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## SCANNED MAY 2 4 2010

Form **990-EZ** 

## 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

Department of the Treasury Internal Revenue Service  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.						Inspection	n			
_	For the 2009 calendar year, or tax year beginning JANUAR     , 2009, and ending					DEC	31	, 20 🛩	<del>-</del>	
		heck if applicable Please C Name of organization							fication number	<del></del>
	Address change use IRS TOATO RELATING HOLSE ASSOCIATION					CIATION	11 84	-13	9575	5
===	Name cha	- Prate Of		O box, if mail is not delive			E Teleph	one numb	er	
4	nitial retu Ferminate	2.1	300 HOL	LOW DRIV	1E	İ	1 205	8 - 5	28-06	78 ه
님	Amended	Specific	City or town, state or co	ountry, and ZIP + 4			F Group			
=		neturn Instruc- on pending tions.	IDAHO	PAUS IT	> 83401	1	Numb	•		
=-			izations and 4947(a)(1)			<del></del>	ounting Met	hod: D	Cash	 crual
	· GEU		empleted Schedule A (I	-	, tradio madi attac		er (specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_				<u>·</u> _					nization is not	
ı V	Vebsit	e: Didaha	oreining, co	DM .				_	dule B (Form 99	<del>3</del> 0.
			only one) — 🔀 501(c) (		4947(a)(1) or		EZ, or 990-		•	·
	Check •		nization is not a section 5			oss receipts are	normally n	ot more	than \$25,000. /	
		_	eturn is not required, bu							
_			ne 9 to determine gross re	<u>-</u>				\$		
_	art I		penses, and Chan					ions fo	r Part I.)	
	1		fts, grants, and simila	<del></del>			[	1	1000	
	2	_	revenue including go				[	2	0	
	3	_	es and assessments.				[	3	1050	
	4	Investment incor					[	4	110	
	5a	Gross amount fro	om sale of assets oth	er than inventory .	5a	م ا	-			
	ь		er basis and sales ex	•	5b	-0	-			
	С	Gain or (loss) fro	m sale of assets othe	r than inventory (Sub	tract line 5b from	line 5a)		5c	B	
ã	6		ctivities (complete applicab				e▶ 🔲 「			
Revenue	а	Gross revenue (r	not including \$/	000 of co	ntributions		_			
Š		reported on line		<del></del> -	6a	116	0			
_	ь	Less: direct expe	enses other than fund		6b	230	6			
	С	Net income or (lo	oss) from special ever	nts and activities (Sub	tract line 6b from	n line 6a) .		6c	(1141	<u>o</u> >
	7a	Gross sales of in	ventory, <del>less-return</del> s-	and allowances	7a				•	•
	b	Less: cost of god	ods sold . 🥷 🗐	CEIVED I.	7b	1		j		
	С	Gross profit or (le	oss) from sales of inv	entory (Subtract line	7b from line 7a)			7c	<del>- 0</del>	
	8	Other revenue (d	lescribe	1 0 2010 S			) <u> </u>	8	0	
	9	Total revenue. A	Add lines 132, 3, 4, 50	c, 6c, 7c, and 8	<u> </u>		🕨	9	1014	
	10	Grants and simila	ar amounts paid (atta	ch schedule)			📙	10	<u> </u>	
	11	Benefits paid to	or for members	JEM HT. I				11	<del></del>	
es	12		ompensation, and en				<u> </u>	12	0	
enses	13		s and other payments	•	ractors		-	13	4371	
Expe	14	•	, utilities, and mainter					14	<u> </u>	
ш	15		tions, postage, and sl					15	0	
	16	Other expenses	(describe ►	ophies, au	ands, be	anglet		16	1710	
	17		Add lines 10 through					17	6081	~
şţ	18 19		t) for the year (Subtra					18	<u>500</u>	1-7
Net Assets	19		ind balances at begir re reported on prior ye				ì	40	1236	_
¥			• •	•			<u> </u>	19	7004	<u>-</u>
ž	20	_	n net assets or fund b	· ·	-			20 21	3831	7
P	21 ari II		nd balances at end of							<del>-/-</del>
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 95 (See the instructions for Part II.)  (A) Beginning						eginning of y		(B) End of year		
22		och cavinac and:	investments	· ·			435	22	1490	
23		isn, savings, and i nd and buildings .		· · · · · · · · ·			<del>455</del>	23	0	<u>-</u>
24							9	24	Ð	
25						1435		1499	,—	
26		otal liabilities (des				· · ,	<del>753</del>	26	0	
27			balances (line 27 of	column (B) must agre	e with line 21)	·	435	27	1499	,

