010 050		•	
	other similar amounts)		212,278.			212,278.
	4 Income from investment of tax-exempt be	ond proceeds				
	5 Royalties (i) Real	(ii) Personal				
	6a Gross Rents	(II) Personal				
					•	· "j
	b Less. rental expenses c Rental income or (loss)					
	d Net rental income or (loss)			<u> </u>	F17120-1111-111-1111-1111-1111-1111-1111-	
	(A Securities	(II) Other				· · · · · · · · · · · · · · · · · · ·
	7 a Gross amount from sales of assets other than inventory	9,100.			,	* ‡
	b Less: cost or other basis and sales expenses	16,247.				
	c Gain or (loss)	-7,147.		,		
	d Net gain or (loss)	>	-7,147.	-7,147.		
UE	8a Gross income from fundraising events (not including \$,	-	•		
OTHER REVENU	of contributions reported on line 1c)					
8	See Part IV, line 18					
HE.	b Less direct expenses b					L
0	c Net income or (loss) from fundraising eve	ents >				
-	9a Gross income from gaming activities See Part IV, line 19 a	-				-
	b Less: direct expenses b			L		
	c Net income or (loss) from gaming activities	es ►				
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventor	ory >				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	°					
	d All other revenue	-				
	e Total. Add lines 11a-11d	_}	205 121	7 147		212 270
	12 Total revenue. See instructions	•	205,131.	-7,147.	0.	212,278.

Form 990 (2009) ADIUVO, INC.

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete column	mns (B), (C), and (D).
--	------------------------

Do not include am 6b, 7b, 8b, 9b, and	nounts reported on lines I 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and ot and organizat	ther assistance to governments tions in the U.S. See Part IV,	150,000.	150,000.		
2 Grants and ot	ther assistance to individuals in Part IV, line 22	100/000.	100/0001	**	
3 Grants and of organizations	ther assistance to governments, ,, and individuals outside the t IV, lines 15 and 16			•	,
4 Benefits paid	to or for members				1
	n of current officers, directors, key employees	63,342.	63,342.	0.	0.
disqualified p	n not included above, to ersons (as defined under (f)(1) and persons described in (c)(3)(B)	0.	0.	0.	0.
7 Other salaries	s and wages				
	contributions (include section ection 403(b) employer)				
9 Other employ	ree benefits				
10 Payroll taxes		4,461.	4,461.		
11 Fees for serv	ices (non-employees)				
a Management					
b Legal					
c Accounting					
d Lobbying					
e Prof fundraisi	ing svcs See Part IV, In 17		`		
f Investment m	nanagement fees				
g Other					
12 Advertising a	nd promotion				
13 Office expens	ses				
14 Information to	echnology				
15 Royalties					
16 Occupancy					
17 Travel		5,399.	5,399.		
	travel or entertainment any federal, state, or local s				
19 Conferences,	conventions, and meetings				
20 Interest					
21 Payments to	affiliates			 -	
• •	depletion, and amortization	2,285.	2,285.		
23 Insurance					
covered abov and labeled n	ses Itemize expenses not re (Expenses grouped together miscellaneous may not exceed - xpenses shown on line 25			a vog	-
•	ONAL SERVICES	70,915.	70,915.		
b TELEPHON		2,398.	2,398.		
c EQUIPMEN	TRENTAL	2,266.	2,266.		
d INSURANC	E	1,965.	1,965.		
	SCELLANEOUS	1,218.	1,218.		
f All other expe		2,392.	2,392.		
•	expenses. Add lines 1 through 24f	306,641.	306,641.	0.	0.
organization i costs from a	omplete this line only if the reported in column (B) joint combined educational				
BAA	d fundraising solicitation			1	Form 990 (2009)

