

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

		the Treasury ue Sandce			ess than \$1,250,000 at the ay have to use a copy of th			ements.	Inspection
_	A For the 2009 calendar year or tax year beginning , 2009, and ending , 20								
В	Check if a	applicable	dentification number						
	Address	ess change use IRS label or VIKING BOOS 76R CLUB 82-							6008957
=	Name ch	change print or Number and street (or P.O. box, if mail is not delivered to street address). Room/suite. F. Telephone or							number _
=	Initial retu Terminati		type. See	5530	N 425	treet		(208	1667-4507
=	Amended		Specific	City or town, state or c	country, and ZIP + 4		_ _	F Group Ex	
=		on pending	Instruc- tions.	CD7	20 8381	S		Number	•
=	• Sec	tion 501(c)(3)	organiz	ations and 4947(a)(1	1) nonexempt charitab		b G Acc		l: XCash
	- 000		-		(Form 990 or 990-EZ).	, c trusts must uttuo	l l	er (specify)	. Podon in Accidar
					i 				organization is not
١ ١	Nebsit	te: ▶							Schedule B (Form 990,
			check or	nly one) - \(\sum_501(c)\)	(3) ∢ (insert no.) [4947(a)(1) or (-EZ, or 990-PF	
	Check I				509(a)(3) supporting or				
					but if the organization c				
					receipts, if \$500,000 or n				\$ 70.987.13
	art I				nges in Net Asset				<u> </u>
_	1				lar amounts received			1	
	2		_	-	overnment fees and			2	
	3	_						3	21,446.00
	4	Investment	•					4	3 42,68
	5a			m sale of assets oti	her than inventory	5a	1	<u>, , , , , , , , , , , , , , , , , , , </u>	7 12.00
	ь				expenses				
	c				er than inventory (Su			5c	•
ne	6	Special events							
ē	a	•		ot including \$		contributions	3, 5. 55		
Revenue	"	reported or				1	18.83	30.36	
-	Ь	Less. direc							
	C		-		ents and activities (Si	<u>6b</u> ubtract line 6b from		Ψ6,υ <i>ο</i> 6c	8,090.36
	7a	Gross sale							
	Ь	Less. cost				7b	 	28,04	11.04
	c		•		ventory (Subtract line	7b from line 7a)		7c	4,960.91
	8	Other reve			, , , , , , ,) 8	
	9			dd lines 1, 2, 3, 4, 5	5c, 6c, 7c, and,8			🕨 9	34,839.85
	10			r amounts paid (atta		RECEIVE	J 1 .	10	19,194.62
	11	Benefits pa	aid to o	r for members .			၂၀၂	11	4,075.69
S	12	Salaries, of	her co	mpensation, and er	mployee benefit	. MAN S. R. 2010		12	
enses	13	Profession	al fees	and other payment	ts to independent do	ntractors	1 1921	13	3,654.13
0	14	Occupancy, rent, utilities, and maintenance							
찣	15	Printing, pu	ublication	ons, postage, and s	shipping	orgident i		15	913.99
	16			describe 🕨) 16	
	17	Total expe	nses.	Add lines 10 throug	jh 16			🕨 17	27,838.43
S	18	Excess or (deficit)	for the year (Subtra	act line 17 from line 9	9)		18	7,001.42
Net Assets	19				inning of year (from				12 110 64
As		_	-	•	year's return)				60,165.54
let	20				balances (attach exp				
	21	Net assets	or func	balances at end o	of year. Combine line	s 18 through 20		▶ 21	67,166.96
P	art II	Balance	Shee		on line 25, column (B) are \$1,250,000 or			
				(See the instructi	•			eginning of year	(B) End of year
22								,165,54	22 67,166.96
23									23
24	· OI	ther assets (d	describ	e▶	· · · · · ·)	1.000	24
25							· · 60	1165,84	25 67,166,96
26 27) To	otal liabilitie:	s (desc	ribe >	column (B) must aq	voo with line 04)	—) ,	9.165.54	27 67 166 96
21	- INE	o. assets 0f	Turiu D	gialices tille 2/ Of	COMMINICO MIUST 20	iee willi iiile z II		リ・ノいつ・フレし	17/1 6/1/6/6 4/0

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

SCANNED JUL 0 6 2010

Form 990-EZ (2009)