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

Form **990-EZ** (2009)

Cat No. 106421

Par		Expenses						
Wha	is the organization's primary exempt purpose?	plishments (See the instructions for Part III.)				(Required for section 501(c)(3) and 501(c)(4)		
Desc	nbe what was achieved in carrying out the org	anization's exempt purposes. In a clear and concise				izations and section		
	ner, describe the services provided, the number of program title.	or persons benefited, and o	ither relevant into	rmation for	4947( for otl	a)(1) trusts, optional		
	program tide.				107 011	16/5.)		
28								
	Grants \$ ) If this amount includes foreign grants, check here ▶ □							
29								
	•••••							
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ ⊔	29a			
30								
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a			
31								
		includes foreign grants, che			31a			
_	Total program service expenses (add lines 28a t				32	1		
Par	List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contribution	_	(e) Expense		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans &	account and other allowances		
2	Dhun Kina	President	Cittor 6 ij	detailed compa	102001	Olifor discovering		
(2)-	1265475, Idaha Falls 8340		<del>0</del>	0		<del>-</del>		
3	everly laftler	Vice President	0			<u></u>		
67	ON 850 W, Blackfoot 83221	1	<del>•</del>	0		<b>*</b>		
	ionna Young	Treasurer	8	<del>-</del>		æ		
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Do	104 51 NOGE \$3442	Secretary	Ø	4		6		
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Form 99	0-EZ (2009)		F	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		/
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 <b>not</b> 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		
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b 36		レ レ
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
	Did the organization file <b>Form 1120-POL</b> for this year?	37b		V
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	<del> </del>	- V
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9	]		
b	Gross receipts, included on line 9, for public use of club facilities	]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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		V
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			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		/
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
_	Located at ► ZIP + 4 ►		•••••	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	NI-
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	No
	If "Yes," enter the name of the foreign country: ▶	420	<del> </del>	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•		<b>▶</b>
			V	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		res	No
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		1/
	To the state of th	_	\ <u>=</u>	(2000)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	17(a)(1) nonexempt char	xempt charitatable trusts m	able trusts only. A ust answer question	ll sec ons 46	tion 3-491	 o
	Did the organization engage in direct or indirect		Yes	No			
	candidates for public office? If "Yes," complete Schedule C, Part I						
		d the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II					$\boldsymbol{\mathcal{L}}$
	Is the organization a school as described in section		•		48		4
	Did the organization make any transfers to an ex		-		49a		<del>  \</del>
	If "Yes," was the related organization a section 5				49b		
	Complete this table for the organization's five hiemployees) who each received more than \$100,						
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e) Expense		nse and
f	Total number of other employees paid over \$100	D,000 ▶					
	\$100,000 of compensation from the organization. If there is none, enter "None."				(c) Compensation		
d	Total number of other independent contractors e	each receiving over \$100,0	00				
Sign Here	Under penalties of penjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration  Signature of officer  Type or print name and title	of preparer (other than officer) is t	iying schedules and pased on all information	tion of which preparer has	et of my any kno	knowi	edge e
Paid Prepare	i Firm's name (or <b>b</b>	Date	Check if self- employed ▶	Preparer's identifying nui	nber (Se	e instruc	tions)
Use On	yours if self-employed), address, and ZIP + 4						
May th	e IRS discuss this return with the preparer show	above? See instructions	<u> </u>	🕨 🗀	Yes		<b>No</b> (2009)