Balance Sheet

Part X

(B) End of year (A) Beginning of year 1 Cash - non-interest-bearing 7,900,418. 2 Savings and temporary cash investments 7,833,246 2 Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 3,420,997 7 3,272,619 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. 159,498. Complete Part VI of Schedule D 10b 19,256. **b** Less: accumulated depreciation 158,385 10 c 1,113. 11 Investments - publicly-traded securities 11 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 14,949 11,807. 15 Other assets See Part IV, line 11 15 11,288,448 16 Total assets Add lines 1 through 15 (must equal line 34) 16 11,185,957. 15,981 17 17 15,001. Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 15,981 15,001 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 11,170,956. 27 Unrestricted net assets 11,272,467 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances. 11,272,467 33 11,170,956. 11,288,448. 11,185,957. Total liabilities and net assets/fund balances Form 990 (2009) BAA

orm	<u>n 990 (2009) ADIUVO, INC.</u>	82-0342341	Pa	ige 12
Par	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	. 2b		X
c	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overs review, or compilation of its financial statements and selection of an independent accountant?	sight of the audit, 2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ain		
C	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year w consolidated basis, separate basis, or both:	ere issued on a		
	Separate basis Consolidated basis Both consolidated and separate basis			
3 <i>a</i>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	h in the Single		х
t	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	the required audit		

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization ADIUVO, INC 82-0342341 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) 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 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 X 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). 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 **b** Type II Type III - Functionally integrated c | d Type III – Other 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 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q 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? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organizations (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in col (i) of your support? (i) Name of Supported Organization (iv) is the organization in col
(i) listed in your (II) EIN (vi) is the organization in col (vii) Amount of Support (i) organized in the (see instructions)) governing document? Yes No Yes No Yes No Total

	edule A (Form 990 or 990-EZ) 200					82-034234	
Pai	t II Support Schedule for				b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)
Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Par	tl)		_	
	ndar year (or fiscal year			<u> </u>			
begi	nning 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 ')						
_	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
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.						
4	Total. Add lines 1-through 3						
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).				·	,	
6	Public support. Subtract line 5				\$ P		
Sec	from line 4 tion B. Total Support		l	<u></u>			
	ndar year (or fiscal year	() 0005	43,0005	4 > 0007	4.11.0000	() 0000	
begi	nning 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 form 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	·					
12	Gross receipts from related activ	rities, etc (see in	structions)	<u> </u>		12	
13	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)	o(3) ► □
	tion C. Computation of Pu						
	Public support percentage for 20		•	ne 11, column (f).		14	%
	Public support percentage from	,	•	_		15	%
16	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pul	I not check the bo blicly supported o	ox on line 13, and rganization.	d the line 14 is 33	-1/3 % or more, o	heck this box
ı	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pul	f not check a box blicly supported o	on line 13, or 16a rganization	a, and line 15 is 3	3-1/3% or more,	check this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Par	t IV how
l	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explaın ın Par	t IV how the 🦳

Page 3

Par				n Section 509	(a)(2)		
	(Complete only if you chec	cked the box on li	ne 9 of Part I.)				···
	tion A. Public Support				I		
	dar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						0.
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		25.454				405 074
3	purpose Gross receipts from activities that are not an unrelated trade or business under section 513	45,549.	96,464.	180,261.	83,000.		405,274.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	45,549.	96,464.	180,261.	83,000.	0.	405,274.
7a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
_	Public support (Subtract line		-	in the second	1. juga 5. ikg		
	7c from line 6)		* .	2 "4 ×" × × × × × × × × × × × × × × × × ×	٠٠ بِهُ مُنْ مُمْرِينًا	łe	405,274.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	45,549.	96,464.	180,261.	83,000.	0.	405,274.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	171 204	047 740	220.044	070 057	212 277	1 225 224
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	171,304.	247,742.	330,944.	272,957.	212,277.	1,235,224.
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	171,304.	247,742.	330,944.	272,957.	212,277.	1,235,224.
12 _	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
	Total support. (add Ins 9, 10c, 11, and 12)			1			1,640,498.
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							
	tion C. Computation of Pu			- 13 Lucy (2)		1-1-1	24 70
	Public support percentage for 20	•		ne じ, column (f))	1	15	24.7%
16	Public support percentage from the				<u> </u>	16	28.8%
	tion D. Computation of Inv				(6)	17	75.3%
	Investment income percentage f	· · ·		=	imn (t))	18	71.2%
18 19 a	Investment income percentage f 33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	organization did not	check the box on	line 14, and line 15	is more than 33-1/3	%, and line 17 is no	
b	33-1/3 support tests — 2008. If the last more than 33-1/3%, check this based on the last more than 33-1/3%, check this based on the last more than 33-1/3%, check this based on the last more than 33-1/3%, check this based on the last more than 33-1/3%.	he organization di	d not check a bo	x on line 14 or 19	a, and line 16 is n	nore than 33-1/3%	%, and line 18 ☐
20	Private foundation. If the organi		-				<u> </u>