Cat No 106421

	t III			olishments (See the instr				Expenses
Wha	t is the	organization's primary	exempt purpose?	to support Cocun	Alene HISLS	hool	(Requ	ired for section
Des	eribe v	what was achieved in	carrying out the org	anization's exempt purpo:	ses. In a clear ar	nd concise)(3) and 501(c)(4)
			ovided, the number o	f persons benefited, and o	other relevant info	rmation for		a)(1) trusts, optional
each	progr	am title.						hers)
28	Da	rations we	re all p	node to CDA	HELSCha	<u> </u>		
	2	nd dollar	s were u	ised to help	their			
	2	larting tea			7 770 87			
	(Gran	ts\$ 19,194.67) If this amount	includes foreign grants, ch	eck here	. ▶ □	28a	7,729.82
29								
	(Gran	ts\$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a	
30								
	(Gran	ts\$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	
31	Other	program services (atta						
	(Gran	ts\$) If this amount	includes foreign grants, ch	eck here	. ▶ □	31a	
32	Total	program service expe				▶	32	7,729,82
Par	t IV	List of Officers, Directo	ors, Trustees, and Key	Employees. List each one e	ven if not compensa	ted. (See the	instruc	tions for Part IV.)
		(a) Name and addre	nce	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit	ns to	(e) Expense account and
		(a) Name and addre		devoted to position	enter -0)	deferred comper	plans of nsation	other allowances
	Ch	115 Costa-P	realdent	President	\			
	60	269 & Dodd H	anter 258	ihrluk	0	0		0
	Car	rx Stark 1/2	stres	175+ Presided	_	2		
	370	26 N Monard	(CDA.7208395	Iht /wil	4)	P		\mathcal{O}
	700	Pelmer -	ic	Secretary.) (
	15	SZ NR-dest,	CDA, 0,8385	1hr/WR	0	1		0
	K	ck kusmus	sen - (1075)	tressorm.				9
	64	645 ~~ b.5-196	-CAAD83815	1hr/w/	\			0
							-	
		· · · · · · · · · · · · · · · · · · ·						
	· • • • • • • • • • • • • • • • • • • •							
				· · · · · · · · · · · · · · · · · · ·				
		<u></u>						
								
	_							

			Yes	No
331,	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		×
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			,
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		R
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
	during the year? If "Yes," complete applicable parts of Schedule N	36	<u> </u>	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	<u>'</u>	2-	مُ د
ь 38а	Did the organization file Form 1120-POL for this year?	37b		Δ
Soa	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		,	i
39	Section 501(c)(7) organizations. Enter:	*	, , ; as v 8	,
a	Initiation fees and capital contributions included on line 9		. 3	3
b 40a	Gross receipts, included on line 9, for public use of club facilities	# 4 S	7 3	\$ 281 29 .
4 0a	section 4911 ▶; section 4912 ▶; section 4955 ▶		6 4	, v.; , v.;
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	as Japan Financian Services (1)	
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	K. 32"		d d
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		Water Co	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	روم مراجع مراجع المراجع	×
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Rick Rosmusson Telephone no. ▶ 208 Located at ▶ 13403 600 con natural Haylen 20 ZIP+4 ▶ 8	7-76 38€	,2-1 35	815
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	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.		* * * * * * * * * * * * * * * * * * * *	(\$\frac{1}{2}
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
_	If "Yes," enter the name of the foreign country: ▶			· · · · ·
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. I	▶ □
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	3	Yes	No
77	Form 990-EZ	44	Nr	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	*.	بك
		m 990)-F7	(2000)

Part V	 Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a 	347(a)(1) nonexempt chari	xempt charitab table trusts mus	le trusts only. Al t answer questio	I section ns 46–49	b			
	Did the organization engage in direct or indirect				Yes	No			
	candidates for public office? If "Yes," complete	ndidates for public office? If "Yes," complete Schedule C, Part I							
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II [
	() () () () ()								
	Did the organization make any transfers to an e	-	d organization? .		49a	12			
	f "Yes," was the related organization a section				49b	<u> </u>			
	Complete this table for the organization's five hemployees) who each received more than \$100								
		(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expe				
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	` '	employee benefit plans & deferred compensation	account other allow	and			
	unan #100,000	devoted to position		deletted compensation	Other allow	ances			
	Α	11/14							
	\	ψ (1,							
		<u> </u>							
f	Total number of other employees paid over \$10	20,000	1	1					
	(a) Name and address of each independent contractor	or paid more than \$100,000	(b) Ty	pe of service	(c) Compens	ation			
		····/							
	4	1 11							
		<u> </u>							
d	Total number of other independent contractors	each receiving over \$100,00	00▶						
	Under penalties of penury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including accompan	ying schedules and sta pased on all information	itements, and to the bes	t of my know	rledge ge			
Sign Here	Rich S. Ran	Mh		5-14	-10				
	Signature of officer R1 CIK Type or print name and title	550N - TRO.	ASUEOR	Date					
Paid Propers	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying num	nber (See instru	ctions)			
Prepare Use On	1 Firm's name for A		EII						
May the	e IRS discuss this return with the preparer show	vn above? See instructions		one no	Yes 🗌	No			
					m 990-EZ				

SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization Employer identification number BOOSZER LUB 600895 8Z 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/2 % 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 to carry out the 11 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 D Type I c Type III-Functionally integrated **b** ☐ Type II d Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(iı) (ii) A family member of a person described in (i) above? . . . (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (ii) EIN (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 organization in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes Yes

Total

Sched	dule A (Form 990 or 990-EZ) 2009			_			Page 2
	Support Schedule for Org (Complete only if you chec	j <mark>anizations l</mark> ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I.	0(b)(1)(A)(iv))	and 170	(b)(1)(A)(vi)
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9 (f) 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			N/A			
3	The value of services or facilities furnished by a governmental unit to the organization 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)	3.4					
<u>6</u>	Public support. Subtract line 5 from line 4. tion B. Total Support	<u> </u>				<u> </u>	
~~~~	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9 (f) Total
7	Amounts from line 4	(0) 2000	(2, 2000	(0, 200)	(4) 2000	(0) 200	(1) 1014
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>L</u>			,	
12	Gross receipts from related activities, etc					12	····
13	First five years. If the Form 990 is for organization, check this box and stop he	re		nd, third, fourth			
	tion C. Computation of Public Su					T	
14	Public support percentage for 2009 (line					14	<u>%</u>
15	Public support percentage from 2008 Sci						<u>%</u>
16a	33% % support test—2009. If the organic						
_	and stop here. The organization qualifies						
b	331/3 % support test—2008. If the organization qua						
17a	10%-facts-and-circumstances test—20						
170	more, and if the organization meets the "fa organization meets the "facts-and-circum	acts-and-circur	mstances" test,	check this box	and stop here.	Explain in	Part IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances test—2008 private foundation. If the organization did	acts-and-circum inces" test. The	nstances" test, organization qu	check this box a alifies as a public	ind <b>stop here.</b> Iy supported or	Explain in I	Part IV how the

	dule A (Form 990 or 990-EZ) 2009		· · · · · · · · · · · · · · · · · · ·				Page 3
Par	Support Schedule for Orga (Complete only if you check				1)(2)		
Sec	tion A. Public Support	CG THE BOX OF	1 1110 0 01 1 0		<del></del>	<del></del>	
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include	36,657.50	33,28675	27,41-	21,950 -	21,446-	140,798.2
2	any "unusual grants.").  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	45,497.58					311,287.9
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	82,150.03	97,852.96	74,507.22	132,31.53	70,644.43	452,686 .1
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b .				We de dead		
8	Public support (Subtract line 7c from line 6)					1	452,086.
	tion B. Total Support	/-> 0005	(L) 0000	(1) 0007	( 11 0000		T 42 =
	ilendar year (or fiscal year beginning in)	(a) 2005 87, 150,63	(b) 2006	(c) 2007 74,597,72	(d) 2008 <i>[32]23 53</i>	(e) 2009 70,644,45	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27572	373,15	361.07	871 <i>iTs</i>	347.68	1,674.3
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	275.72	323.15	361.07	371,73	347.68	1,674,37
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	87,425,75	97.816,11	74,868.29	137403,78	70,87.13	453760.51
14	First five years. If the Form 990 is for organization, check this box and stop	here .		nd, third, fourth			
Sec	tion C. Computation of Public Su	pport Perce	ntage				
15 16	Public support percentage for 2009 (lin Public support percentage from 2008	Schedule A, Pa	art III, line 15	ne 13, column		15 9° 16 99	7163 % 179 %
	tion D. Computation of Investme					[	<del>27</del> ~
17 18	Investment income percentage for 200 Investment income percentage from 20		• • •	•			37 %

19a 33\% % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33\% %, and line 17 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ✓ 331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and

line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Р	aq	е	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.
٤	
	<u> </u>
	<u> </u>
·	