Schedule	e A (Form 990	or 990-EZ	2009	ADIUVO	O, INC.					82-0	342341		Page 4
Pärt IV	Supplen Part II, II	nental Inf	format	i on . Com	plete th	is part	to provide	e the exp	lanations r	equired b	y Part II	, line 10	- ;
	Part II, II	ine 17a o	or 17b;	and Par	t III, line	12. Pr	ovide any	other ad	Iditional in	formation	. See ins	struction	<u>S.</u>
												·	
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Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE D (Form 990)

1 1 1

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

ADTIMIO THE

Employer Identification number

AD.	LUVO, INC.		82-0342	341
Pai	Organizations Maintaining Dono	Advised Funds or Other Similar		
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.		'
		(a) Donor advised funds	(b) Funds and oth	ner 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 dor funds are the organization's property, subject	nor advisors in writing that the assets held to the organization's exclusive legal contro	in donor advised	Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advisor of	or for any other	Yes No
Pa	rt II Conservation Easements Comple	ete if the organization answered 'Y	'es' to Form 990. Part IV	, line 7.
	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g., r		tion of an historically importan	it land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	ition of certified historic structu	
	Preservation of open space			
2	<u> </u>	on held a qualified conservation contributi	on in the form of a conservation	on easement on the
			Held at the	End of the Year
	a Total number of conservation easements		2a	<u> </u>
1	b Total acreage restricted by conservation ease	ments	2 b	
(c Number of conservation easements on a certi	fied historic structure included in (a)	2c	
(d Number of conservation easements included i	n (c) acquired after 8/17/06.	2 d	
3	Number of conservation easements modified,	transferred, released, extinguished, or ter	minated by the organization d	uring the tax
	year ►			
4	Number of states where property subject to co	onservation easement is located >		
5	Does the organization have a written policy re and enforcement of the conservation easeme	garding the periodic monitoring, inspection nt it holds?	n, handling of violations,	Yes No
6	Staff and volunteer hours devoted to monitori during the year ▶	ng, inspecting, and enforcing conservation	easements	
7	Amount of expenses incurred in monitoring, if during the year ▶	nspecting, and enforcing conservation eas	ements \$	
8	Does each conservation easement reported o	n line 2(d) above satisfy the requirements	of section	
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?			Yes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and to the organization's financial statements	expense statement, and balance that describes the organization	sheet, and n's accounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasure wered 'Yes' to Form 990, Part IV,	s, or Other Similar Asse line 8.	ts
1	a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statement	lic exhibition, education, or research in ful	atement and balance sheet writherance of public service, pro	orks of art, historical ovide, in Part XIV,
	b If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items.	r SFAS 116, to report in its revenue statei lic exhibition, education, or research in fu	ment and balance sheet works rtherance of public service, pro	of art, historical ovide the following
	(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 a amounts required to be reported under SFAS	art, historical treasures, or other similar as 116 relating to these items.	sets for financial gain, provide	the following
	a Revenues included in Form 990, Part VIII, line		. ▶\$_	
	b Assets included in Form 990, Part X		⊳ \$	

Schedule D (Form 990) 2009 ADIUV				8 <u>2-034</u>			Page 2
Part III Organizations Maintai	ning Collec	ctions of Art, Histo	orical Treasures, or	Other Similar Ass	ets (co	<u>ontinu</u>	ed)
3 Using the organization's acquisitive items (check all that apply)	on accession a	and other records, che	ck any of the following	that are a significant us	e of its o	collection	on
a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e 📙 Other					
c Preservation for future gener	ations						
4 Provide a description of the organ Part XIV					se in		
5 During the year, did the organiza assets to be sold to raise funds r					Yes		No_
Part IV Escrow and Custodia 9, or reported an amo	l Arrangem unt on Forn	ents Complete if c n 990, Part X, line	organization answei 21.	red 'Yes' to Form 9	90, Pa	rt IV, ———	line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodiar	n, or other intermediary	y for contributions or oth	ner assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV ar	nd complete the follow	ing table				
					Amount	i	
c Beginning balance				1c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1f			
					No		
b If 'Yes,' explain the arrangement					ш		
Part V Endowment Funds Co		oanization answer	ed 'Yes' to Form 99	0. Part IV. line 10.			
. are a large and	(a) Current	_				Four year	's back
1 a Beginning of year balance	(a) barrone	(2) (1101)00	7 124 xx 40 -41 4000		1 7.	<u> </u>	* `
b Contributions			* * * * * * * * * * * * * * * * * * *	74-4 1-7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	175		
b Contributions							
c Net Investment earnings, gains, and losses							
d Grants or scholarships	<u> </u>			イ ₄ 3 1			
e Other expenditures for facilities and programs			, , , , , ,	277 28 ME	↓ *;		, ; ,
f Administrative expenses			*-				·
g End of year balance							
2 Provide the estimated percentage	e of the year o	end balance held as					
a Board designated or quasi-endov	vment ▶	8					
b Permanent endowment ▶	8						
c Term endowment ►	%						
3a Are there endowment funds not organization by.	in the possess	sion of the organization	that are held and adm	inistered for the	Γ	Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?							
4 Describe in Part XIV the intended	-				<u> </u>		
Part VI Investments—Land, B				line 10			
			I	(c) Accumulated -	(4) [Book V	alue
Description of investment		(a) Cost or other basis (investment)	basis (other)	Depreciation -	- (0)		
1a Land	}			* 5* / * · · · · · · · · · · · · · · · · ·	 		
b Buildings					<u> </u>		
c Leasehold improvements			150 155	150 005	 		112
d Equipment	ļ		159,498.	158,385.		<u>T</u>	<u>,113.</u>
• Other	ľ		1		1		

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Schedule **D** (Form 990) 2009

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2009 ADIUVO, INC.		82-0342341 Pa	age 3
Part VII Investments—Other Securities See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other	_		
	-		
	-		
~	-		
	-		—
	. – — — —		
~	-		
	. =		
Total (Column (b) must equal Form 990 Part X, col (B) line 12)			
Part VIII Investments-Program Related (Se	e Form 990, Part X, line	13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market value	
-			
· · · · · · · · · · · · · · · · · · ·			
- tate (to take (to) the to)	·		
Part IX Other Assets (See Form 990, Part)			
(a)	Description	(b) Book value	<u>e</u>
Total. (Column (b) must equal Form 990, Part X, col (B)		>	
Part X Other Liabilities (See Form 990, Pa	rt X, line 25)		
(a) Description of Liability	(b) Amount		ĺ
Federal Income Taxes			
			ļ
_			Ì
			1
			1
			i

			t
Total (Column (b) must equal Form 990, Part X, col. (B) line 25)			f
2. FIN 48 Footnote In Part XIV, provide the text of the for uncertain tax positions under FIN 48.	potnote to the organization's fi	nancial statements that reports the organization's lia	bility

	dule D (Form 990) 2009 AD1UVO, INC.		U342341 Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to F	inancial Statements	N/A
1	Total revenue (Form 990, Part VIII, column (A), line 12)	•	
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
	Excess or (deficit) for the year per audited financial statements. Combine lines		N / 3
	t XII. Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Ret	urn N/A
	Total revenue, gains, and other support per audited financial statements	2	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1	en liter Su jav
	Net unrealized gains on investments	2a	e rodre
	Donated services and use of facilities	2b	colonic data
	Recoveries of prior year grants	2c	Control of the Contro
	Other (Describe in Part XIV)		
	Add lines 2a through 2d		2e
_	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	į.	- A: *** 4: / **
	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIV)	4b	
	Add lines 4a and 4b	_	4c
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
	तं-XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per F	Return N/A
1	Total expenses and losses per audited financial statements	: Fer	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities	2a	
	Prior year adjustments	2b	
	Other losses	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIV)	4b	
	Add lines 4a and 4b		4c
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	·	5
Pà	tt XIV Supplemental Information		
line	splete this part to provide the descriptions required for Part II, lines 3, 5, and 9, P 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d mation	art III, lines 1a and 4, Part IV, and 4b Also complete this par	lines 1b and 2b, Part V, t to provide any additional
_			
			
			
		 = = = = =	.
_		<u> </u>	Schedule D (Form 990) 2009
BA.	↑ TEEA3304L 02/02/10	•	JUNEQUIE 🗗 (FUITH 330) 4003

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Schedule D (Form 990) 2009 I	ADIUVO, I	NC.		82-0342341	Page 5
Schedule D (Form 990) 2009 A	nformation	(continued)	· · · · · · · · · · · · · · · · · · ·		
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Schedule **D** (Form 990) 2009

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SCHEDULE I

Department of the Treasury Internal Revenue Service

Name of the organization

ADIUVO, INC.

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part IV and Schedule I-1 (Form 990) if additional space is needed

ion	Stat
anizat	nited
Grants and Other Assistance to Organization	sovernments and Individuals in the United Stat
tance	uals ir
Assis	ndivid
Other	and
s and	ments
Grants	overn
_	U

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ▼ Attatch to Form 990.

OMB No 1545 0047



Employer identification number

82-0342341

N X (h) Purpose of grant or assistance **A** SCHOLARSHIPS EDUCATIONAL OPPORTUNITY ENHANCEMENT Parill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

(f) Method of valuation (book, FMV, appraisal, other) ö c (e) Amount of non-cash assistance 100,000 50,000 (d) Amount of cash grant (c) IRC section if applicable 2 Enter total number of section 501(c)(3) and government organizations 82-0207699 92-2685413 (b) EIN 3 Enter total number of other organizations LDS_PHILANTHROPIES_- BYU_IDAHO 1 (a) Name and address of organization or government OCDEN HIGH SCHOOL FOUNDATION 1 1 1 1 1 1 1 20 KIMBALL BUILDING 1950 MONROE BLVD. REXBURG, ID 83460 -----OGDEN, UT 84401 1 1 1 1 1 1 1

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

Page 2 Schedule 1 (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 82-0342341 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients ADIUVO, INC. (a) Type of grant or assistance Schedule 1 (Form 990) 2009 , BA

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

	Employer identification number
ADIUVO, INC.	82-0342341
FORM_990, PART VI, LINE 11 - FORM_990 REVIEW PROCESS	
NO REVIEW WAS OR WILL BE CONDUCTED.	
NO REVIEW WAS OR WILL BE CONDUCTED.	
	- -
	
	
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Name of the orga		Employer identification number	<u> </u>
ADIUVO,		82-0342341	
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ARTICLES OF AMENDMENT OF THE STUDENT LOAN FUND OF IDAHO, INC.

10 MAR 15 PH 12: 43

SECTE OF STATE

Pursuant to 1.C. § 30-3-89, the undersigned corporation adopts these Articles of Amendment to its Articles of Incorporation. Approval by members to the corporation is not required. The following amendment to the Articles of Incorporation was adopted unanimously by the Board of Directors of the corporation on March 8, 2010, in the manner prescribed by I.C. § 30-3-90.

Amend Article One to read as follows:

ARTICLE ONE NAME

The name of the association is ADIUVO, Inc.

Dated this 8th day of March, 2010.

DIRECTORS OF STUDENT LOAN FUND OF IDAHO, INC.

Lewis M. Hall

John L. Magdiel

Carrol Lee Lawhorn

IDAHO SECRETARY OF STATE

03/15/2010 05:00

CK: 382 CT: 245924 BH: 1212819

8 38.00 NON PROF A #

C58205

FILED EFFECTIVE

RESTATED ARTICLES OF INCORPORATION OF ADIUVO, INC.

10 MAR 15 PM 12: 43

KNOW ALL MEN BY THESE PRESENTS; That we, the undersigned, each being AHO

a natural person of full age and a citizen of the United States of America, have voluntarily and do hereby associate ourselves together for the purpose of forming a non-profit corporation under the laws of the State of Idaho, Idaho Code, Title 30, Chapter 3, and we do hereby certify, declare and adopt, and restate the following Articles of Incorporation.

I.

NAME OF CORPORATION

The name of this Corporation shall be ADIUVO, Inc.

Π.

DURATION

The period of existence and duration of the life of this Corporation shall be perpetual.

Ш.

PRINCIPAL OFFICE AND REGISTERED AGENT

The post office address of the Corporation's principal office is PO Box 730, Fruitland, Idaho 83619. The corporation's registered agent is CARROL LEE LAWHORN whose address is 6685 SE 11th Ave, Caldwell, Idaho 83607.

IV.

PURPOSES

The purpose of the Association is to promote education for students. This purpose may be accomplished by any legal means consistent with the Association's 501(c)(3) designation. In particular, the Association may take such actions as may be helpful in promoting the graduation of upper classmen and graduate students attending universities, colleges, trade schools or other institutions of higher education.

03/15/2010 05:00 CK: 382 CT: 245924 BH: 1212819 1 B 30.00 = 30.00 NON PROF A # ;

C58205

The Association is not organized for a pecuniary profit lt shall not have any power to issue certificates of stock or declare dividends, and no part of its net earnings shall inure to the benefit of any member, director, or individual. The balance, if any, of all money received by the Association from its operations, after payment in full of all debts and obligations of the Association of whatever kind or nature, shall be used and distributed exclusively for charitable, scientific, and educational purposes

V.

MEMBERS

As permitted under I.C. 30-3-36, the Association shall operate without members.

VI.

DIRECTORS

The number of directors constituting the Board of Directors of the Association is three. The number of directors may be increased or decreased from time to time as may be provided by the By-Laws or by approval of the Board; provided, however, that the number of directors constituting the Board shall not be less than three (3). The names and addresses of the persons currently serving as directors are:

Name	Address
Lewis M. Hall	PO Box 730, Fruitland, Idaho 83619
John L. Magdiel	PO Box 730, Fruitland, Idaho 83619
Carrol Lee Lawhorn	PO Box 730, Fruitland, Idaho 83619

VII.

AMENDMENTS

These articles may be amended in the manner provided by the statutes of the State of Idaho at the time of amendment.

Page 2 of 4
Restated Articles of Amendment of ADIUVO, Inc.

VIII.

POWER TO AMEND BY-LAWS

The power to adopt, repeal and amend the By-Laws and adopt new By-Laws is hereby conferred upon the directors, to be exercised by majority vote of said directors or as may be fixed by the By-Laws.

IX.

ADOPTION OF RESTATEMENT

The Association has no members and therefore member approval is not required. No approval by third persons under I.C. 30-3-99 is required. The Board of Directors, consisting entirely of the above-named directors, has unanimously approved and adopted this Restated Articles of Amendment at a special board meeting held on March 8, 2010.

X.

INCORPORATORS

The names and post office addresses of each of the incorporators and initial Board of Directors are:

Name	Address
Lewis M. Hall	PO Box 730, Fruitland, Idaho 83619
John L. Magdiel	PO Box 730, Fruitland, Idaho 83619
Carrol Lee Lawhorn	PO Box 730, Fruitland, Idaho 83619

IN WITNESS WHEREOF, we have hereunto set our hands, this 8th day of March, 2010.

Lewis M. Hall

John L. Magdiel

Carrol Lee Lawhorn

Page 3 of 4
Restated Articles of Amendment of ADIUVO, Inc.

STATE OF IDAHO)	
COUNTY OF Payette)	
On this S day of MM, 20 Notary Public in and for said State, personally appear MAGDIEL, and CARROL LEE LAWHORN, known to are subscribed to the foregoing Restated Articles of Incompatible that they executed the same.	red LEWIS M. HALL, JOHN L. me to be the persons whose names
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal on the day and year in this certificate first above written.	
Residing a	plic for said State :: Varyatte, Dhisto ission Expires: 4 22 2012